



Arthur Rank Hospice Charity



Quality Account

2023 - 2024

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

It doesn't seem that long ago that we were engaging with our community to hear what matters to them as we developed our next five-year strategy. Yet here we are already half way through this and I am immensely proud of what #TeamArthur has achieved during this time. I am also excited by the level of ambition for what we still need to achieve for the remainder of this strategy and the level of commitment from my colleagues, volunteers and trustees to deliver on this ambition.

Reading this Quality Account, it is clear that the main obstacle to our ability to do all the things we heard are important is money, or rather, lack of it. We are immensely grateful to our community for their continued support helping us raise the funds required to provide the range of services. Equally we appreciate working as a system partner with Cambridgeshire and Peterborough Integrated Care Board (ICB), Cambridge University Hospitals and Queen Elizabeth Hospital, providing services that they commission from us. We are all acutely aware of the financial pressures impacting across the care and health sectors and will continue to work collaboratively to ensure that the needs of people with a life-limiting illness, those who are at the end of life and their loved ones, receive the care that they need.

It is striking that whilst the numbers of referrals and people cared for during the last year have decreased in some services, the number of contacts our colleagues have had with people has increased, suggesting what we hear anecdotally, that the complexity of people's care has increased. This may be because people are being referred to us later or a reflection of the pressures on the system as a whole.

Making sure that everyone who needs our care knows about us, knows how to contact us and that we can and will meet diverse and cultural needs is of huge importance. It is an area we are proactively seeking to address, better understanding the diverse needs of our community and how best we can meet them. We are also working with system partners as this is a priority across the system. We were pleased to participate in the Above Difference programme

commissioned by the ICB to develop Cultural Intelligence for Inclusive Leadership and will be applying the learning from this throughout our organisation.

We have worked with commissioners in the ICB to remodel our Hospice at Home service to better meet the needs of our community. As anticipated when the service expanded in 2020, now that we have comprehensive provision from 7am to 10pm seven days a week, demand for a night time service has reduced significantly whilst there have been times when we have had insufficient capacity during the day. Moving all of our capacity to the 7am to 10pm provision has increased our ability to care during these key times and the ICB's Continuing Healthcare Team will ensure night care is provided where this is needed.

Staffing changes within our Patient and Family Support Team and a planned Deep Dive into this service has also seen a new approach and structure which will enable us to support more people with pre and post bereavement support.

Providing compassionate leadership to ensure that our colleagues provide compassionate care remains core to our culture and as part of this we have completed a significant piece of work reviewing pay and reward. We have introduced a single pay framework for colleagues, aligned to competence assessments for pay progression.

We are grateful to all partners who we work with, particularly members of the Palliative and End of Life Care Programme Board who are now proactively implementing the all age strategy for Cambridgeshire and Peterborough.

All of the achievements you will read about in this Account are possible due to the dedication, skill, compassion and commitment of everyone who is part of #TeamArthur - colleagues, volunteers and our wise board of Trustees. Thank you to all of you for ensuring we #MakeEveryMomentCount.

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 and senior leadership team who are focused and committed to delivering compassionate care and the ambitions of our Five-year Strategy.

This quality report highlights that we are a charity that is focused on 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 a range of care measures. We are not complacent about any of this and work hard to understand what we can do differently when things do go wrong.

We have faced some challenges over the last year in delivering on our priorities, particularly recruitment and retention in some teams and ongoing financial pressures. 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 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 maximize our income. We are very grateful to everyone who supports us, in so many different ways.

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.

As well as thanking 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 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

'A huge thank you for all the kind, always so helpful and consistent support you gave to Dad and myself during his period of EOL. You seemed to know when it was time to put in additional support measures as Dad's health declined so that we managed to avoid a major crisis. Thank you for all the little and big suggestions you made during those last months which helped Dad to be as comfortable as was possible and to help him retain his dignity and finally to pass away at home.'

SPCHT

Next of kin said they have no concerns just praise for the whole team at Arthur Rank Hospice. He explained that while his Father had not been there for the best of reasons, the care provided had been absolutely wonderful. He said 'everyone you met at the Hospice was always so welcoming and took the time to know who you were. Everyone from Flo and Emma on reception, Manuel the cleaner, all the nurses and Dr Ryan all knew [the patient], they cared for him to the highest standard and ensured the family were looked after throughout'. This has made such a difference to them as a family. Son and patient's wife wish to thank you all.

'Dear Maria, just a small note to say thank you for listening and supporting me through the loss of Dad. You will be pleased to know my plans are still moving along and I now have a box of tissues in each room. You are a treasure and anyone who has you for therapy is a lucky person.'

'It is a month since my mother died at home after I nursed her with the amazing support from your wonderful Hospice at Home team. Please accept my huge thanks and gratitude and pass this onto to those involved in her care. They were thoughtful, kind, just wonderful, and helped me fulfil her wish to be at home at the end.'

HaH

Part 2

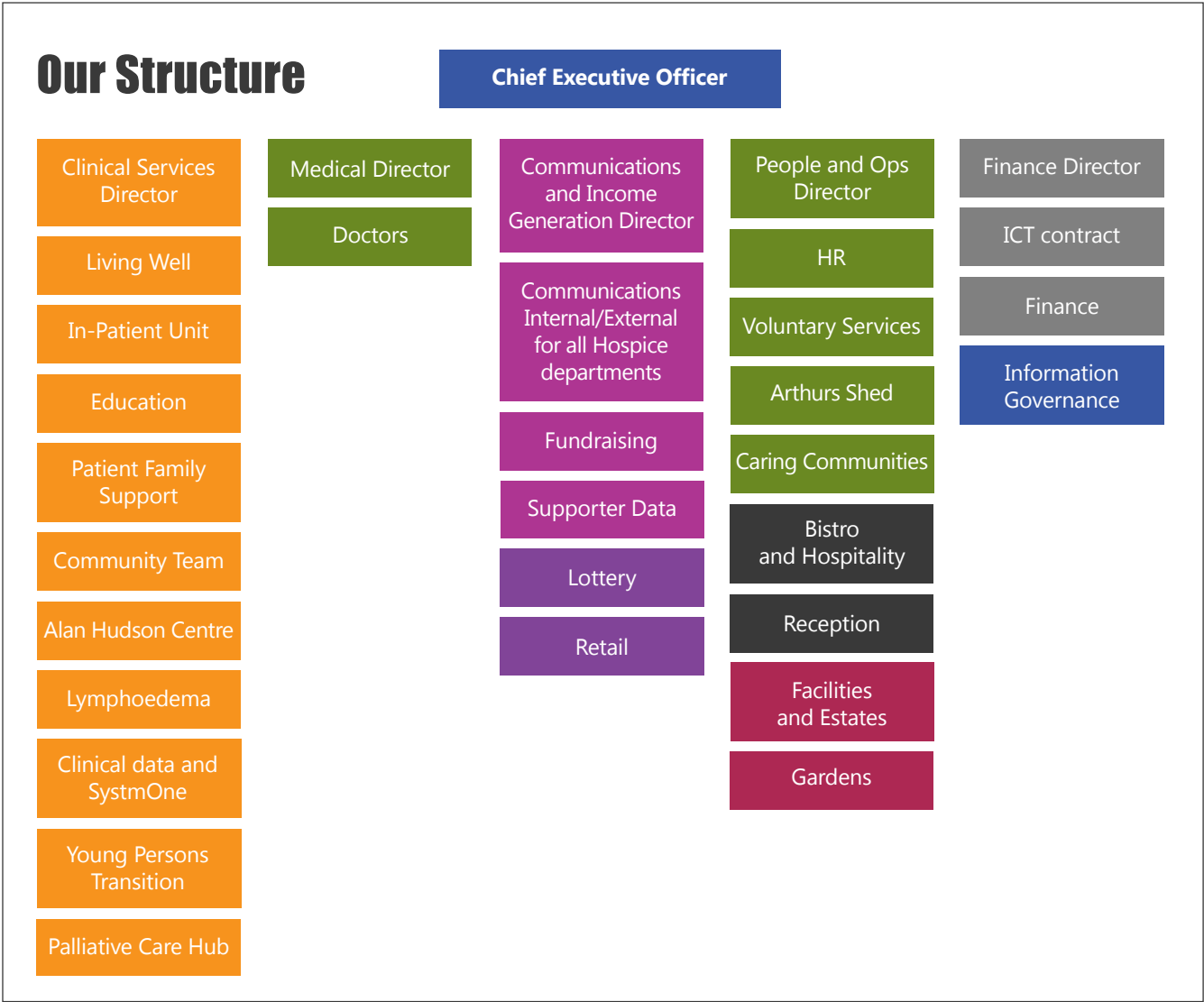
Priorities for improvement

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 2023-2024, 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.

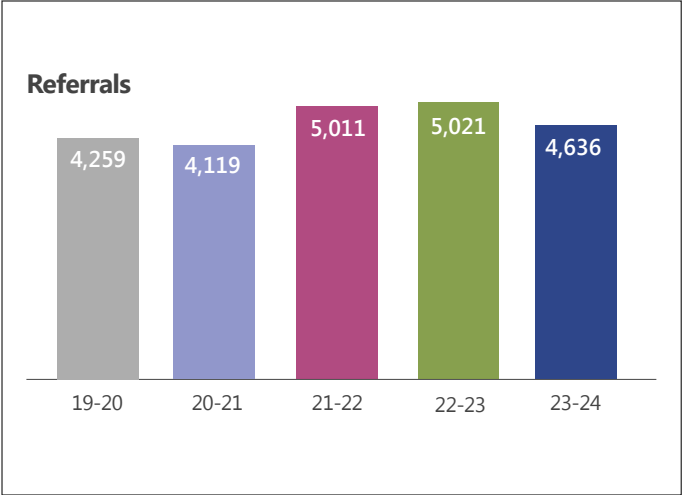
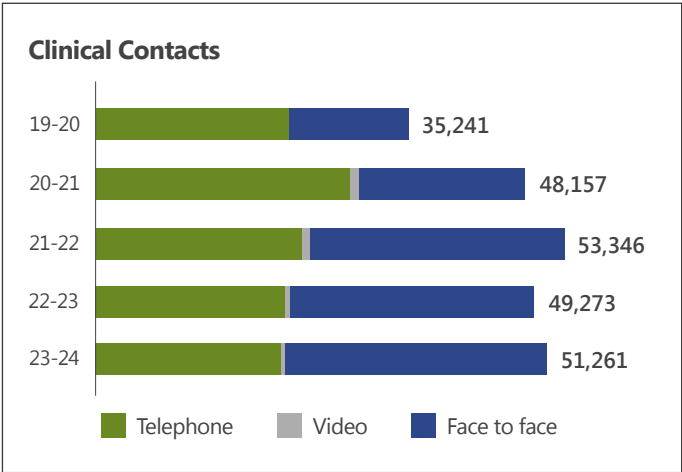
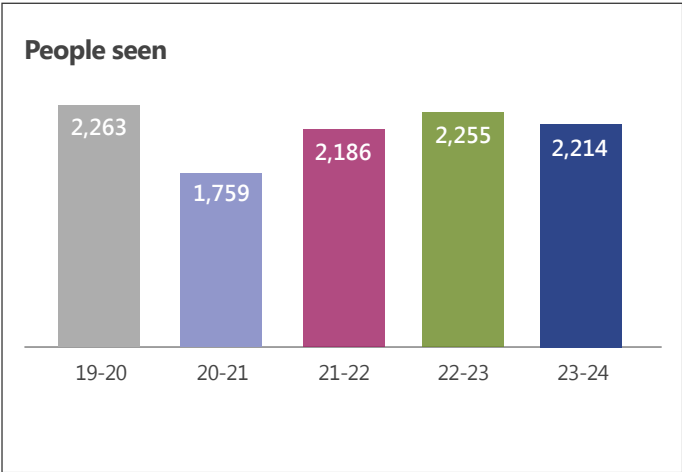


Looking back 2023 - 2024

We continue to work closely with our partners to improve the care for those with life limiting illnesses and who are at the end of their life (and their loved ones). The Cambridgeshire and Peterborough ICB (C&PICB) Palliative and End of Life Care (PEOLC) Programme Board has a strategy for the system and our partnership work with other key stakeholder providers has enabled significant progress towards these strategic objectives this past year. We continue to work

closely with East Anglia Children’s Hospices (EACH) and Sue Ryder Thorpe Hall Hospice as well as our local NHS and local authority providers.

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 C&PICB.



Despite seeing a reduction in the number of referrals received, as people have a greater understanding of an appropriate referral, we have seen a 3% increase in clinical contacts. This increase is mainly due to an increase in face-to-face Hospice at Home contacts. 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.

Our Hospice at Home partnership with Sue Ryder Thorpe Hall Hospice (who support patients in Peterborough) has grown in the past year and we expect to go from delivering around 83 hours of care a day to 120 hours of care a day.

Priority 1 - Outstanding

What we wanted to achieve

- 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.

What we achieved:

In 2023 we began a deep dive into our Patient and Family Support service and found that there were inequities in pre and post bereavement support of patients across Cambridgeshire. As a result, we have remodelled the service to better meet the needs of our patients. We are delighted to now have a Bereavement Lead and team coordinator who is working closely with our Matron for Clinical Services to improve our bereavement support, alongside our bereavement support volunteers. We successfully recruited a Chaplain volunteer to our team in Wisbech in addition to our Chaplaincy volunteers that support the Inpatient Unit in Cambridge. Sadly, our Chaplain resigned in December 2023 and we are working closely with Cambridge University Hospitals NHS Trust who will provide a Chaplaincy service to the Charity. We have worked closely with Cambridgeshire and Peterborough Community NHS Foundation Trust (CPFT) who support us with Clinical Psychologists and have successfully implemented a Psychological Skills level 2 training programme for all nursing colleagues with the hope to roll this out to more colleagues in the future.

We have implemented Grief Chat, a free counselling webchat service that is available on our website from Monday to Friday (except bank holidays) 9am to 9pm.

We are also reviewing our bereavement support information booklet and are going to update our website resources.

Our Music Therapist has been working on a pilot project in Wisbech, introducing Music for Wellbeing, which has been successfully evaluated. We are now looking for funds to take this project forward.

What we wanted to achieve:

- 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.

What we achieved:

Sadly, we have not been able to secure any funding to help us progress with our project and are continuing to seek sources of funding. We are also actively seeking partnerships with other providers of children's bereavement support and are developing links with local schools to help improve knowledge of Hospice care. We undertook a project with a local school, asking the children "what three questions would you like to ask your parents" and used this as a resource for supporting families, and use them for memory boxes. We would still like to introduce our "51 questions" to local children, to help them to have conversations about death and dying and what is important to them and those around them. Unfortunately, due to the resignation of our Life Celebrations and creative activities coordinator, we have not been able to progress this work.



What we wanted to achieve:

- We want to build on our Young Persons Transitions (YPT) 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.

What we achieved:

We have worked in partnership with East Anglia's Children's Hospices Charity (EACH) to fund our Young Person's Transitions Coordinator to the end of March 2025. We have set up a Saturday Social Group in addition to the other engagement activities for young people and their families which has been well received. We continue to reach out to more young people in Peterborough and work with Sue Ryder Thorpe Hall as the Adult Hospice in Peterborough to grow this support.

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 progress this work due to lack of funding.

What we wanted to achieve:

- We want to broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.



What we achieved:

Our Living Well Team has been working with other system partners to raise the profile of our Hospice services so people understand Hospices aren't just places where people go to die, but those with life limiting conditions are supported to live well for as long as possible. We have been working hard with our communications team and have produced several stories for our website:

<https://www.arhc.org.uk/latest-news/living-well-with-complementary-therapy> (Stephen was pleased to see himself on the front of our newsletter too!)

<https://www.arhc.org.uk/latest-news/local-celebrant-shares-the-importance-of-funeral-wishes-with-hospice-patients/>

<https://www.arhc.org.uk/latest-news/managing-change-at-the-living-well-service>

<https://www.arhc.org.uk/latest-news/living-well-service-patients-give-their-feedback-creatively/>

Mick's Story - Arthur Rank Hospice Charity
([arhc.org.uk](https://www.arhc.org.uk))

What we wanted to achieve:

- 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.

What we achieved:

We worked in partnership with Sue Ryder Thorpe Hall hospice to implement ReSPECT training project across Cambridgeshire and Peterborough. ReSPECT stands for "Recommended Summary Plan for Emergency Care and Treatment". We have delivered training to 583 GPs and 538 Care Home staff and have trained 1541 attendees in total. The number of ReSPECT forms being used in the locality has increased as a result.

We also rolled out our Essence of Palliative and End of Life Care training to 646 nurses and carers from care homes and domiciliary care providers. We were helping them to improve their confidence and competence when caring for people with growing complex needs at the end of their life, and to avoid any unnecessary hospital admissions.

What we wanted to achieve:

- 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.

What we achieved:

We are working with our ICB to look at how we can fund education programmes for our specialist nurses in order to help them become independent prescribers. We have also identified some grant funding to support with this work and are looking at moving towards electronic prescribing.

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.

What we achieved:

We continue to seek funding opportunities to develop our services. We have been successful in securing funding up to and including year 5 for our Caring Communities service. This service provides a volunteer who will visit or telephone weekly, at a designated time, for up to eight weeks. We have managed to secure funding for our Young Person's Transitions service to the end of March 2025.

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 had huge success in our volunteering days, connecting with corporate partners. We have had good feedback and high levels of engagement resulting in donations and permanent volunteers.

What we wanted to achieve:

- 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.

What we achieved:

We have designed a Gifts in Wills booklet and have undertaken some promotional events at the Hospice with colleagues to raise the importance of promoting Gifts in Wills.

What we wanted to achieve:

- 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.

What we achieved:

We have been finding more sustainable resources for promotional materials to replace visual items such as banners and balloons. Because of our commitment to the environment, we're moving away from selling single-use items and ordering things from overseas. We will continue to sell items we already had in stock from previous events.

We ask supporters to bring their own reusable water bottle to our events - we can supply water, but do not have a stock of bottles at the events - but they can buy reusable bottle from any of our shops.



Our medals for Star Shine Night Walk are from a sustainable provider, Zero Waste Medals - **wooden-medals.co.uk** This company is based in the UK and has no minimum order, and no waste in production.

Our Step a Million badges, to say thank you to supporters, were made from wood.

Our Bistro Team is using eco-friendly packaging for our salad boxes, sandwich boxes, cake boxes etc. all labels are fully recyclable too!

We have boxes in our Reception and our Charity Shops for the general public to pop their empty domestic ink cartridges. If they have a lot - or they would like to place one in their place of work, we encourage them to order a box from Recycle4Charity and nominate us as their chosen charity.

A commitment to reducing waste and using environmentally friendly and recycled products were possible. We have introduced recycling waste bins in the Education and Conference Centre and are seeking to reduce our food waste.

We are committed to being energy efficient. Our award-winning building benefits from environmental features including solar panels, green roofs, and motion censored lighting. We provide venue hire hospitality and source local produce where possible for our buffet menus.

There is much more on our webpage too:

arhc.org.uk/about-us/our-organisation/our-green-ways/

What we wanted to achieve:

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

What we achieved:

We have successfully opened an additional retail unit at Pampisford. We have undertaken shop refurbishments at Regent Street and we are opening a new shop on Broad Street in March, Cambridgeshire.

Priority 3 - Accessible

What we wanted to achieve:

- We want to develop non-faith remembrance events and consider this in decisions made relating to all charity-run activities.

What we achieved:

Our Sunflower Memories event in August 2023 was a big success. Guests were invited to purchase a sunflower in memory of their loved one and attend

a special remembrance event held at the Hospice on Saturday 19 August. The event raised £2,619 for the Charity.



What we wanted to achieve:

- We want to continue with our Widening Access Group (WAG) plan to reach more diverse groups.

What we achieved:

We have been working on our WAG action plan throughout the year. We have developed a cultural and religious events calendar to help raise awareness, along with aligned internal/external communications and some lovely new food options to try in our bistro! We have also been working with the support of Sue Ryder's Head of Health Inclusion and Equity to review patient and staff data. Our staff data shows an increase in our diversity in line with our priority areas.

Priority 4 - Engaging

What we wanted to achieve

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

What we achieved

Our Reindeer Runs were successful in November, and we engaged with 11 schools across Cambridgeshire. The Cambridge Charity Fundraisers and the Cambridge Independent teamed up for the second year to launch the Inspirational YoungStars Awards and two of our young fundraisers, Jasper Ostler-Gee (aged 14) and Emma Robbins (aged 10),

won Inspirational YoungStar awards in the fundraising category.

We have provided work experience placements for two 15 year olds and one has since gone on to become a cake bake volunteer!

What we wanted to achieve

- We want to build on our engagement with corporate enterprises so that they can support their colleagues who may experience loss and bereavement.

What we achieved

We have not been able to progress this due to capacity constraints.

What we wanted to achieve

- 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.

What we achieved

We are now sending text message reminders for our Lymphoedema service and will aim to roll this out to other services through 2024-2025. We have uploaded some helpful advice and support videos on our Living Well webpages and our Advance Care Planning Video has been very popular. We have not yet been able to devise a video for introducing our services and hope to secure some funding for this in 2024-2025.

Priority 5 - People

What we wanted to achieve:

- 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.

What we achieved:

We have worked hard to recruit and retain our colleagues by investing in our induction programmes and support services such as regular manager supervision, access to restorative and resilience-based supervision and revising our annual Performance and Development review processes. All clinical colleagues have been invited to contribute to our training needs analysis so we can ensure our current and future training and development meets their needs. We are supporting colleagues on our IPU to undertake the Nursing Associate training programme.

What we wanted to achieve:

- We will survey our colleagues and volunteers to help us improve our workplace.

What we achieved:

We have surveyed both our colleagues and volunteers and produced measurable action plans by which we can continue to improve. Due to the results from our staff survey we achieved Best Employers Eastern Region Silver rating in 2023 and reached our target completion KPI.

What we wanted to achieve:

- 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.

What we achieved:

We have updated our People Plan. We have also implemented our new pay progression process and are reviewing our employee assistance programme and other benefits.

Priority 6 - Partnering

What we wanted to achieve:

- 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.

What we achieved:

We are proactive in the PEOLC Programme Board, our CEO is currently chair of this group and has provided leadership to ensure that the agreed system all age strategy has been translated into an Implementation Plan. The Plan has agreed leads for all activity and is beginning to evidence impact. The Programme Board provides update reports to the ICB Delivery Executive so there is clear oversight of issues. We represent the Voluntary Sector Network on the ICB People Board and its Enabler Groups, actively contributing to the agenda of 'One Workforce'. We are proactively engaged with the Voluntary Sector Network and ICS Professional and Clinical Leadership Assembly.

What we wanted to achieve:

- We will continue our links with the East of England Strategic Clinical Network, learning and improving care.

What we achieved:

We continue to participate in the Eastern Region Palliative and End of Life Care Strategic Clinical Network, representing Adult Hospices. We have led on the ReSPECT training programme for Cambridgeshire and Peterborough and have successfully trained 1492 people in total: 579 GPs/Health Care Practitioners, 508 Care Home staff and 401 others.

We created some videos to help promote the work of the ReSPECT project and continue to use these for training purposes.

'Yesterday I attended my first session of the Living Well Service, and it was great. The people were fantastic and my visit did me the world of good and lowered my stress levels. The neck and shoulder massage was amazing, I feel so much better, and it vastly improved my neck and shoulders. I can't thank you all enough.' **LWS**

'My clinical team recently attended an away day which was held at Arthur Rank education centre. The venue is very conveniently located on the edge of Cambridge which makes it easy to access. The venue itself was ideal and very comfortable for the day and we were provided with regular refreshments and a delicious lunch!' **Education**

'Just a little note to say a big thank you to yourself and your team for supporting us over the last few months. Your positive attitude, kindness and patience has meant so much to us and without your support we're not sure how we would have navigated through such a challenging time. Your work has such a positive impact on people's lives, and we are deeply grateful to you all, Thank you.' **SPCHT**

'On bereavement support group - "The kindness shown to me and the opportunity of the meetings I know has helped me to get to the stage I am at now. Being listened to, with patience, I felt under no pressure." **PFST**

'On Carer's group - "it's so nice the focus is on the carer, not just the patient; we can sometimes be forgotten. Coming to these meetings has made me so much stronger. I'm extremely grateful to Arthur Rank and the team.' **PFST**

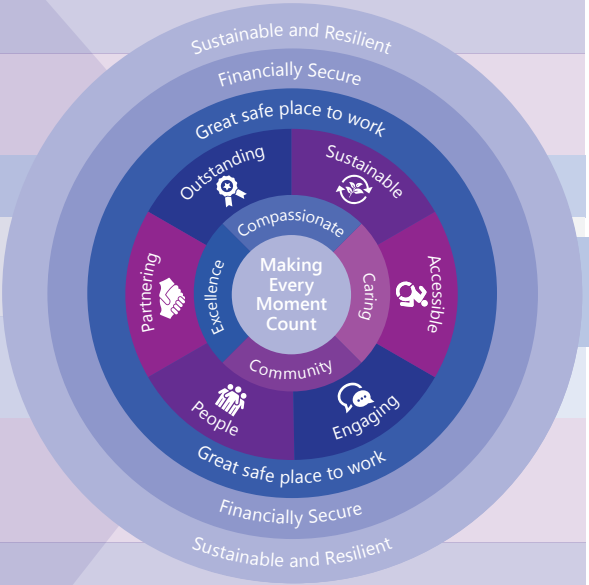
'I had a brilliant appointment with a simply brilliant clinical professional, who calmly and patiently explained everything in language I could understand and got me a plan on which I will finally move forward. I cannot praise or recommend the clinic enough. The true NHS.' **Lymphoedema**

'Thank you for your kindness and support during the time of my mother's illness and subsequent passing. My brothers and me, were very grateful for all the support and advice given to us by you, when we needed it most.' **IPU**

'I just wanted to thank you for all your help and support while [the patient] was ill. You were there for us all the way through and facilitated his care at home at the end. This care was a wonderful wrap-around service, and we were truly grateful for it. It was lovely to get to know you too. You were always a calm and measured presence and a great comfort to us all.' **SPCHT**

'Please accept our heartfelt thanks and appreciation for all the care you gave to our mum throughout her illness. She was full of praise for you all as all our family are. Your care and compassion was second to none.' **HaH**

Looking forward 2024 - 2025

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.

making every moment count

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

Priority 1 - Outstanding

- 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.
- 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.
- 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.
- We will continue to build on the Transitioning programme for young people, involving them in decision making and service improvements.
- 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 will review how we can broaden our reach into local communities, building on the work with neurological conditions, single organ failures and dementia care.
- 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.
- We will build on the use of the Trajectory Touchpoint Technique and consider other methods for obtaining feedback from patients and their family/friends.
- We will continue to improve on 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 home team and Palliative Hub.
- We will review community specialist nursing and specialist medical cover across Cambridgeshire with our system partners to ensure equality in service provision.

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 (namely support for children through patient and family support, Young Persons Transition, Caring Communities).
- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.
- We want to increase opportunities for Gifts in Wills which maximise gift values and create tools and assets to support conversations.
- We will continue to review our use of sustainable materials - reduction in use of plastic in all fundraising activities.
- We want to develop a new supporter care and insights team in our Fundraising.
- We want to increase the income from retail, online activities, venue hire and hospitality and strengthen our brand identity.
- We will establish a new Charity shop in the town of March.
- We will increase income generated by Hospitality, such as Afternoon Tea service.
- We will increase commercial return from Bistro and venue hire bookings.
- We will replace the external cladding to the Hospice building in Cambridge.

Priority 3 - Accessible

- We will develop a plan to broaden access to events to diverse groups.
- We will achieve our widening access group action plan and complete community engagement sessions across Cambridgeshire.

Priority 4 - Engaging

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

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

Priority 5 - People

- 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.
- We will foster an inclusive and compassionate culture in which we can all achieve our objectives.
- We will try new ways of working and delivering care, such as implementing new managers charter.
- We will grow our student and learner engagement and support apprenticeships and other development opportunities.
- We will continue to grow our volunteer services.
- We will design an education plan fit for the future workforce.

Priority 6 - Partnering

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

'I just wanted to say thank you again for your help and to pass on some really positive feedback about the experience people have at Arthur Rank. Although I did not specifically ask about it, everyone I interviewed mentioned how useful the living well service is, how much they get out of it and how lovely all the staff are. Many of them commented that it was great to meet others and to think about different aspects of their lives, for some it helped with aspects of uncertainty too' LWS

'I can never say how very grateful I am, there isn't the words to describe it or put into words my thanks. You have been amazing and always been there when we needed you for advice and support. I really appreciate everything you have done Emma Warner' AHC

'The service was excellent I received answers to all my questions, the lady was very professional about everything and explained what's going to happen moving forward which puts your mind at ease. 10 out 10 from entering the building, a lady from reception helped all the way through right until I left.'
Lymphoedema

'I think the group provides every aspect of care and support for its patients. It has been so important for me to have been involved in all the sessions on offer. The staff have been wonderful, very supportive and empathetic.' LWS

Mandatory statements

Review of service

During the period 1 April 2023 to 31 March 2024, 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 2023 to 31 March 2024 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:

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

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 2023: 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.

- Review of patients on Lymphoedema caseload
- Review of the educational group programme (which includes Staying Steady and Sleep Hygiene groups) which runs during complex Sessions in Living Well Service.
- Review of the Lipoedema Service
- Caseload capacity baseline audit of SPCHT.
- National FamCare Audit (SPCHT)
- Review of concordance in Lymphoedema by introducing a follow up hosiery fitting appointment, compared with standard service appointments.
- Evaluation of IPU Intravenous Antibiotic use.
- Use of TENS on IPU
- Development of Manual Handling Video/ presentation for volunteers
- Recording audio scripts for freephone telephony service (ongoing)
- Partnership working with local schools to develop "51 questions" resource on "what 3 questions would you like to ask your parents?" (ongoing)

- Review outpatient appointment clinic sessions for LWS
- Improve patient flow through the SPCHT service
- Roll out level 2 psychological skills training to improve early psychological support for patients and their families
- Create and implement a bereavement pathway that offers support to the bereaved at levels 1,2, and 3.
- Palliative Hub service evaluation (ongoing)
- Improve MDT process and discharge planning on the IPU
- Evaluating the Friday morning outpatient clinic (ongoing)
- Improving the consistency of the renal failure prescribing on the IPU

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 have been a participant identification site (PIC) for an intervention co-design study exploring experiences and communication of future uncertainty in multimorbidity. This was led by Dr Simon Etkind from the University of Cambridge. The Living Well Service identified the required number of participants and the study closed to recruitment in Feb 2024 after reaching its recruitment target.
- We are continuing to participate as a research site in the CHELseaII cluster randomised trial of clinically-assisted hydration in patients in the last days of life. This is led by Prof Andrew Davies from the University of Surrey. Recruitment opened in March 2023. We have now recruited 9 out of the target 20 participants. Recruitment will close in Nov 2024.
- We participated as a research site in a multi-site focus group study exploring the reasons underlying referral for specialist psychological support in hospice care. This was led by Maria Valkovskaya from the London City University and is still ongoing.
- We have also supported the electronic distribution of a number of staff research surveys from external organisations.

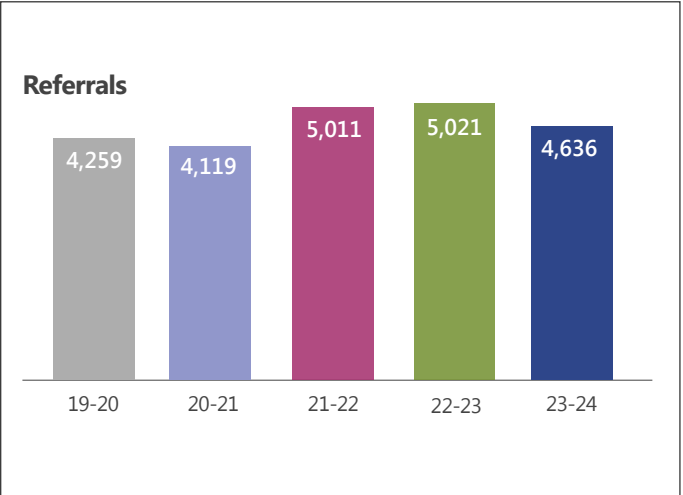
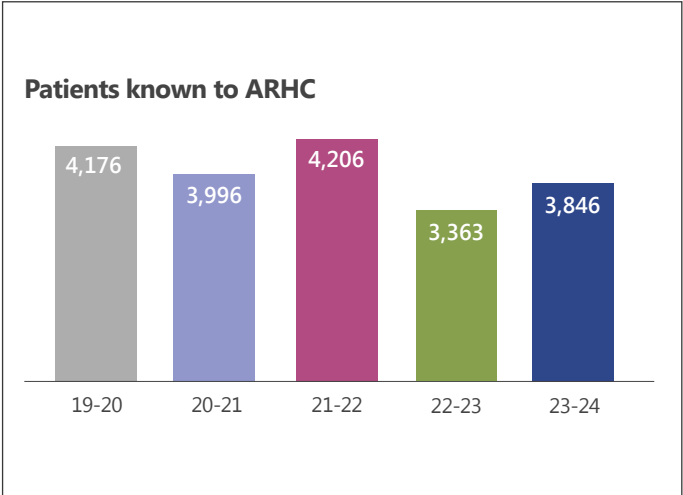
Use of Commissioning of Quality and Innovations (CQUIN) Payment Framework

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.

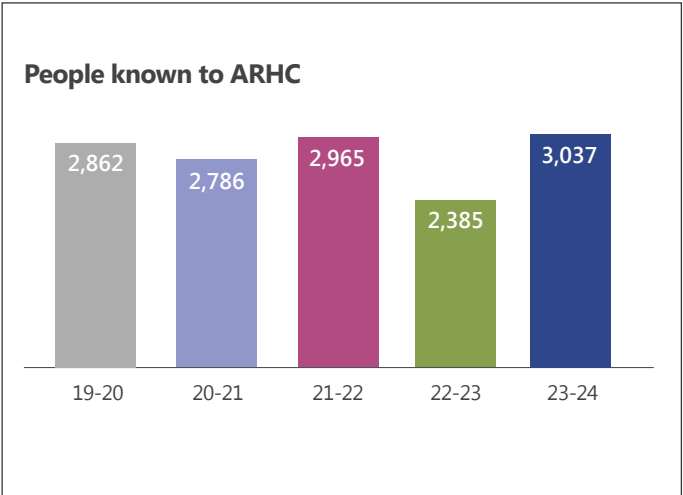
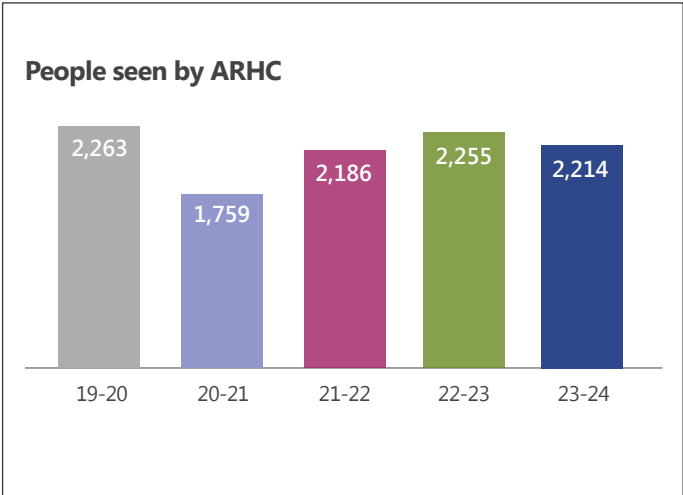
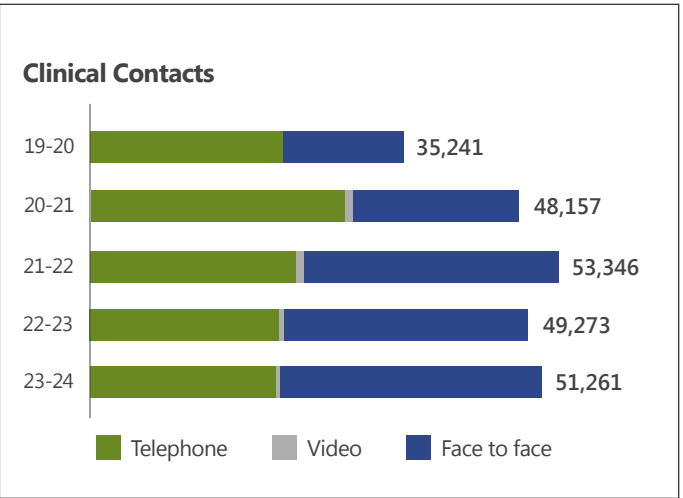
Part 3

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:



2023-24 has seen a decrease in the total number of referrals received which is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. 2023-24 saw an increase in clinical contacts which was mostly within our Hospice at Home service, which saw a 10% increase in face-to-face contacts compared to 2022-23. Despite this, the number of people we have seen has decreased by 2% from 2022-23 which highlights the increasing complexity of our patients.

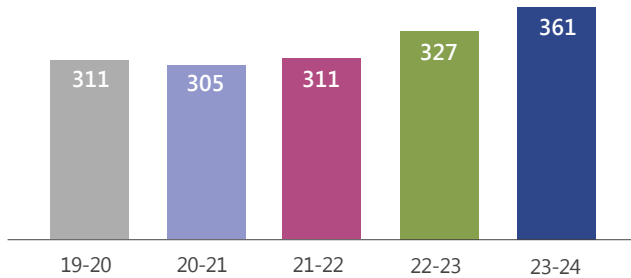


Clinical Service Areas

Inpatient Unit

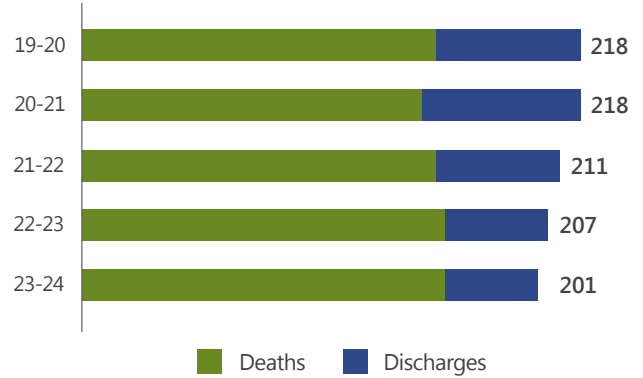
Referrals

Inpatient Unit - Specialist Beds



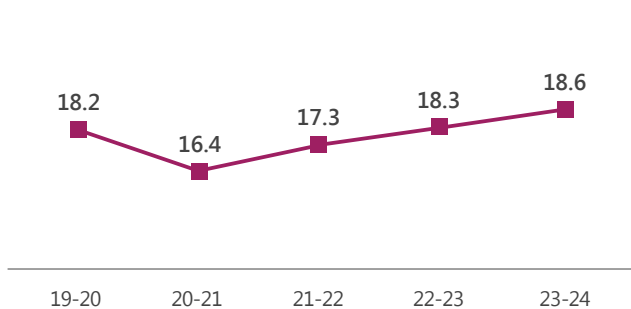
Discharges/Deaths

Inpatient Unit - Specialist Beds



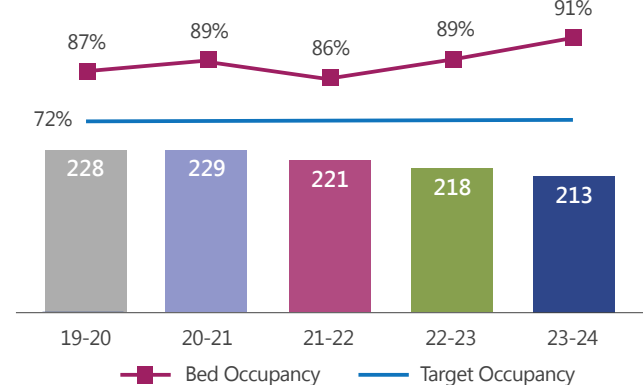
Average Length of Stays (days)

Inpatient Unit - Specialist Beds



Patients and Bed Occupancy

Inpatient Unit - Specialist Beds

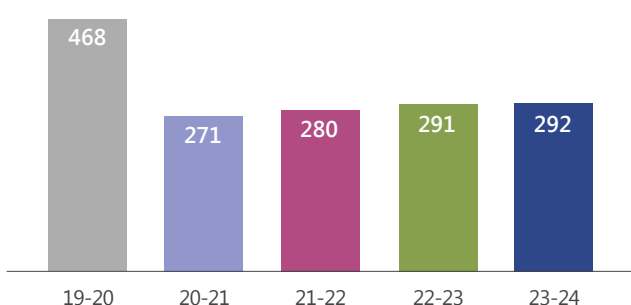


Our Inpatient Unit consists of 23 beds, 21 of which are commissioned. The two beds that have not been commissioned we seek to address in our new strategy. 12 of these are our "Specialist Beds", and the remaining are our "Nurse Led Beds" for end of life patients transferred from Addenbrooke's Hospital, Cambridge. We aim to have an average of 7 NLB beds occupied each day.

Our Specialist Beds continue to exceed our target occupancy of 72%, with the year ending with an average occupancy of 91%. Patients are admitted for a variety of reasons, not just for end of life care, as demonstrated in the fact that 22% of admissions were discharged back into the care of the community. There has been a 10% increase in referrals compared to 2022-23, this highlights the growing demand for the service.

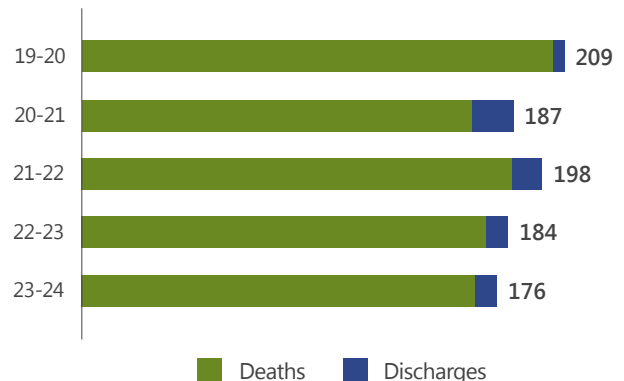
Referrals

Inpatient Unit - Nurse Led Beds



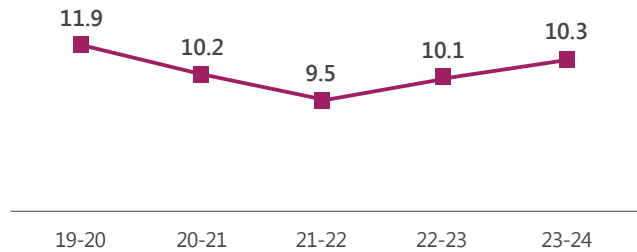
Discharges/Deaths

Inpatient Unit - Nurse Led Beds



Average Length of Stays (days)

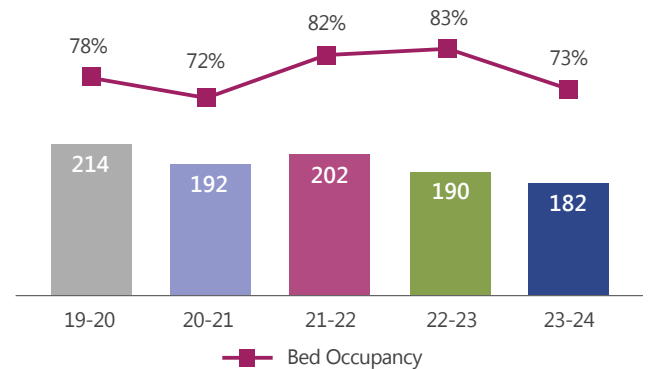
Inpatient Unit - Nurse Led Beds



Our Nurse Led Beds ended the year with an average occupancy of 73%, a 10% decrease from 2022-23. There are a number of factors that affect our bed occupancy such as early identification and transfer of appropriate patients to these beds. We are working

Patients and Bed Occupancy

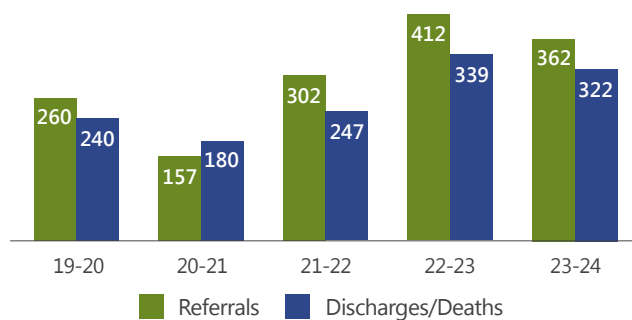
Inpatient Unit - Nurse Led Beds



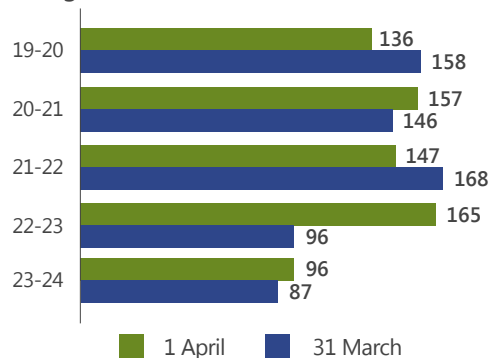
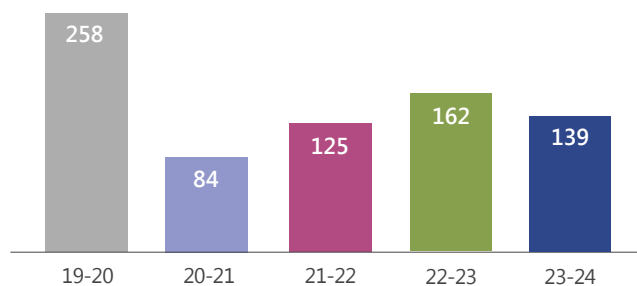
with Cambridge University Hospitals (CUH) to improve our occupancy. 94% of admissions ended in death, demonstrating that in the majority of cases, the correct patients are being identified for this transfer for end of life care. The remaining 6% were discharged back into the care of the community.

Living Well Service and Life Celebration**Referrals and discharges**

Living Well and Life Celebration

**Patients on Caseload**

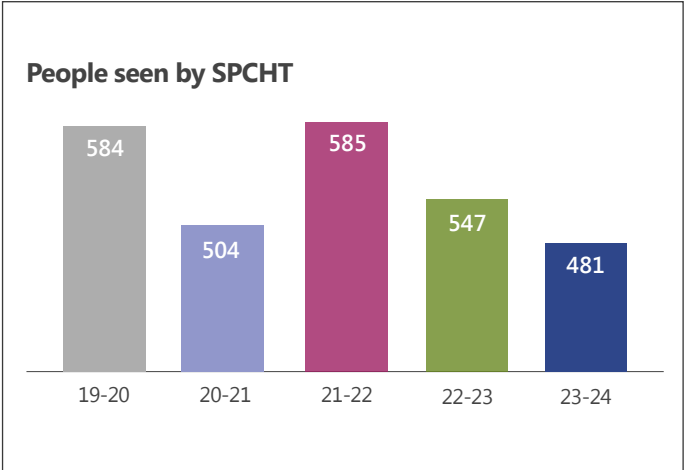
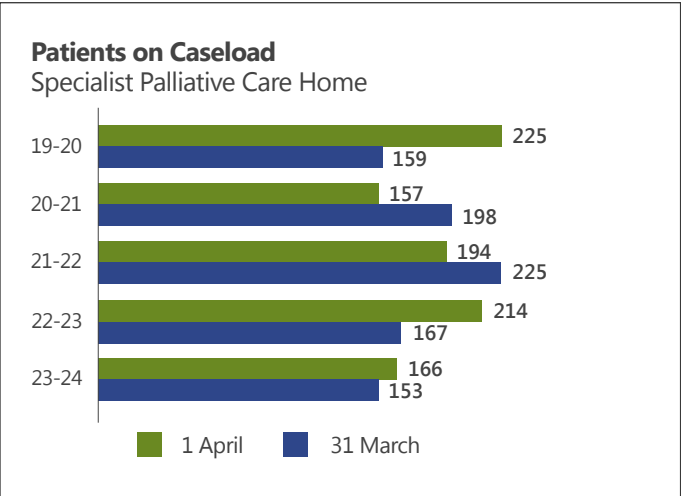
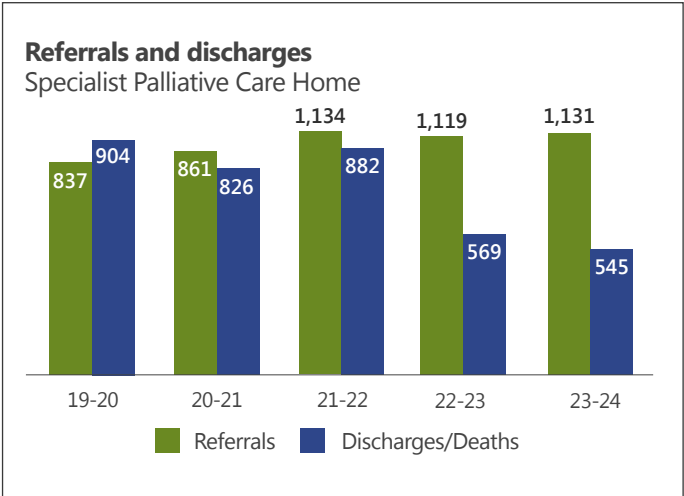
Living Well and Life Celebration

**People seen by Living Well and Life Celebration**

Referrals to the Living Well Service and Life Celebration have decreased. We have had a vacancy for our Life Celebrations and Activities coordinator which has meant we have not been able to refer into this service currently.

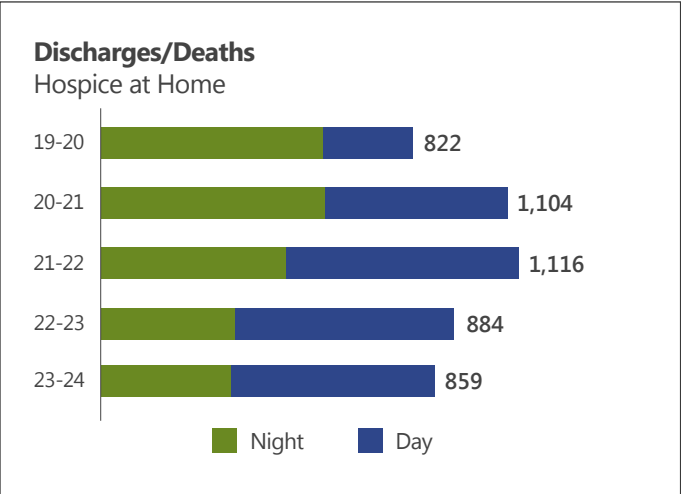
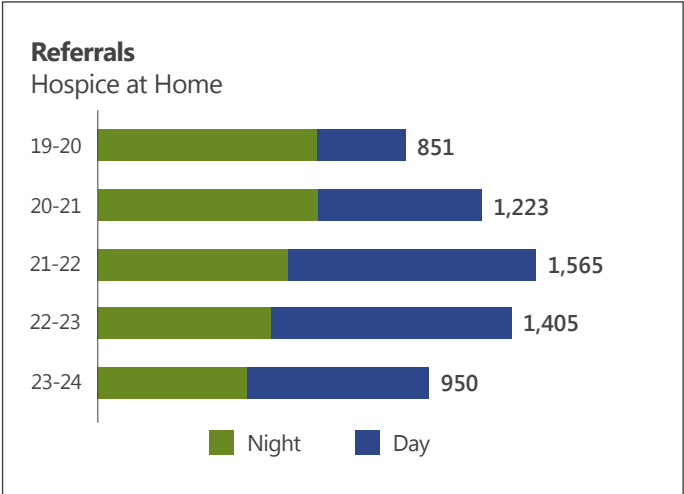
We have noticed that some referrals are coming too late and patients become too unwell to then attend our sessions and therefore do not stay on our caseloads for long. We are looking at promoting early referral to our services and have designed some new posters to go in GP practices and Clinics to help raise awareness.

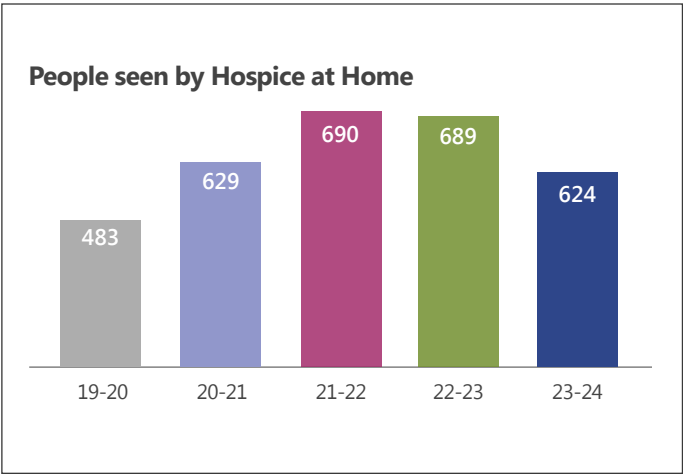
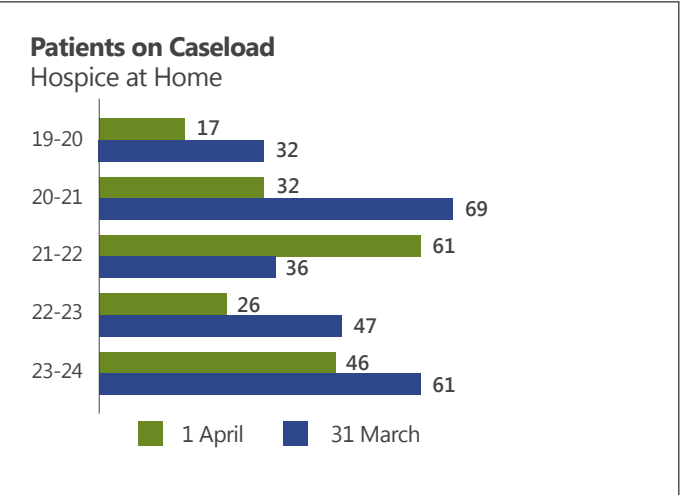
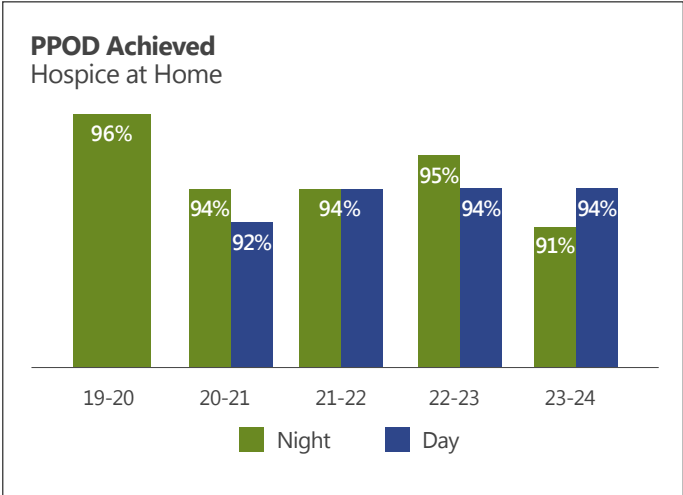
Specialist Palliative Care Home Team (SPCHT)



Most new referrals triaged by the team are phased as 'deteriorating' (67%). 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)





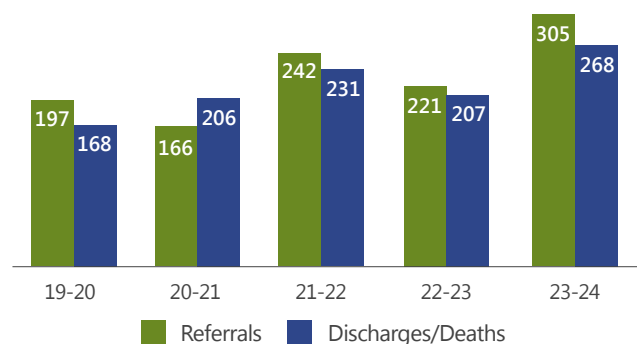
The Hospice at Home service had a drop in referrals compared to 2022-23. There were a higher number of inappropriate referrals in 2022-2023 and the team together with the ICB complex cases team have improved their processes for managing referrals.

Despite receiving fewer referrals this year and seeing fewer people, our Hospice at Home service saw a 10% increase in face-to-face clinical contacts. This is because patients have more complex needs and need closer monitoring and interventions.

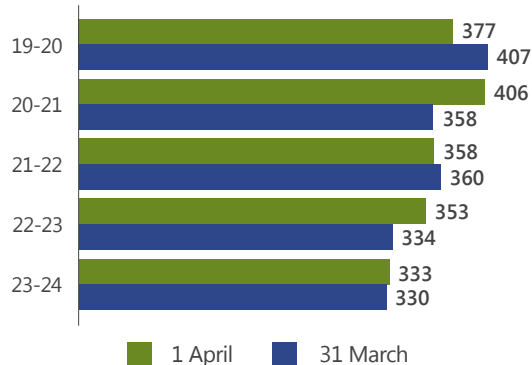
We continue to support patients to die in their Preferred Place of Death (PPOD) when it is safe to do so, with 91% of Night patients achieving their PPOD for the year, and 94% for Day.

Lymphoedema Clinic

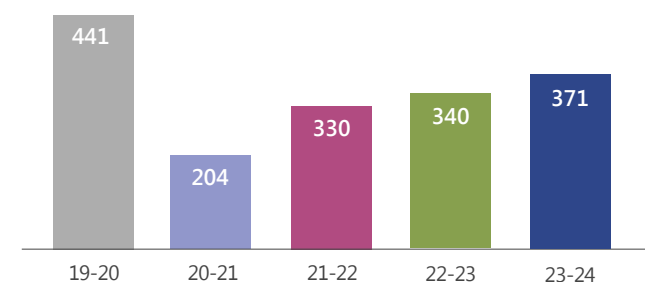
Referrals and discharges
Lymphoedema Clinic



Patients on Caseload
Lymphoedema Clinic



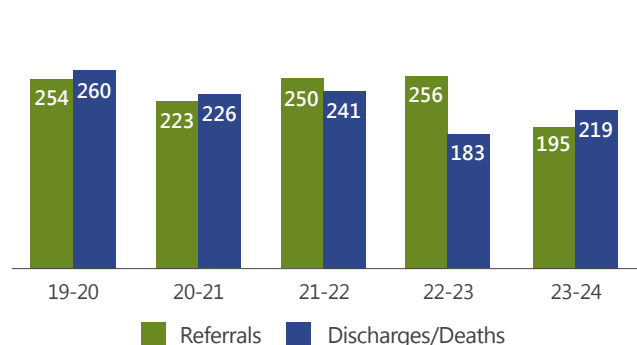
People seen by Lymphoedema Clinic



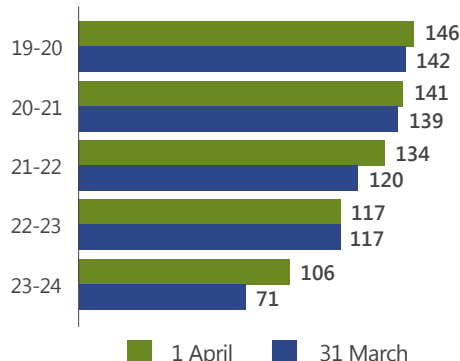
The lymphoedema team continue to assess patients with lymphoedema from all causes - primary/secondary including oncology, palliative and chronic oedemas. The team also assesses and advises Lipoedema patients. Referral figures have increased, but the caseload remains stable. The team are happy to deliver virtual and face-to-face consultations. The team haven't breached responsiveness timelines. The team continue 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. Other projects have included auditing limb volume improvements - leading on to a new patient concordance audit. The service has also improved its website page with improved self-help videos to enhance patient care and education. The team ensure they follow best practice guidelines and keep up to date in order to provide patients with optimal care.

Patient and Family Support Team (PFST)

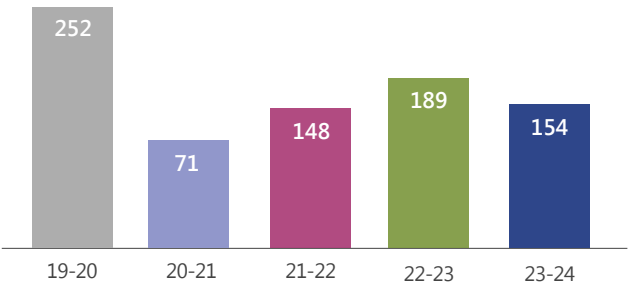
Referrals and discharges
Patient and Family Support



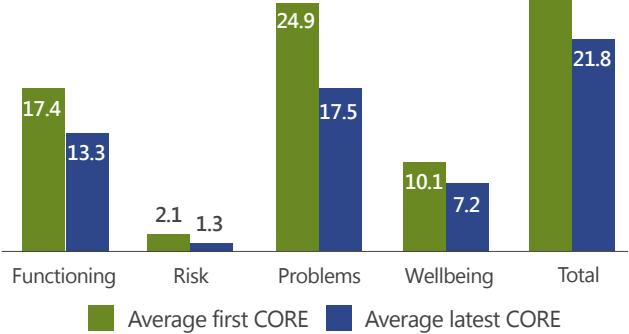
Patients on Caseload
Patient and Family Support



People seen by PFST



CORE 34

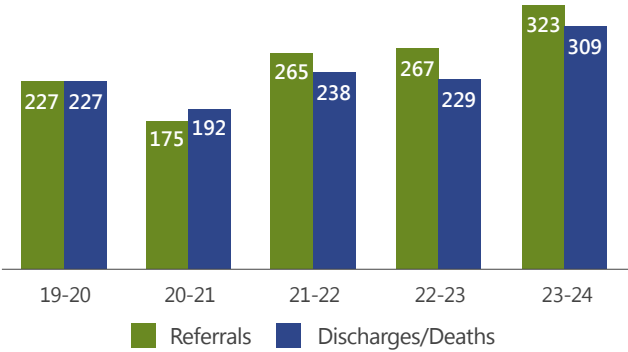


Despite a challenging year for the Patient and Family Support Team due to several changes of colleagues and ongoing vacancies, the team have continued to support patients, relatives, carers, and the bereaved. The team saw an 18% increase in face-to-face contacts with patients compared to the previous year. The impact of the team has been demonstrated in

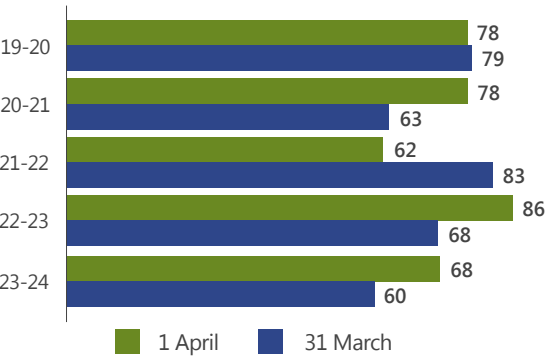
their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both versions of the CORE demonstrate that interventions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

Complementary Therapy

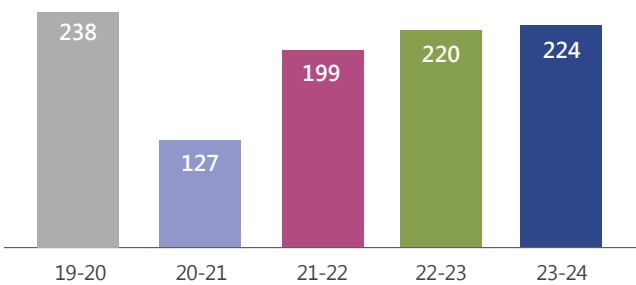
Referrals and discharges
Complementary Therapy



Patients on Caseload
Complementary Therapy



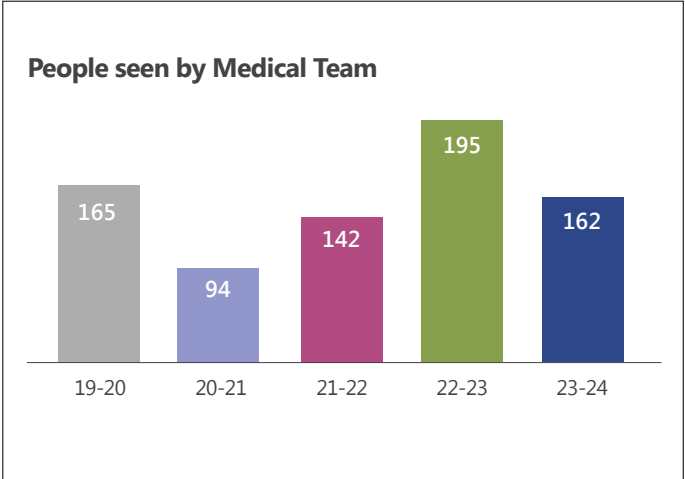
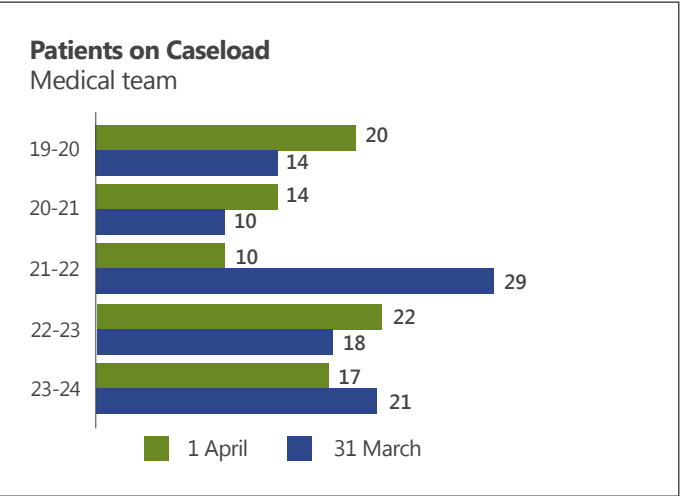
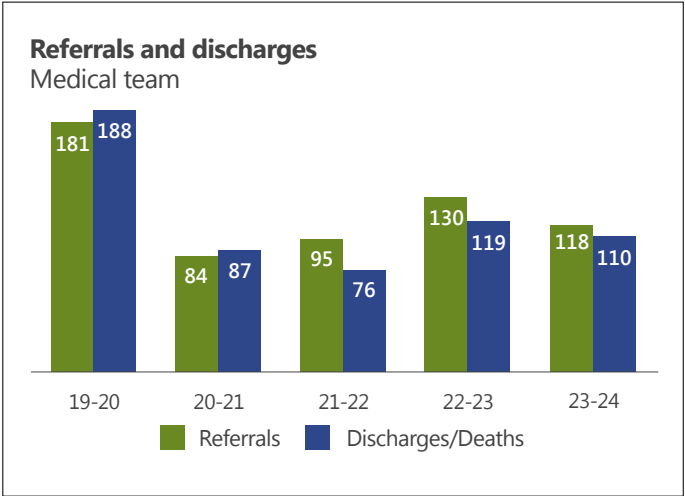
People seen by Complementary Therapy



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.

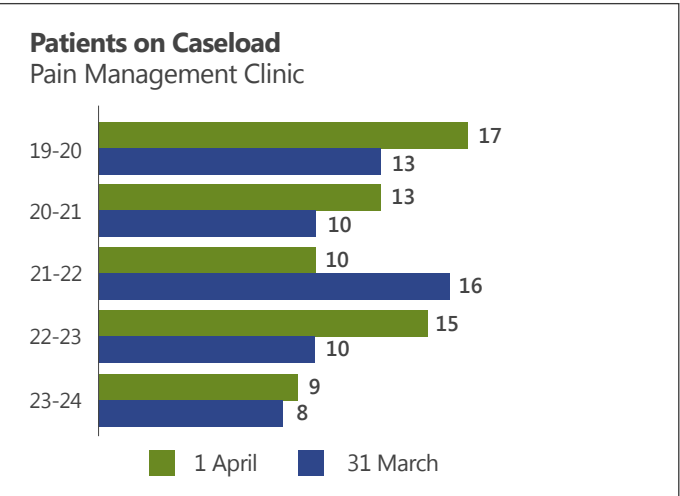
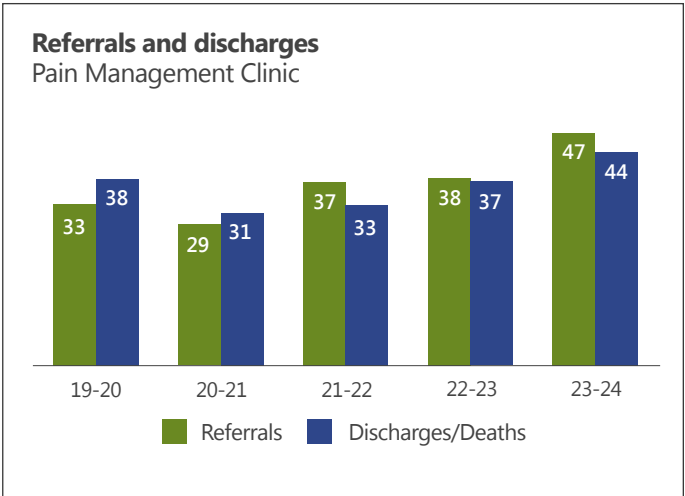
The above statistics don't include those patients seen as part of their Living Well programme attendance and/or their IPU admission.

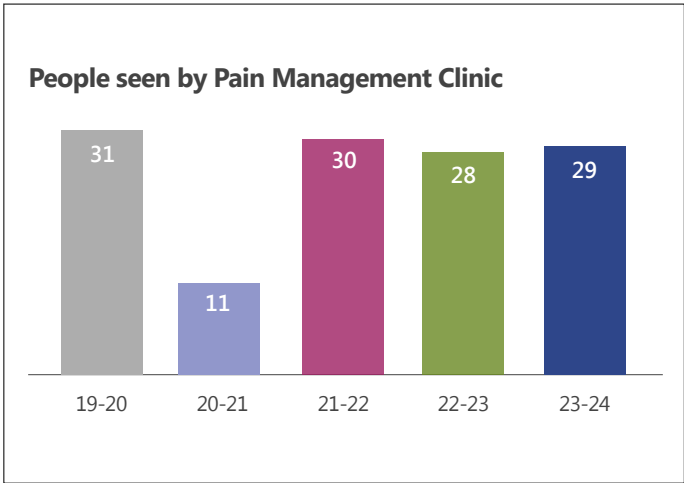
Medical Team



In 2023-24, the medical team conducted 493 appointments (342 face-to-face and 151 via telephone/ video), a decrease of 8% from 2022-23. There are a number of factors as to why there was a decrease, such as less available doctor time in the community.

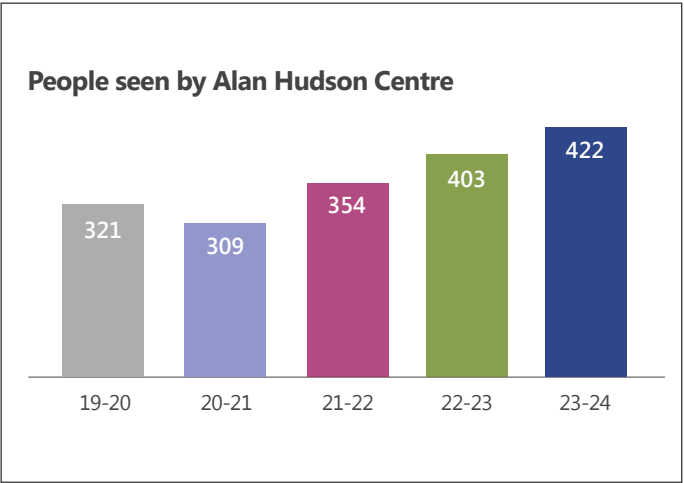
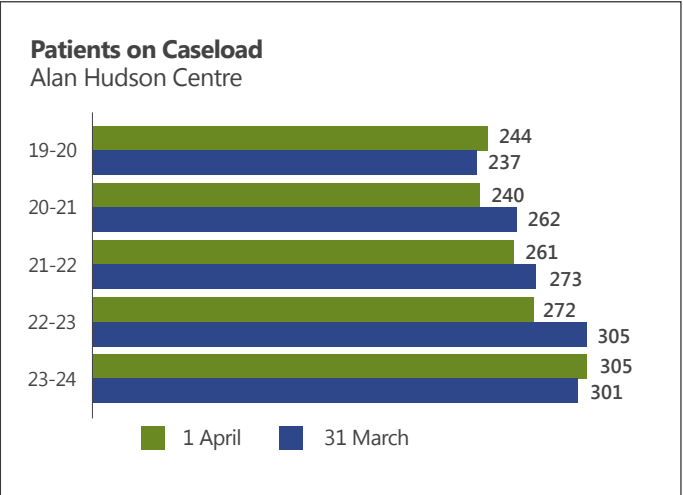
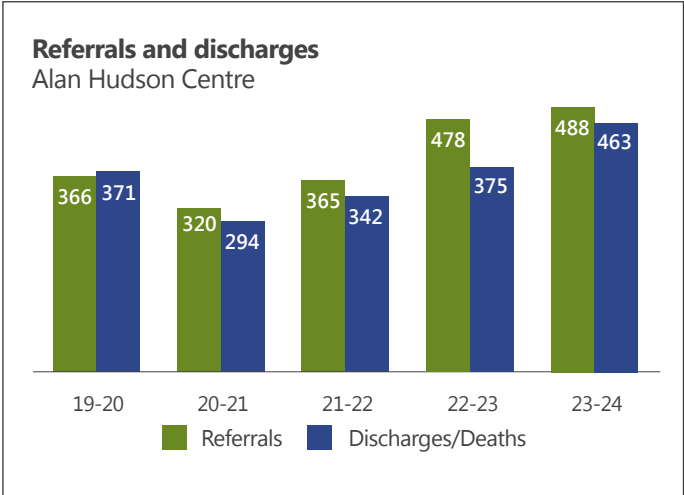
Pain Management Clinic





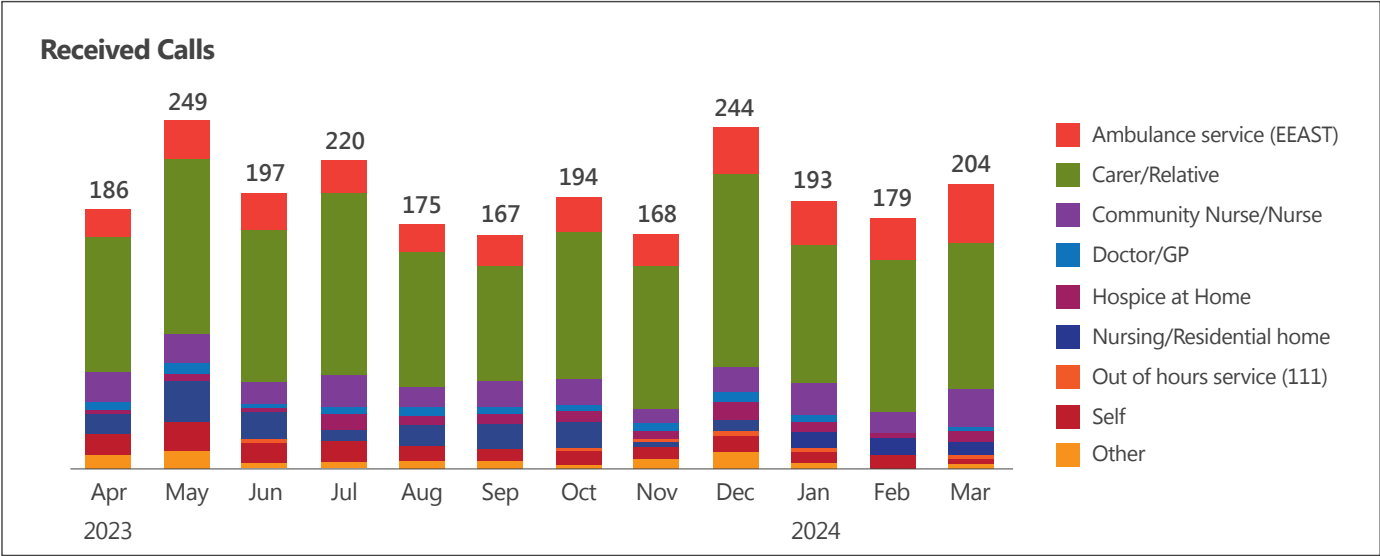
The Pain Management Clinic runs separately from the other work of the medical team and sees people experiencing complex pain. The team consists of a pain psychotherapist, anaesthetist, and palliative medicine consultant and runs two clinics a month.

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, and the Bereavement Support Group. Demand for both specialist services and treatments in and around Wisbech continues to rise, as demonstrated in the 19% increase in completed treatments this year, alongside a 5% 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 third year, this service supported 1,486 patients (a decrease of 12% from 2022-23), took 2,376 calls (a decrease of 13% from 2022-23), and helped to avoid 87 hospital admissions. The number of people supported has decreased due to vacancies in the team which have impacted on us

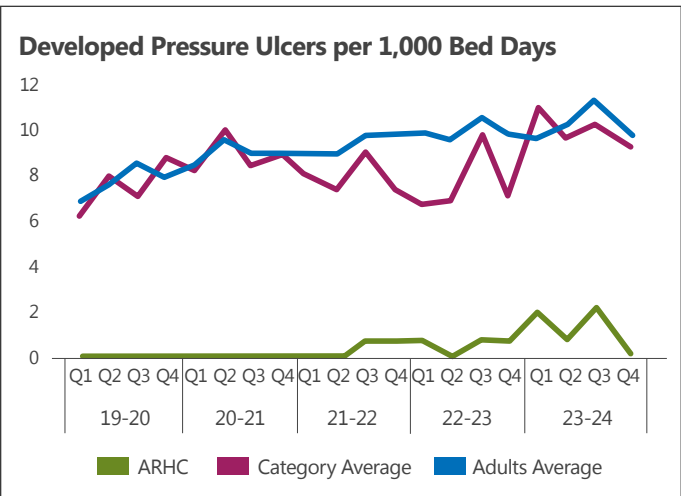
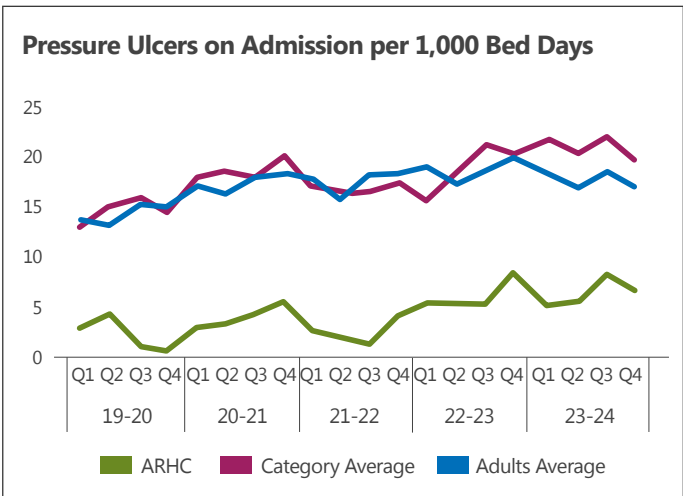
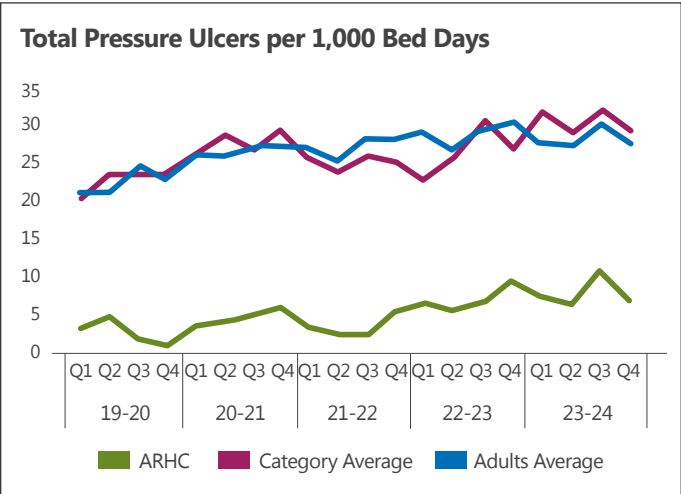
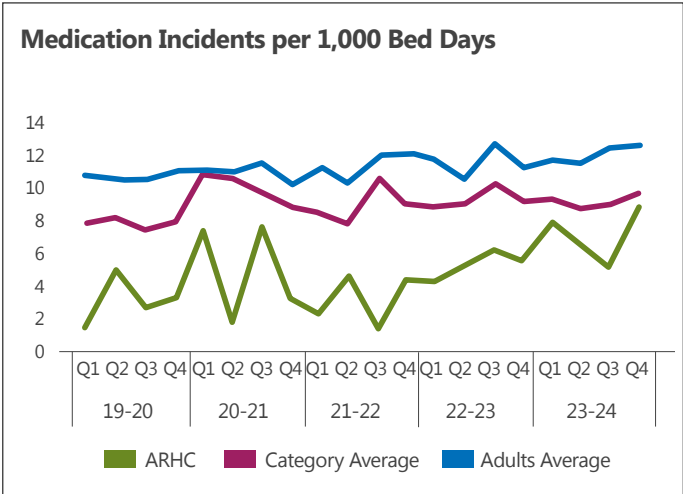
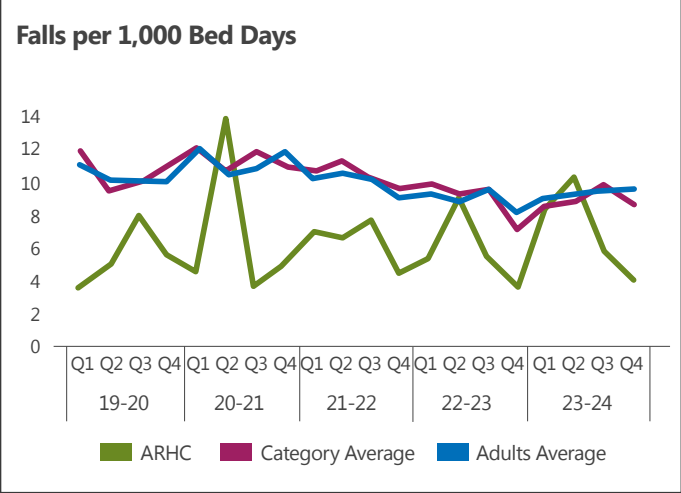
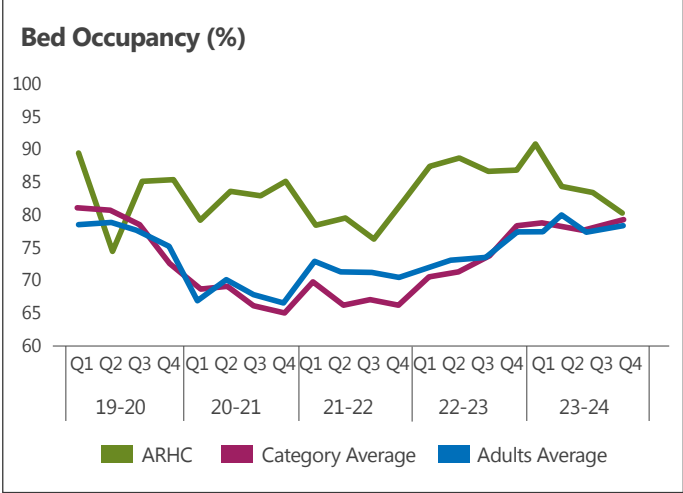
being available 24/7. We have had to prioritise weekend and evening/night provision.

The highest proportion of our callers come from Peterborough (22%), Cambridge (21%) and Huntingdon (20%). The most common reason for calling continues to be for advice regarding pain (25%), general palliative care (23%) and medication advice (22%).

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.

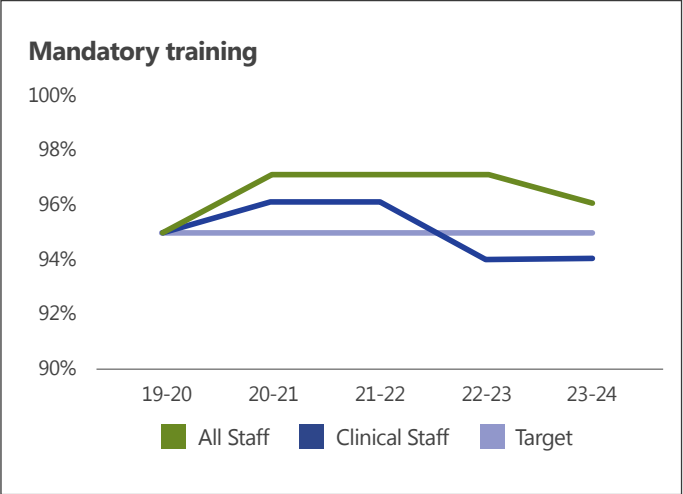


As with previous years, the number of falls, medication incidents, and pressure ulcers remains below the national average, demonstrating the effective prevention strategies we have in place across the IPU.

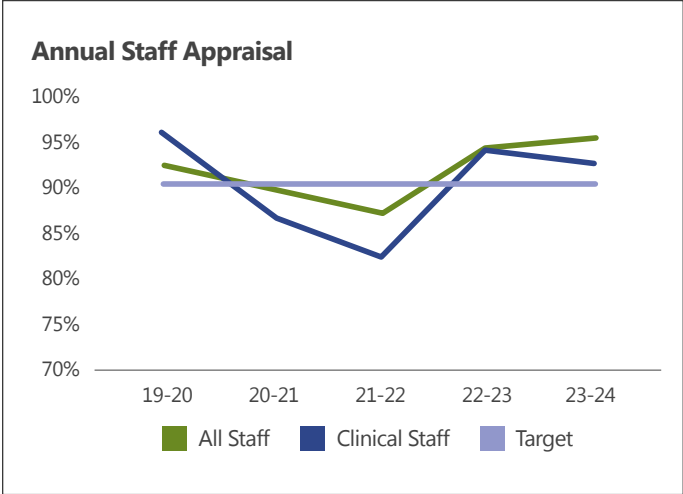
Alongside this benchmarking with other hospices, we also monitor any trends internally using NHS Statistical Process Control (SPC) charts. These allow us to understand variation and highlight when there

are any causes for concern or improvement. These have identified that, despite remaining below national averages, we have seen an internal increase in the number of medication incidents recorded on the IPU, with March 2024 falling outside our normal variation. 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

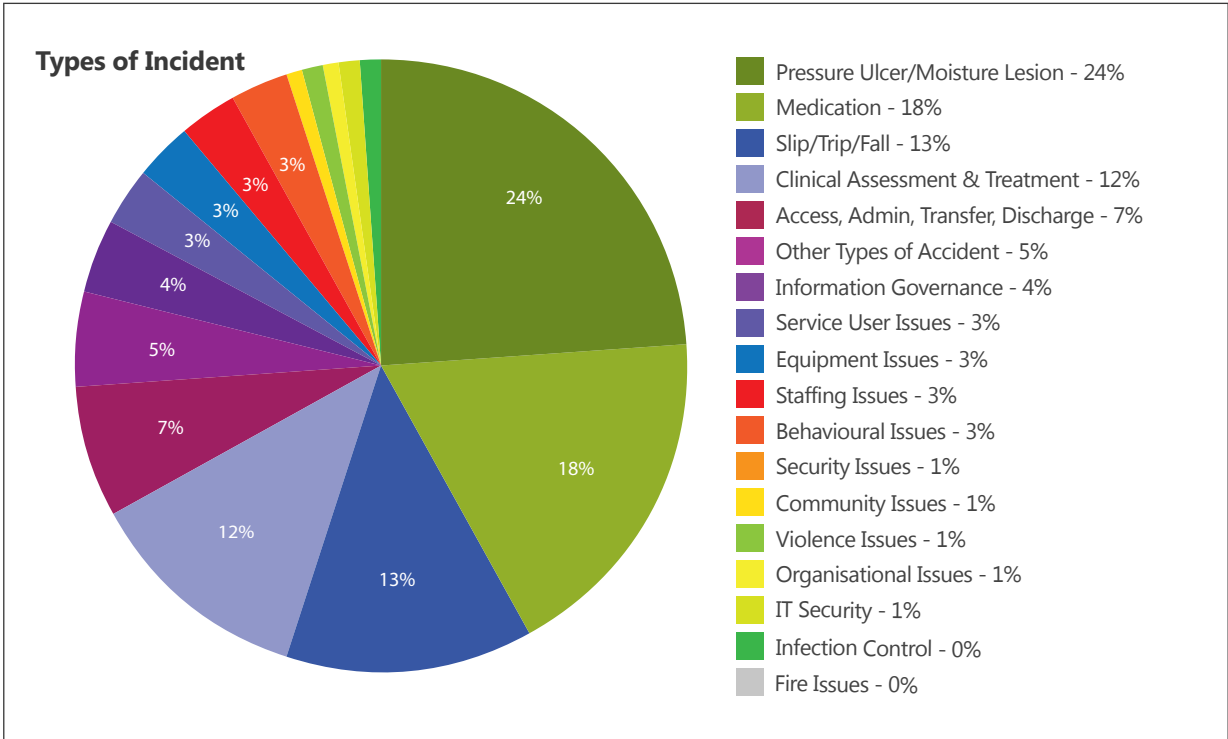
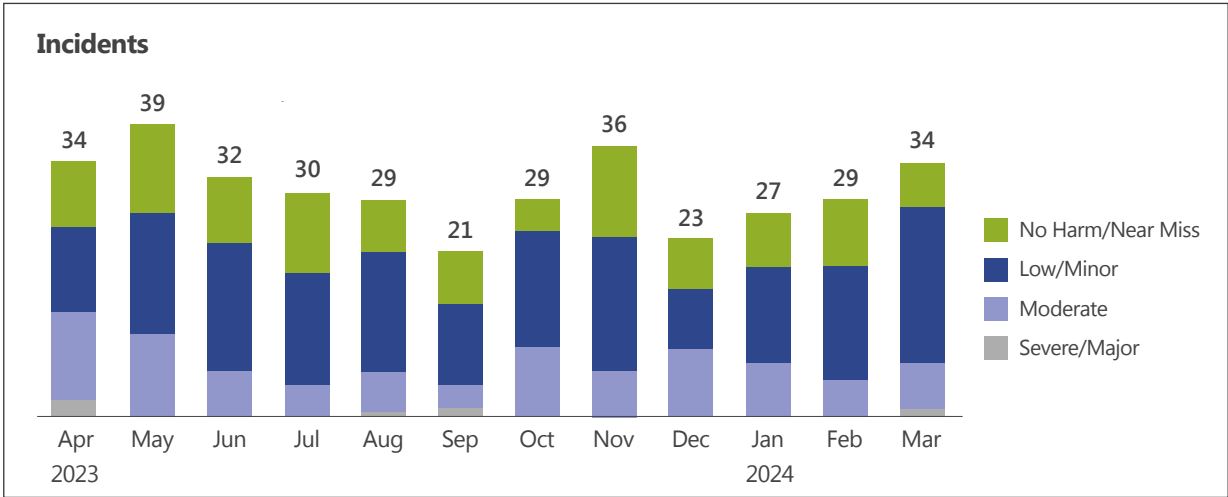
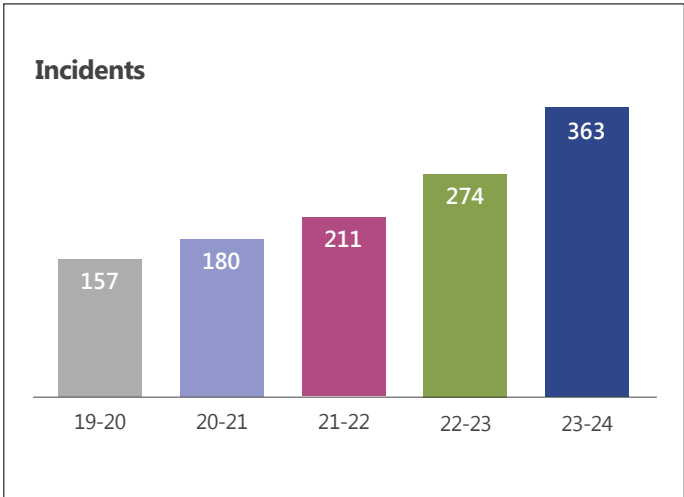


All colleagues are required to complete mandatory training, and we continue to work hard with staff and our education team to provide simple access to either online or face-to-face training. Our overall average target is 95% completion, which was successfully met for all staff, but we were just shy of 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 95% 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. As our Hospice expands, so too does the number of reported incidents.

There has been a 32% increase in the number of incidents reported from 2022-23. However, we are confident that this is a direct result of having a larger workforce, more patients in the community, and an organisational focus on the improved use of our incident reporting system, Vantage. 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 2022-23 there has been a reduction in the number of Information Governance incidents (21 incidents, 8% in 2022-23 and 13 incidents, 4% in 2023-24).

Incidents with Actions

Serious Incidents (SI)

We had no reportable serious incidents in 2023 - 2024. We continue to highlight incidents that involve our community partners and work with them to implement shared learning and improvements to patient safety. We are now following a new Patient

Safety Incident Reporting Framework (PSIRF) and hold bi-weekly meetings to review all patient safety incidents and action any learning from themes and trends which are then reported back to our Health and Safety and Infection Prevention and Control committee.

'To All the wonderful staff on the IPU. I would like to thank everyone for the kindness, compassion, caring, honesty, supportive help they gave my Dad. The care you showed him was second to none and I thank you from the bottom of my heart. Also, the fantastic support you gave me during his stay with you. Nothing was too much trouble and for this I will be forever grateful to the fantastic nurses, doctors and caring reception staff.' **IPU**

'Thank you, Natasha, for your care, service and thoughtfulness during my visits. After many years of suffering with Lymphoedema and a recent bout of Cellulitis the help and care I have received has actually been life changing. Natasha has also been lovely to talk to regarding my condition, being able to talk to a professional and receiving such good care, help and advice has also helped my mental health. Thank you again, a brilliant job.' **Lymphoedema**

'Thank you so very much for all your support and help during one of our hardest times. We now have the all clear and are looking to a bright future.' **AHC**

'The family said Angela Heading was amazing, and they couldn't have managed his last hours without her. Stated she went over and above, staying after her shift was finished due to [the patient] dying so she could support them and processes leading up to his death. Family also wished to give thanks to myself and Emma Warner for involvement and support especially for the honesty provided in his rapid deterioration which they felt was lacking from other professionals.' **HaH**

'I would just like to thank you all for the care and support that you gave to my family during my husband's final weeks. The service you provide is invaluable and I will be forever grateful. Thank you.' **AHC**

Complaints, Feedback and Patient Experience

Complaints and Concerns

We received three formal complaints and 17 informal complaints/concerns during the financial year 2023-24. A summary of the three complaints can be found below:

Date Received	Summary	Action(s)
12/06/23	Patient was not happy that after signing a form to refuse consent to share information it was overridden.	Explained to patient the difference between our duty of care and need to break confidentiality if we felt a person was at risk. Staff instructed to give the information part of the SystemOne consent document to the patient for their records and not retain in the notes. Staff advised to advise patients of our duty of care with regards to breaking confidentiality if it's done to protect their best interests or that of the public
25/07/23	Conversation in a shop involving breach of the Equality Act 2010 (which protects people from harassment based on race and gender identity) that a member of staff/volunteer was having was overheard by a customer.	Fundraising and Communications Director investigated the complaint and emailed an apology to the complainant, who accepted the apology. Further equality training with shop staff to be undertaken as a result.
05/01/24	Patient's family member complained about the standards of care and believed that some care interventions directly contributed to the death of their relative on the IPU.	A full investigation concluded there was no substandard care and accusations made against the Hospice were unsubstantiated.

Quality Account Feedback: Healthwatch Cambridgeshire and Peterborough

Arthur Rank Hospice's 2023-2024 Quality Accounts highlight their exceptional commitment to patient care and support. Their focused initiatives have showcased their dedication to addressing bereavement support, enhancing community engagement, ensuring sustainable and accessible services, and demonstrating adaptability and collaborative spirit.

Enhancing Patient and Family Support

Arthur Rank Hospice's comprehensive review of Patient and Family Support services highlights their commitment to equitable care. Appointing a Bereavement Lead, team coordinator, and Chaplain volunteer, alongside Clinical Psychologists, has significantly enhanced bereavement support. Implementing Grief Chat and updating bereavement resources ensure accessible support for families.

Community Engagement and Technological Advancements

Arthur Rank Hospice has successfully engaged with corporate partners and schools, enhancing community involvement and support for their services. Their innovative use of technology, such as text message reminders and support videos, has improved service efficiency and patient engagement. These advancements simplify operations and enhance patient experience and accessibility to care.

Focus on Accessibility and Inclusivity

The hospice has made significant enhancements in making their services more accessible and inclusive. Their successful Sunflower Memories event provided a non-faith-based remembrance option, raising funds and awareness. The Widening Access Group (WAG) plan has developed a cultural and religious events calendar and improved communications, resulting in increased diversity among staff and patients, aligning with their priority areas.

Conclusion

Arthur Rank Hospice's 2023-2024 Quality Accounts reflect a robust commitment to outstanding patient care, innovative support services, and sustainable practices. Their collaborative initiatives, technological advancements, and focus on staff and community engagement exemplify their dedication to providing compassionate, comprehensive care. Healthwatch commends their efforts and looks forward to continued partnership and support in advancing healthcare.

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 2023/24.

Quality is at the heart of Arthur Rank's priorities, and they have built strong collaborative relationships with the ICB, as well as Regional and National networks.

The ICB recognise that the hospice is still experiencing an impact on charity funding due to the covid pandemic.

The report notes that the number of people seen overall and the numbers of referrals to several of their services have decreased compared to the previous year. This should be an area of focus through the coming year as the national picture is very different: with an ageing population and increasing multi-morbidity, most hospices are seeing significant increases in workload. However, Arthur Rank Hospice has reported they have had an increase in contacts due to the complex needs of patients. It is worth noting that their bed occupancy is above the national average, and this should be an area of focus for 2024/25.

Their Hospice at Home service has seen an improvement with a reduction in the response time to deliver care by over 24hours therefore providing support to patients timely. The hospice should be congratulated for this. Through collaborative working with the ICB and Sue Ryder, the delivery and quality of care being provided through the daytime hours has allowed us to increase the equity of service across the population through the remodelling of this service as it indicated a reduction in the need for a night sitting service. The overnight component of the service where clinically appropriate is commissioned directly by the ICB.

The hospice has been pivotal in the development of an Integrated Care System Palliative and End of Life strategy and the ICB would like to thank Arthur Rank colleagues for their leadership in this area. Arthur Rank Hospice are active participants in the Palliative and End of Life Care Board, with the Chief Executive Chairing this important Board within the ICS.

There has been a 30% increase in number of incidents compared to previous years, with no severe harm to patients reported, which is commended.

There has been an increase in falls and medicine errors reported but these are low compared to other hospices. They are also significantly below average for care areas, falls, medication and pressure ulcers. The hospice states this is a result of prevention strategies in place across the services. The introduction of these strategies is congratulated and should be used for system learning.

The organisation has continued to report serious incidents in line with the serious incident framework as required. Arthur Rank Hospice are working on a Patient Safety Incident Response policy and plan in line with the new Patient Safety Incident Response Framework (PSIRF). Once the policy and plan are approved, the ICB will agree a transition date to the new PSIRF.

Compliments and feedback from service users are threaded throughout the account. Over the year, they had a low number of formal complaints and their responses to these are evidenced with clear outcomes. There were also 21 informal complaints/concerns identified but the quality account does not highlight any themes or trends. It is recommended that this is done in the future.

The hospice has highlighted their "Think Family" approach which is positive. Think family is used as a term in safeguarding to specifically consider all family members and safeguarding impact on each member. It would be helpful to explain what this explicitly relates to in practice at the hospice, who this applies to and what impact this has on patients and their families.

Arthur Rank have continued their collaboration with the Applied Research Collaborative (ARC) for the East of England. During the year, they acted as a participant identification site (PIC) and a research site for three pieces of research. They also supported the distribution of staff research surveys associated with external organisations.

While they have a degree of involvement in research activity, I would encourage the hospice to further develop this aspect of their work. They are in a university city with flourishing academic activity that currently involves other providers to a greater extent. There is good evidence that organisations who are research active also deliver higher quality patient care.

Stakeholder Feedback: Cambridgeshire and Peterborough Integrated Care Board

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 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 2023/24.

Carol Anderson
Chief Nurse
NHS Cambridgeshire & Peterborough
Integrated Care Board