Arthur Rank Hospice Charity

Quality Account

Quality Account 2025 - 2026

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice Charity

Reflecting on the contents of this Quality Account and the year covered brings to life the comment 'the only constant is change'. So much has changed throughout this year, both externally and internally, some of it planned, much of it unanticipated. What is constant is our team's unwavering focus on providing outstanding care for people and those who love them; a solution-focused approach to issues within a culture of compassion and care for one another.

Within the health and social care system, the year has been tumultuous with the announcement of the abolition of NHS England, the requirement for Integrated Care Boards to reduce their running costs by 50%, and the announcement of Local Government Reform. As noted in the report, we have joined our fellow hospices in Central East, forming a Collaborative, working together on service improvement, financial efficiency, and sustainability.

Additionally, as reported, we experienced the very difficult news that the contract for the provision of Nurse Led Beds (NLB) was being terminated, presenting us with a significant funding shortfall and potential reduction in our capacity to care for people who require inpatient care.

Thankfully, due to the generosity and overwhelming support from our community, including one substantial individual donation, we have obtained a reprieve. We raised sufficient funds to remodel and provide Medically Light Beds for the next twelve months. We will use this time to prove the concept and submit a business case for ongoing funding.

The need to present options to our Trustee Board for managing the loss of the NLB contract gave us the opportunity to consider all our service provision.

Whilst several of our teams have experienced reductions in referral levels, we are seeing increasing complexity, with people presenting with multiple conditions and a rise in younger adults needing our care, all of which require a different response from our teams.

Having successfully remodelled our Patient and Family Support service to reach more people across a wider geographical catchment area, we are now focused on other service areas. We aim to reduce health inequalities and ensure as many people as possible can access our care when and where they need it. I am grateful to colleagues, volunteers, and our Trustee Board for their support, constructive challenge, and positive approach to risk management. This has enabled us to make bold choices and think constructively about the future.

We have also been grateful for the continued support and focus of Hospice UK in pressing for sustainable funding for hospices.

As we start the final year of our current five-year strategy, we will soon be embarking on a series of community engagement events to find out what matters to our community and supporters.

Our next long-term strategy will be co-produced with our community, our supporters, our colleagues, volunteers, and trustees to ensure we continue to #MakeEveryMomentCount.

Sharon Allen OBE
Chief Executive,
Arthur Rank Hospice Charity

Statement from Chair of Trustee Board Antoinette Jackson

As we reflect on a year of challenge and change, I am extremely proud that the Senior Leadership Team and Trustee Board have worked effectively together to ensure we stayed focused on what matters. This is, of course, providing exceptional care to our community.

The Hospice sector nationally is under pressure, with many hospices facing funding pressures. We were not immune to this. During the year, we received the very difficult news that the contract for the provision of Nurse Led Beds (NLB) was being terminated by Cambridge University Hospitals NHS Foundation Trust.

This left us with a significant funding shortfall and the risk that we would need to reduce our capacity to care for people who required inpatient care. We were overwhelmed by the response from our local community when they heard about this.

Our aim has always been to reduce health inequalities and ensure as many people as possible can access our care when and where they need it.

The Trustee Board is pleased that the hospices in the Central East footprint have formed a Collaborative. We are keen to see the service improvements, financial efficiency, and sustainability that will be achieved through this.

We are committed to ensuring we do the absolute best with the resources we have, whether they are commissioned by the ICB and others, or funded by the charity.

As we begin to plan for our next five-year strategy, we will embark on a series of community engagement events to find out what matters most to our community and supporters. This will help inform future decisions we make about the services the charity provides.

We recruited three new Trustees this year who were recruited for the new skills they brought to the Charity, as we face those decisions. As Chair, I feel very lucky to have such a talented and dynamic Senior Leadership Team and an equally talented and committed Trustee Board.

At heart, Arthur Rank Hospice is a success because of its people, especially the committed colleagues and volunteers who provide our services. Whether this is at the Hospice, the Alan Hudson Centre in Wisbech or in homes and communities across Cambridgeshire, they are united in their commitment to making every moment count in the variety of roles they play. I can't thank them enough.

Antoinette Jackson
Chair of Trustees,
Arthur Rank Hospice Charity

Part 2

Priorities for improvement

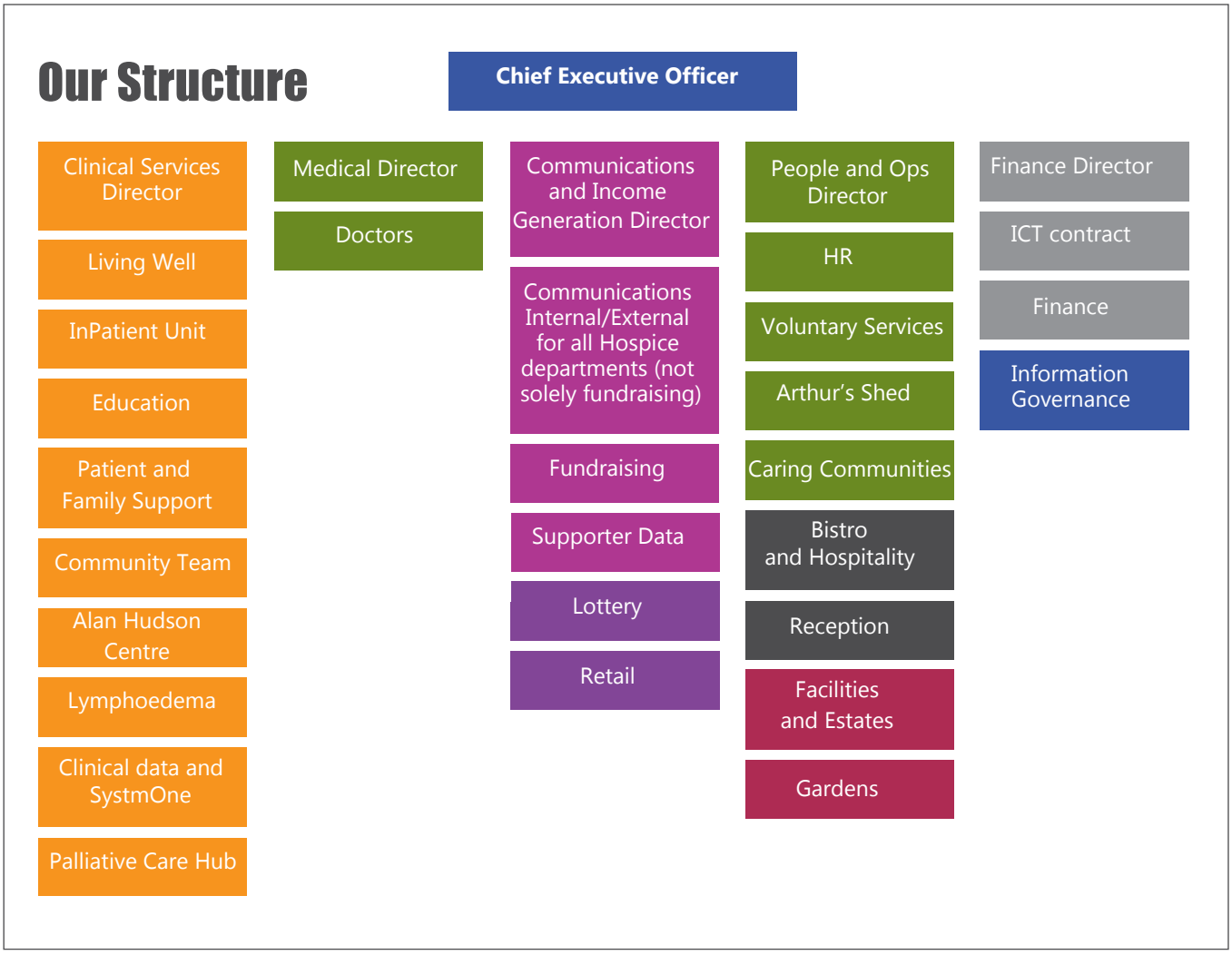
We are now in the final year of our 5 year strategy (2022 to 2027). We are now looking to engage with partners, patients and the communities we serve, to help us design and co-produce our next strategy.

Throughout 2025-26, our focus has been on six strategic priorities of outstanding, sustainable, accessible, engaging, people, and partnering with the overall aim of making every moment count for those we support.

Our current priorities are:

- 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)



Looking back 2025 - 2026

We began the year with enthusiasm and pride, having created an operational plan that we believed would help us continue to deliver on our strategic objectives. However, in September 2025, Cambridge University Hospitals NHS Foundation Trust (CUH) informed us that they were giving the required six months' notice on the contract between us for the provision of Nurse Led Beds, effective March 31, 2026. We then worked at pace to consider what this would mean for the patients whom we care for and the staff we employ. This meant pausing some work, setting plans for what we could continue to deliver, despite significant cuts to our funding. It also meant understanding what and how we must prioritise, should we be unable to raise the vital funds needed to continue to provide all the high-quality services we deliver.

Thanks to the generosity of our community, including a significant individual donation, we are relieved to report that we have a reprieve for this year (2026-2027) and can continue to deliver all our services, although there have been some changes. These come at a time when there are significant changes to the NHS, to Integrated Care Boards, and to demands for high quality, responsive, and expert palliative and end of life care. Demographic change continues at a pace, with the need for end of life care for people aged 85 and over rising the most rapidly, predicted to more than double by 2040.

Combined with the projected population growth in Cambridgeshire and Hospice UK's report that one in four people currently cannot access the palliative and end of life care they need, it is evident that we must work with system partners to ensure that everyone who needs our care can access it when and how they need it.

Despite these challenges, we have created and developed services that now aim to reach more people than ever before. Patients are living longer with more complex multiple conditions, and this drives our aims and ambitions.

We are enormously thankful for our colleagues and volunteers, including our Trustee Board, who have worked with us to make changes and improvements to our services despite the impact of reduced funding. We recognise that growing and aging local demographics will bring increasing challenges in the years ahead.

The rising complexity of people's needs at the end of life continues to shape and drive improvements in our services. Ensuring timely access to our care and support remains a key priority and we are committed to raising awareness of our services so that people can live well, plan with confidence and experience the best possible care at the end of life – making every moment count.

Priority 1 - Outstanding

What we wanted to achieve

We will continue to widen access to bereavement support, counselling and psychological services across our Hospice and Alan Hudson Centre. We will improve support for unpaid carers and social worker support across the Hospice and Alan Hudson Centre.

What we achieved:

We have worked hard to maximise our bereavement support across Cambridgeshire for all those known to our services. We have remodelled our service, enabling us to employ counsellors and art therapists, including a part-time counsellor for Wisbech, to support patients, carers and family members. We have increased the number of counselling/therapy student placements and increased our skilled volunteers, as well as developing local collaborations and partnerships such as the Grief Kind Space with Sue Ryder. We have provided practice placements for Social Work students and created and delivered a unique education programme for social workers and social care practitioners in relation to palliative and end of life care. This was a partnership with Cambridgeshire County Council, funded through the Accelerating Reform Fund.

What we wanted to achieve:

We will improve support for patients who have children around pre and post bereavement support.

What we achieved:

We piloted a "Sharing what it's like" bereavement support group for children who experienced the death of a parent or significant adult who had been cared for by our services. The group is designed to support young people between the ages of 8 and 16 years old. Feedback from the sessions was positive with all children saying they valued being able to share with other children who have experienced bereavement. We have now delivered two sessions and plan to deliver more in 2026.

What we wanted to achieve:

We will plan for the use of the two remaining beds on our inpatient unit by securing adequate funding.

What we achieved:

We continue to provide 12 specialist palliative care beds on our Inpatient unit (IPU) commissioned by the Integrated Care Board (ICB), but there has been no agreement to increase this capacity despite demand increasing. In 2025-26, 52 patients sadly died on the waiting list for a specialist bed, a 37% increase from 2024-25. As referenced above, unfortunately, the year being reported on is the last year, in which we received funding for up to nine Nurse Led Beds. At the end of the financial year, we had provided an average bed occupancy rate of 86.8% for the year (6.2 beds), based on occupancy of 7 beds (the agreed contracted average occupancy). In April 2026, we launched our Medically Light Beds, which means we can now take admissions from the community as well as from Hospitals like Addenbrookes, for people who choose hospice care as their preferred place of death or where there is a crisis with community-based care.

What we wanted to achieve:

We will introduce an electronic prescribing module to the Inpatient Unit and an electronic prescription service for the Palliative Care Hub.

What we achieved:

We successfully implemented electronic prescription and administration on the IPU and plan to roll out electronic prescribing to our community teams. We have noticed that since implementing this on the IPU we have seen a reduction in medication errors and omissions.

What we wanted to achieve:

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

What we achieved:

We have monthly "Good Death Project" sessions in our Living Well Service (LWS) and death literacy is part of the LWS programme. We have provided teaching sessions in relation to caring for people with neurological conditions. We are working with colleagues at CUH to explore frailty pathways to ensure timely support and appropriate interventions. We plan to create a video for the public to explain our services which we hope to roll out in 2026-27.

What we wanted to achieve:

We will contribute to education in palliative and end of life care of wider health and social care sector.

What we achieved:

We have employed a practice educator to help us reach more care homes and domiciliary care providers with education on how to meet and prepare for the complex, changing needs of people cared for by social care colleagues at the end of their lives. We continue to teach on Verification of expected death: the clinical process for confirming when someone has died.

What we wanted to achieve:

We will ensure that we review the range of diagnoses being supported and address any gaps.

What we achieved:

We now have quarterly monitoring that evidences the range of life-limiting diagnoses and helps us identify any gaps in our services. We continue to work more broadly with the ICB in relation to benchmarking data. We have a plan to be able to access ECLIPSE, which is a system for collating real-time data from GP practices, that will allow us to see demographic data more quickly to help us respond to where there is greatest need.

What we wanted to achieve:

We will build upon the Trajectory Touchpoint Technique (TTT) and consider other methods for obtaining patient and family feedback.

What we achieved:

We continue to deliver TTT sessions to capture feedback from patients and families so we can identify actions from the feedback. We display "You Said, We Did" posters which shows how we have used feedback to make improvements. We are also rolling out text messaging feedback links for clinical teams and promoting links for giving feedback on our website and social media platforms.

What we wanted to achieve:

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

What we achieved:

We have made significant progress in recruiting for our vacancies in Hospice at Home. We are now working with the Continuing Healthcare Teams at the ICB to ensure our processes are as good as they can be within the limits of the service we provide. This includes ensuring we review patients who no longer need our service and to transfer them from our service to other care providers, so we can accept all patients who have complex needs, but who wish to remain in their own home for end-of-life care.

What we wanted to achieve:

We will build on the number of independent prescribers in our specialist palliative care services.

What we achieved:

We have successfully supported two nurse colleagues to complete their prescribing training and have another two colleagues undertaking this training. This brings the total number of Independent Prescribers in our charity to nine.

What we wanted to achieve:

We will increase access to the Palliative Care Hub advice line (111 option 4).

What we achieved:

We have worked hard with HUC (Herts Urgent Care) who provide the 111-healthcare service to ensure our specialist nurses receive the appropriate calls. We know that sadly 40% of the calls do not get through and this is either because the nurse is already on a call or there may be a technical reason outside of our control. We have approached the ICB with a solution, but this requires investment in call handlers to help manage the call flows, building a single point of access solution. We hope this work will continue in the future.

What we wanted to achieve:

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

What we achieved:

We have remodelled our Specialist Palliative Community Home Team (SPCHT) to maximise the number of specialist nurses we have that can respond to the increasing number of complex referrals we are receiving. We provided a report to the ICB highlighting our concerns that more patients require rapid response, to date, there has been no further investment to increase our capacity to meet the growing complexity and demand.

What we wanted to achieve:

We will implement Vantage software systems to report on CQC compliance, management of risks and incident reporting, management of complaints and management of policies

What we achieved:

We have implemented the risk management module and improved our incident reporting by ensuring colleagues undertake training on how to report patient safety incidents. We will be implementing the CQC and complaints module in 2026-27.

What we wanted to achieve:

We will develop a bathing service for patients attending our Living Well Service at the Hospice.

What we achieved:

We have paused this due to lack of resource, and we are now undertaking remodelling of services due to funding cuts. This is something we would like to consider in the future as it was a request from patients using our Living Well Service.

Priority 2 - Sustainable

What we wanted to achieve:

We will continue to seek funding to maintain our charity funded projects

What we achieved:

We continued to build our relationships with funders, and we saw an uplift in grant funding following the Protect Our Care campaign which has grown our pipeline and led to new relationships. The success of the campaign is the reason that in the current financial year (2026/27) we are able to maintain all of our service provision. We are working hard to sustain and build on this success, seeking to avoid the need for future service reduction.

What we wanted to achieve:

We will continue to build partnerships and support

What we achieved:

We developed clear roles and responsibilities, building our fundraising teams. We created a corporate gift table to identify the levels of gifts we were receiving and what our aim was to prioritise focus.

What we wanted to achieve:

We will increase income through Gifts in Wills and donations

What we achieved:

We continue to promote Gifts in Wills and have delivered successful legacy campaigns as well as participating in the Hospice UK National legacy campaign.

What we wanted to achieve:

We will use sustainable materials and reduce the use of plastic in all our fundraising activities

What we achieved:

We continue to find replacements for visual items such as plastic single use banners and balloons, and where elimination of items is not feasible, we try to introduce carbon offsetting measures to respond to this.

What we wanted to achieve:

We will develop a new Supporter Care and Insights team

What we achieved:

New supporter care roles are now in post, and we are now considering implementation of new data roles.

What we wanted to achieve:

We will increase income generated from retail outlets and online sales

What we achieved:

We are immensely proud of the work our retail outlets have achieved and continue to achieve. We opened shops in March and Ely and continue to increase the percentage of gift aid sales in each location. We continue to seek to increase our volunteers supporting the retail department.

What we wanted to achieve:

We will strengthen our brand by refitting/refreshing shops

What we achieved:

Work has been completed on the back area of the shop in Burleigh Street, but we still want to work on the front of the shop. Shop branding has been incorporated into our new strategy, and this now forms part of our Visual Identity project for 2026-2027.

What we wanted to achieve:

We will increase retail income and visibility of our retails offering across the county

What we achieved:

Having opened shops in March and Ely we continue to seek to open further shops across the county.

What we wanted to achieve:

We will increase income generated by hospitality

What we achieved:

We promoted a Christmas event and our afternoon teas in the Bistro have been very well received. We are still keen to deliver a fundraising guest chef event, partnering with a local chef for a premium menu tasting which could join with other fundraising or promotional event.

What we wanted to achieve:

We will assess our carbon footprint and take actions to reduce this

What we achieved:

We have ongoing group activities as part of our Green Group, and we work with Cambridge Greener Practice Group to share ideas and learn. We have recycling bins throughout the hospice.

What we wanted to achieve:

We will replace the wooden cladding on our Hospice building

What we achieved:

Thanks to government funding, we have now replaced the old wooden cladding around our Hospice building. The replaced cladding requires minimal maintenance and provides improved fire retardancy.

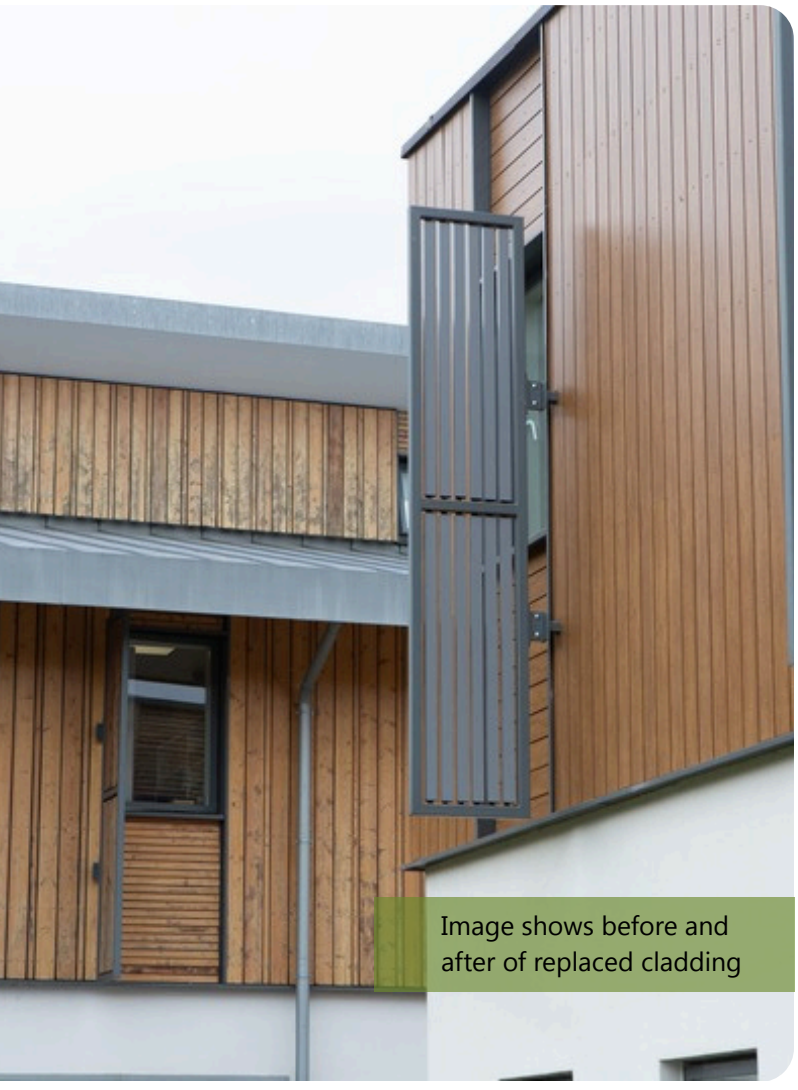


Image shows before and after of replaced cladding

Priority 3 - Accessible

What we wanted to achieve:

We will consider how we can broaden access to events and fundraising activities for all areas of our community

What we achieved:

We have developed our plan for marketing events and fundraising activities to new audiences and continue to test our ideas.

What we wanted to achieve:

We will implement our Widening Access Group (WAG) plan and cultural schedule

What we achieved:

We have assigned a member of the Trustee Board to be the Charity's Widening Access Champion, ensuring board oversight of progress. A comprehensive plan of activity for the year was finalised, spanning five domains with progress reported throughout the year at WAG meetings every two months. The plan has helped us improve demographic data reporting for patients known to our services, providing bereavement support for young people, the remodelling of our patient and family support team, providing End of Life across the Faiths training in our Education Centre and improving bereavement support resources for patients and staff. We have also improved support for unpaid carers and social work support across the Hospice and for patients in Wisbech at our Alan Hudson Centre. We continue to deliver training and education to care homes and domiciliary care providers.

Priority 4 - Engaging

What we wanted to achieve:

We will continue our work with schools through fundraising and HR and voluntary services

What we achieved

We continue to support workday experiences with schools and offer 2-week work experience placements with Sawston Village College and Netherhall Community College. St Faiths school did a lovely plant stall for us in the summer, and we continue to plan work experience placements. Our Rudolf Runs took place in several schools across the county with school children seeking sponsorship to take part. We have reintroduced Duke of Edinburgh students to shops.

What we wanted to achieve:

We will use technology to engage i.e. through text messaging, virtual consultations and video messaging and telephone support about self-care via the website.

What we achieved:

We have introduced a number of resources and videos to our website. The Lymphoedema videos are the most accessed as we signpost a lot of our patients to these to help them manage their hosiery application. In addition to our website, we recognise that not everyone has access to the internet so we set up a low-cost telephone support service in our Living Well Service which people can access to listen to helpful information such as relaxation and breathing exercises.

What we wanted to achieve:

We will develop an "introduction to Hospice Services" video for patients/public, to widen the public's understanding of what we do and how we do it.

What we achieved:

We have not yet managed to achieve this, but we have a plan which we are working towards, with all our clinical teams. The video will share more information on our services and how to access. We continue to provide information sessions to professionals.

Priority 5 - People

What we wanted to achieve:

We will continue to implement our People Plan

What we achieved:

We have reviewed a lot of our health and wellbeing policies. We have launched the Hospital Saturday Fund health plan (HSF – which is a low-cost health cash plan that provides cash reimbursement for everyday medical expenses) for colleagues (self-funded), with good feedback received. We continue to monitor the impact and uptake of our carers and bereavement leave. We ensure wellbeing conversations form normal part of one-to-one management supervision sessions. We have agreed to implement a staff recognition scheme and undertook a salary benchmarking process to ensure colleagues are fairly rewarded for the work they undertake.

What we wanted to achieve:

We will continue to champion an inclusive and compassionate culture in which we can all achieve our objectives

What we achieved:

We created a bank of questions to help recruiting managers draft interview questions that assess candidates' alignment with our values. We also worked with a consultant on a pro bono basis to develop an employee value proposition for implementation in 2026/27. In addition, we drafted a Neurodiversity policy, made progress on our Disability Confident action plan, and continue to encourage colleagues to take part in restorative resilience supervision and mentoring.

What we wanted to achieve:

We will continue to explore new ways of working and delivering care

What we achieved:

We have implemented a new HR system and have audited our annual performance and development review processes. We have implemented a manager's charter and continue to provide support for managers.

What we wanted to achieve:

We will continue to build resilience in our services as we grow for the future

What we achieved:

We are working on band 2 Healthcare support worker transition to Band 3 and looking at how we can grow and develop our staff internally, so they have good career progression pathways. Two Nursing Associates have qualified with us and look forward to commencing nursing training, while employed by us. We have recruited Trustees with retail and income generation experience and have improved our succession planning process to help us build resilience across the workforce.

What we wanted to achieve:

We will continue to support our volunteers through improving mandatory training and induction processes for retail volunteers and managers

What we achieved:

We have introduced Blue Stream training academy (replacing our previous provider) to support our mandatory training and other training and development. We have reviewed and updated our volunteer handbook.

What we wanted to achieve:

We will introduce the bereavement support volunteer service at the Alan Hudson Centre

What we achieved:

Our Patient and Family Support Team Lead has been supporting ongoing work with our Chaplain and colleagues at the Alan Hudson Centre to maximise our bereavement support services. We have employed a counsellor and Life Celebrations and activities assistant to help deliver more equitable support in Wisbech.

What we wanted to achieve:

We will develop the use of Arthur's Shed by external organisations to widen our reach

What we achieved:

We now have booking forms, a guest guide and video tour completed and developed a leaflet to promote Arthur's Shed. There have been number of community activities provided throughout the year, open to the public such as Astronomy, Knitting and Crochet, Mindful drawing, meditation and clay work and we now have a Facebook page up and running. Additionally we welcomed four new external groups to use the space (Woodwoman, CPSL MIND, The expert on Myself (TEOM), Oliver McGowan training, Safe Soul Mates).

What we wanted to achieve:

We will design an education plan fit for the workforce

What we achieved:

We undertook a training needs analysis of our clinical colleagues and identified key areas for further learning and development such as use of IT technology and research evidence. We are now working on bite size training sessions in addition to the core education plan we deliver. We also have more ad hoc training available to colleagues on Blue Stream training platform.

What we wanted to achieve:

We will continue to build our Caring Communities service

What we achieved:

We have recruited three new volunteers in East Cambridge. We are using activity data in our Dashboard. We have trained five volunteers to provide hand massage and have a further course booked in May 2026. Our Social Worker explained how Compassionate KIT bags can be used as a helpful tool for people who may be experiencing difficulties.

What we wanted to achieve:

We will listen and act on feedback from colleagues

What we achieved:

We have undertaken staff and volunteers surveys during 2025 and use the feedback to develop our policies and procedures. We have achieved Gold Accreditation and Best Large Employer with Best Employers Eastern Region. Hospice UK has accredited us at Gold as a Compassionate Employer.

Priority 6 - Partnering

What we wanted to achieve:

We will continue to provide representation at the Palliative and End of Life Care Programme Board and other relevant forums including the Integrated Care Partnerships

What we achieved:

We remain active participants in the Cambridgeshire and Peterborough Palliative and End of Life Care Board, working with system partners to improve and develop services and make recommendations to the ICB. We also participate in the Clinical Operational Group where we share incidents and learning to improve patient safety.

What we wanted to achieve:

We will continue our links with our system partners

What we achieved:

We work closely with other hospices across the East of England, sharing best practice and learning from each other. We actively engage with Hospice UK, attending their Clinical Leaders Group and other learning and development sessions. We have now formed a Central East Hospice collaborative with eight other adult hospices and two children's hospices across Cambridgeshire, Peterborough, Hertfordshire, Bedfordshire, Luton, and Milton Keynes as part of the newly formed Central East ICB.

What we wanted to achieve:

We will continue to transition our IT architecture to be more cloud based

What we achieved:

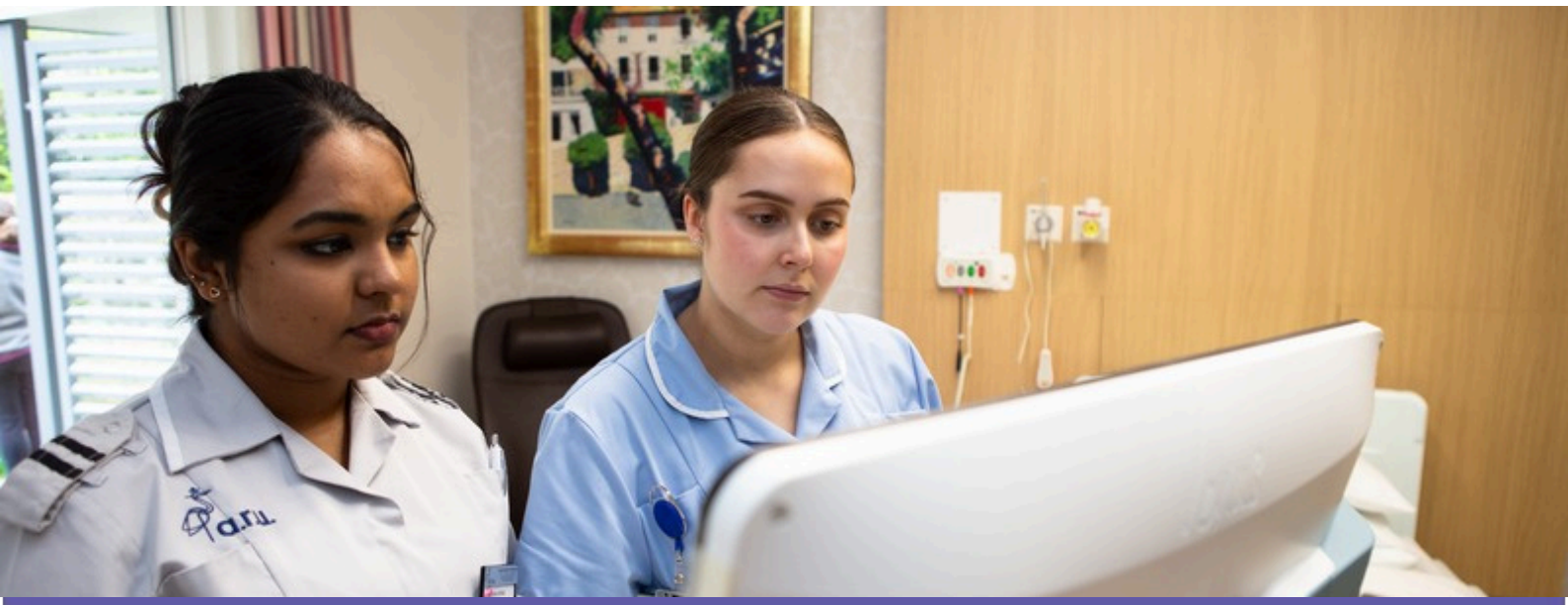
We have substantially moved to cloud-based systems providing us with more resilient IT infrastructure and will look to continue this in 2026/27.

What we wanted to achieve:

We will improve our clinical digital capabilities to make the most use of SystmOne and other software/applications used by the NHS/ICS

What we achieved:

We have implemented electronic prescribing and medication administration on our IPU, improving safety for patients. We are now rolling out electronic prescribing in our community teams. We also now have access to the Shared Care Records system, set up by the ICB for providers to be able to see important patient information across systems. We continue to work on SystmOne functionality (our electronic patient record system) to get the most out of the software and help improve our holistic assessments for patients and enable effective triage. We are now exploring how AI tools can help reduce administrative burden for clinical colleagues, releasing time for direct patient care.



Looking forward 2026 - 2027

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 with 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 2026-2027 we continue to focus on our priorities:

Priority 1 - Outstanding

- We will continue to maximise psychological support services across Cambridgeshire, including support for children/young people.
- We will improve support for unpaid carers and social worker support across the Hospice and Alan Hudson Centre
- We will remodel our Living Well Service to maximise our reach and create outpatient clinics and activities that can be delivered some evenings and weekends. We will build on the work we are doing to support people with neurological conditions, single-organ failure, frailty, and dementia
- We will implement and evaluate our Medically Light Beds on the IPU
- We will evaluate the impact of Electronic Prescribing on the IPU, SPCHT, and Palliative Hub services
- We will continue to help educate the wider health and social care sector about palliative and end of life care.
- We will capture data to evidence the range of diagnoses being supported and address any gaps
- We will continue to seek feedback from those who experience our services to help drive improvements, such as the Trajectory Touchpoint Technique feedback method
- We will maximise our Hospice at Home capacity to ensure we can respond rapidly to the changing and complex needs of patients wishing to remain in their homes for end of life care
- We will continue to build on the number of independent prescribers in our specialist palliative care teams
- We want to increase our capability to respond to calls to the Palliative Care hub advice service
- We want to implement AI tools to help improve time spent on documentation, releasing more time to care.

Priority 2 - Sustainable

- We will maintain a pipeline for continuity of current charitable funded projects
- We will build corporate partnerships and support
- We will increase opportunities for Gifts in Wills which maximise gift values
- We will continue to reduce the use of plastics in all fundraising activities and seek to use more sustainable materials
- We will develop a new Supporter Care and Insights team
- We will increase income generated from retail outlets and online retail
- We will strengthen our brand by refitting/refreshing our shops
- We will increase income generated by hospitality
- We will assess our carbon footprint and implement actions to reduce this
- We will create a new five year strategy and present this to our Trustee Board

Priority 3 - Accessible

- We will consider how we can broaden access to events and fundraising activities for all areas of our community
- We will achieve our Widening Access Group (WAG) action plan and ensure we continue to raise awareness through equality, diversity, and inclusion training and our cultural events calendar.

Priority 4 - Engaging

- We will continue our work with schools through fundraising, HR, and voluntary services
- We will develop an "Introduction to clinical services" video for patients/public to widen their understanding of what we do and how we do it

Priority 5 - People

- We will implement the actions in our People Plan
- We will foster an inclusive and compassionate culture in which we can all achieve our objectives
- We will look at new ways of working and delivering our care
- We will continue to grow our workforce by investing in professional development and training opportunities for colleagues
- We will continue to expand our volunteer services
- We will continue to promote Arthur's Shed to external organisations to widen our reach
- We will continue to upskill colleagues in our Caring Communities service
- We will listen to and act on colleague feedback
- We will design an education plan fit for the workforce

Priority 6 - Partnering

- We will ensure representation at the Palliative and End of Life Care Programme Board and other relevant network meetings, including the ICB and Hospice collaborative.
- We will continue links with other system partners so services we deliver are not siloed.
- We will meet our targets for transitioning our IT systems to cloud-based systems, successfully achieving Cyber Essentials and the Data Security and Privacy Toolkit.
- We will continue to improve our clinical digital capabilities to make the most of SystmOne and other software applications used by the NHS and Integrated Care System (ICS)

Mandatory statements

Review of service

During the period 1 April 2025 to 31 March 2026, Arthur Rank Hospice Charity provided several services to support the NHS.

The Arthur Rank Hospice Charity has reviewed all the data available to them on the quality of care in these NHS funded services.

In addition to this, charitable income supports all clinical services and funds some of our other services, such as Living Well Services, Complementary therapies, and our Bereavement and Creative Therapies services.

Services provided:

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

- Specialist Palliative Care Home Team
- community service
- Hospice at Home
- 24/7 Specialist Palliative Hub advice
- Education
- Living Well Services (LWS):
- Arthur Rank Hospice, Cambridge
- Living Well Services and Treatment:
    - Alan Hudson Centre, located in North Cambs Hospital, Wisbech
    - Inpatient Unit (IPU) - Arthur Rank Hospice, Cambridge

Outpatient services:

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

National Audit

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

Local Audit and QI projects

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

- Launch LHITS Power BI tools for reporting patient outcome IPOS data
- Introduce text messages for gathering patient feedback
- Improve our Dashboard data slides
- Introduce Blue Stream Academy training platform
- Introduce the RUN-PC triage tool for SPCHT and IPU
- Improve recruitment in HaH to ensure we deliver 120 hours of care each day and improve training for HaH colleagues, so they feel confident to provide care to more complex patients
- Launch the telephone support service for LWS
- Implement electronic prescribing in the Palliative hub
- Complete area videos to be used for volunteers and staff induction
- Complete the volunteer survey
- Introduce new retail training for volunteers
- Set up an Arthur's Shed Facebook page
- Create a video on how to safely carry out the moving and handling of dependent limbs
- Improve stocktake procedures
- Improve some manual processes to make them automated
- Implement and evaluate the Love to Move programme at the Alan Hudson Centre
- Work with the Breast Care Team at CUH to support lymphoedema patients, sharing best practice
- Deliver level 2 psychological skills training and set up level 1 psychological skills training for colleagues in supportive roles.
- Expanding bereavement support in Wisbech
- Implementing the new HR system 'CIPHR'

Participation in clinical research

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

The charity continues to support a variety of research studies. Over the past year, we have continued to support the Injectable Medications Study. This is a 2-stage qualitative mixed methods study which aims to understand the human and system factors involved in the safe, effective and timely use of injectable end-of-life symptom control medications for adults dying at home and to identify where and how systems for using injectable medications can be improved (Wellcome Trust funded, led by Dr. Ben Bowers, University of Cambridge). ARHC is a research site and we have supported recruitment to both the first (2025) and second (2026) stages.

We presented at Hospice UK conference in November 2025 on the work we have done to develop an education programme for social workers. We also presented on the work we have done regarding our 24/7 Palliative Care Specialist advice service via 111 option 4. In addition to our presentations at conference, we had a poster displayed relating to the work we did with Cambridge University Hospitals NHS Foundation Trust with the Nurse Led Bed service.

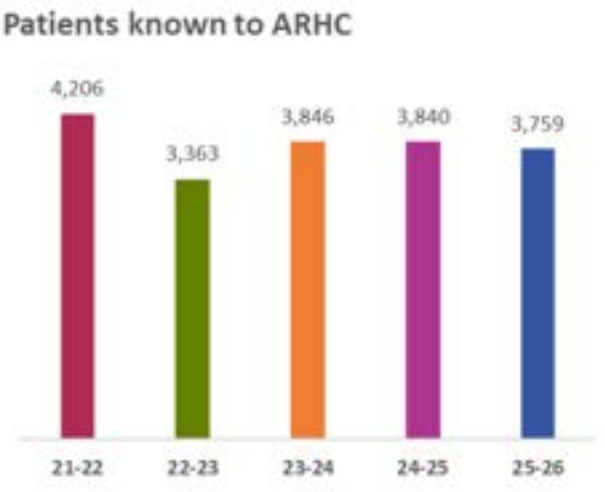
Use of Commissioning of Quality and Innovations (CQUIN) Payment Framework

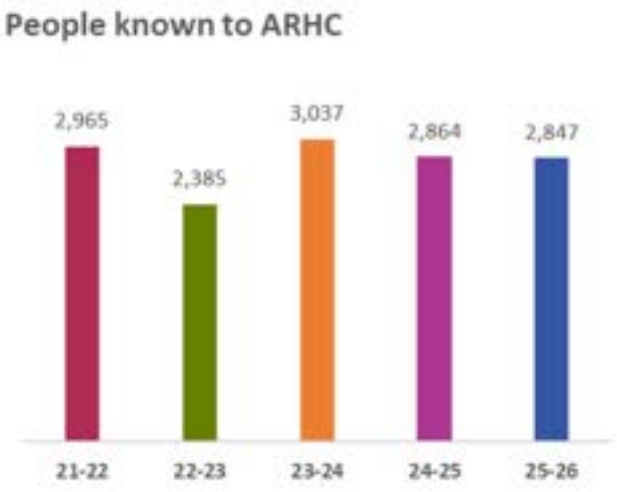
Grant income from the NHS was not conditional on achieving quality improvement and innovation goals through the Commissioning of Quality and Innovations framework (CQUIN), because the grant/contract is set by the ICB and does not include this element currently.

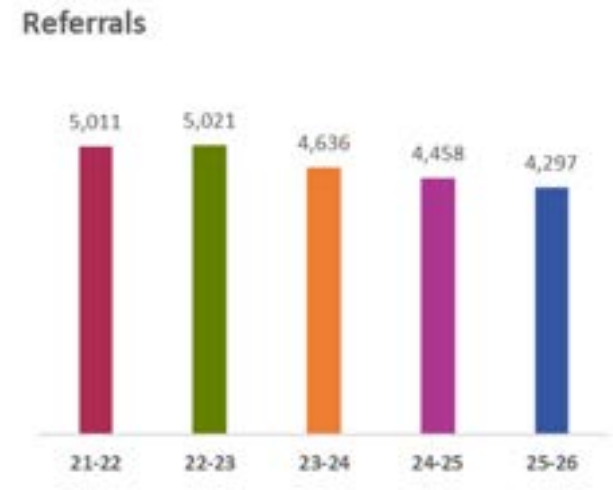
Part 3

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:







As mentioned previously, 2025-26 saw a decrease in the total number of referrals and contacts with patients.

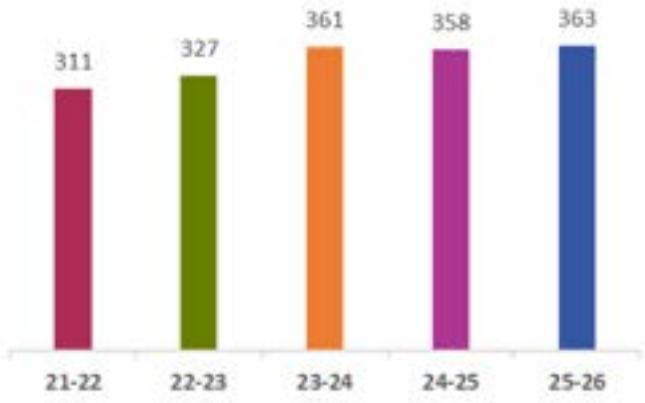
Hospice at Home saw a decrease of 129 referrals from 2024-25. The next two largest decreases were with the Specialist Palliative Care Home Team, with 48 fewer referrals, and the Inpatient Unit, Nurse Led Beds, with 45 fewer referrals.

One contributing factor was due to significant staff shortages in a number of our services. This impacted our ability to accept and respond to referrals. For the same reason, fewer patients have been known to us in the year as well. We have now recruited for our vacancies in these teams and, therefore, we will be able to accept more referrals and facilitate more contacts with patients going forward.

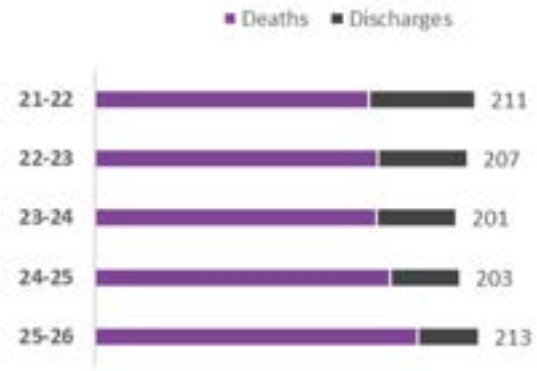
Clinical Service Areas

Inpatient Unit

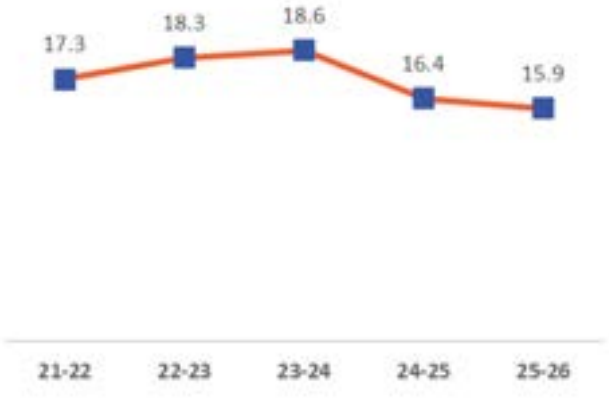
Referrals
Inpatient Unit - Specialist Beds



Discharges / Deaths
Inpatient Unit - Specialist Beds



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

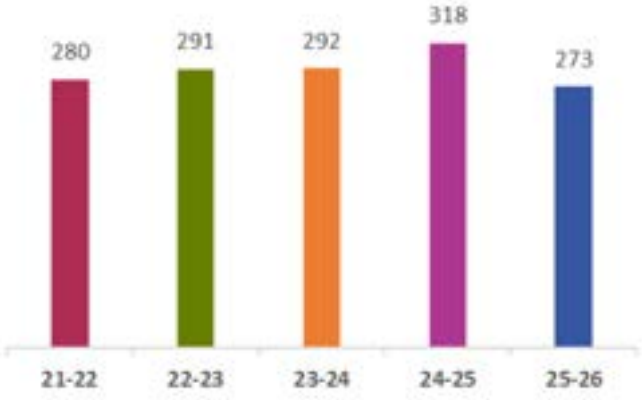


Patients and Bed Occupancy
Inpatient Unit - Specialist Beds

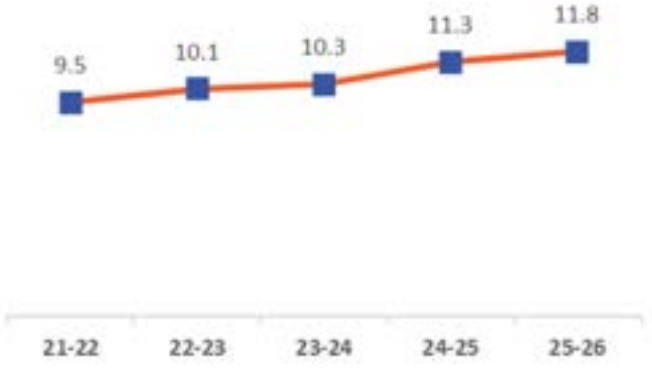
Our IPU consists of 23 beds, 21 of which were commissioned. 12 of these are our "Specialist Beds", and the remaining were "Nurse Led Beds" for end-of-life patients transferred from Addenbrooke's Hospital, Cambridge. Our aim was to have an average of seven nurse led beds occupied each day.

Our Specialist Beds continue to exceed our target occupancy of 72%, with the year ending with an average occupancy of 84%. People are admitted for a combination of reasons. This may be at a time in their lives when they are well enough to be discharged after stabilising (16%), or it may be that they stay at the hospice when they are dying. There has been a slight decrease in the average length of stay compared to 2024-25.

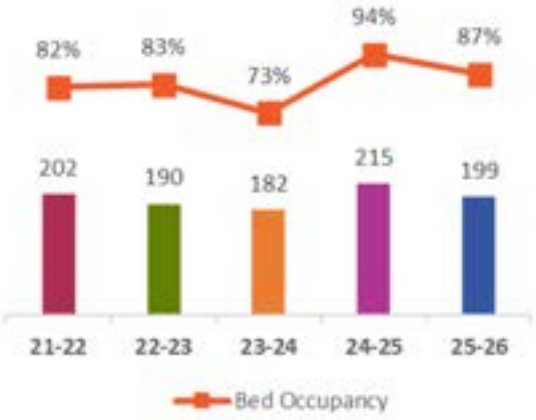
Referrals
Inpatient Unit - Nurse Led Beds



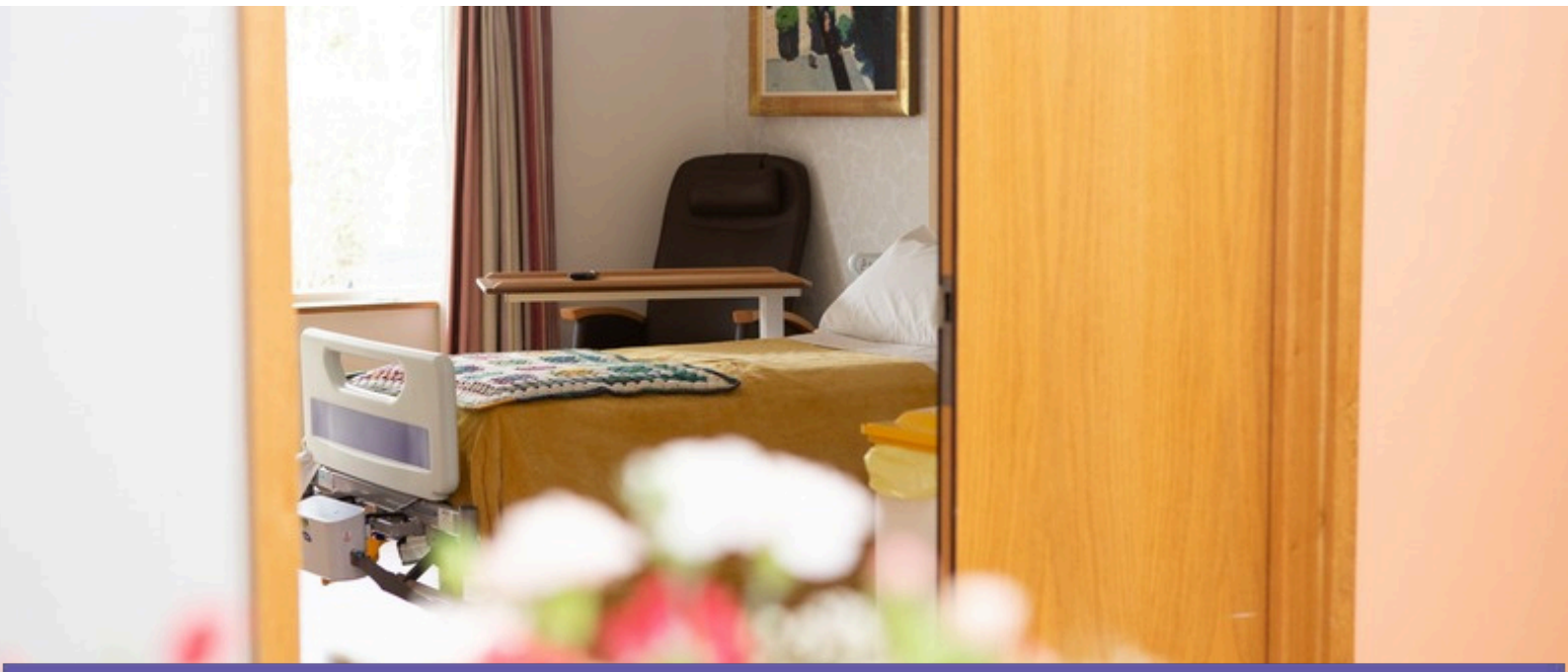
Average Length of Stay (days)
Inpatient Unit - Nurse Led Beds



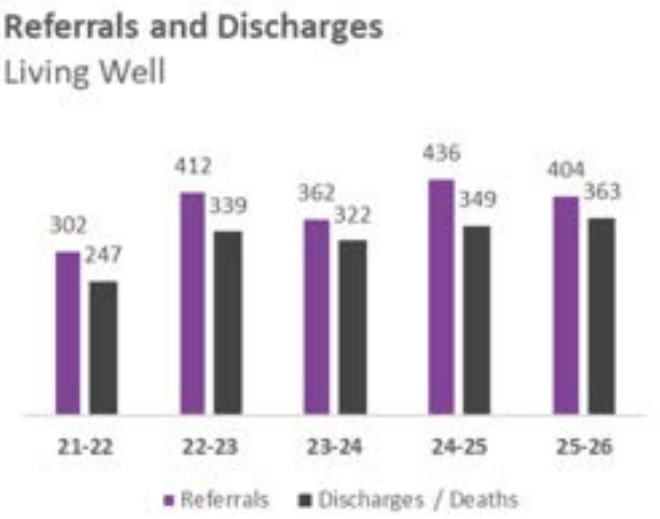
Patients and Bed Occupancy
Inpatient Unit - Nurse Led Beds

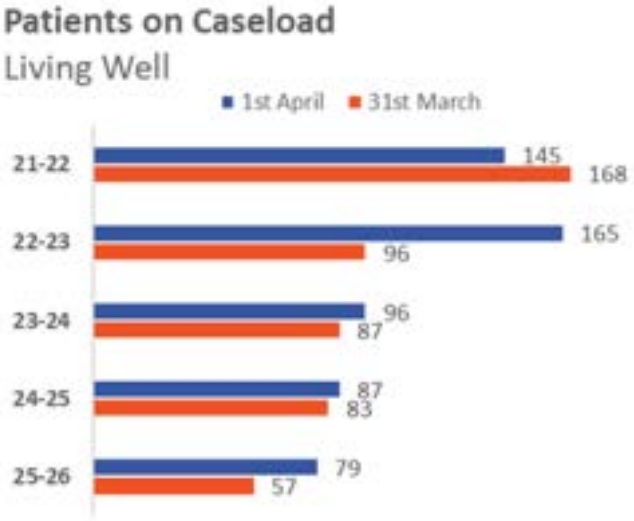


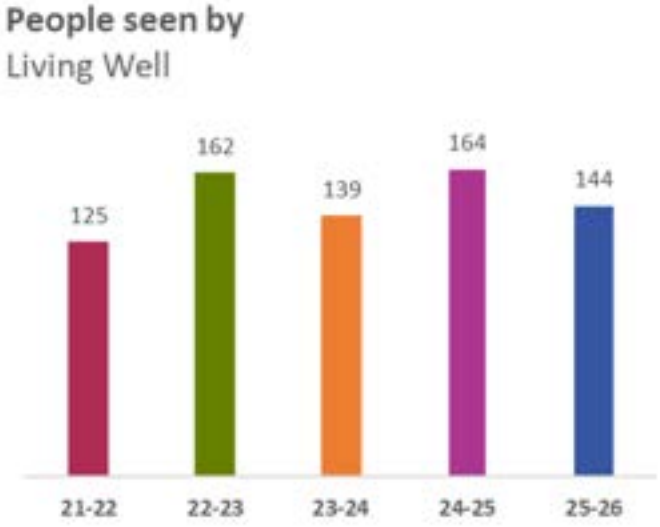
Our Nurse Led Beds ended the year with an average occupancy of 87%, a 7% decrease from 2024-25. There was also a 16% decrease in referrals. This slowing down in the number and frequency of referrals impacted the occupancy of the NLBs. 94% of admissions ended in death, also demonstrating that in most cases, the correct patients were being identified for this transfer for end-of-life care. The remaining 6% were discharged back into the care of the community. There was a slight increase in the average length of stay compared to 2024-25.



Living Well Service







We have seen a drop in the numbers of patients being able to complete our LWS programmes. This is mainly because we are getting referrals too late and patients become too unwell to complete the programmes. We are now remodelling our LWS to try and ensure patients are referred to us much earlier and to ensure they receive services tailored to their needs. There has been an 8% decrease in referrals from 2024-25 and a 12% decrease in the number of people seen across their wide range of services including Wellbeing groups, carer support, and 1:1 outpatient appointments. There was also a 28% drop in the number of patients on caseload in March 2026 compared to the April 2025. All of these decreases can be explained by the above and that the team had significant staff shortages which impacted on their ability to accept and respond to referrals. We have now recruited to these vacancies.

Feedback:

Lymphoedema

I went yesterday. Was treated absolutely amazingly by the lady I saw. She was so professional, informative, supportive and an absolute fantastic asset to your team. Thank you so much.

The vast majority of medics do a fine job but, every now and again, you meet someone who has every attribute a patient would want. I have seen your lymphoedema nurse several times now and she is one of those medics who you trust and feel comfortable with - what else would a patient want - apart from expertise in their chosen specialism. Well, [colleague] has that too so, the complete package. Please thank her for me for her continuing care.

Patient and Family Support

Thank you so much for the call from [colleague] this morning. She was honestly absolutely incredible, first person I have spoken to since my mum has passed away who just truly understood how I was feeling without having to over explain!! I wanted to share how lovely she was and how I just felt she truly understood me as an individual.

I am a private person, guarded, and yet you gained my trust quickly, so completely. That just doesn't happen, but it did, and I left able to be completely open and honest with you. I shared things with you, experiences, feelings, fears, doubts and the depth and intensity of my love that I have never shared with anyone. I enjoyed our sessions immensely; I looked forward to them. There were tears and smiles, even laughter. I will miss them. I will miss talking to you. Thank you for your help, your compassion, your support.

Inpatient Unit

To all of the amazing staff and volunteers at Arthur Rank, Words cannot express how grateful we are that our Mum/Nan was able to spend her final week at your wonderful hospice. The dignity and care that she was shown was incredible. The kindness and compassion that you showed us at the worst possible time will never be forgotten. Thank you so much!

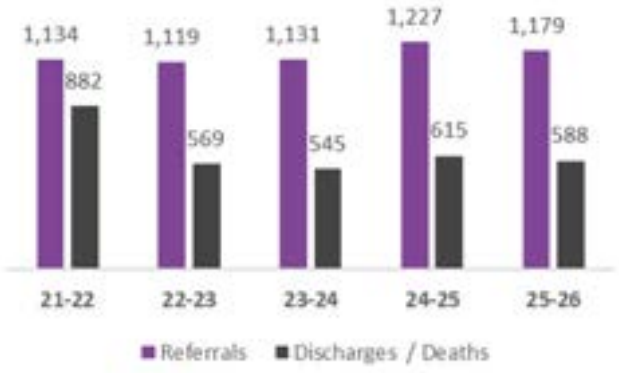
To all of you wonderful, amazing and caring people. I can never know how to thank you enough for looking after my beautiful brother. From volunteer tea and coffee servers, cleaning staff, café/restaurant/shop staff, nurses, doctors - EVERYONE. You all mean the world to me ..... You all made me feel so welcome, with lovely fresh towels, bedding, toast and tea, coffees - SO much and so selflessly. Always smiling, all of you, all the time. Thank you from the very bottom of my toes, up to the sky. [patient] was so lucky to be in your care, as was I. I know [patient] was eternally grateful.

Living Well Service

I have so enjoyed my visits to your amazing facility, and I felt I must take time to comment and offer some feedback. One of the most amazing strengths your whole team seem to display is the ability to "listen". When told you have a terminal illness, you are immediately thrown into a black abyss...In reality there is little to say, but much in displaying a caring attitude. In your team everyone easily has a relaxed manner, and often just quietly lean forward and listen, this is incredibly comforting. For me and others you provide an oasis of calm during a traumatic experience.

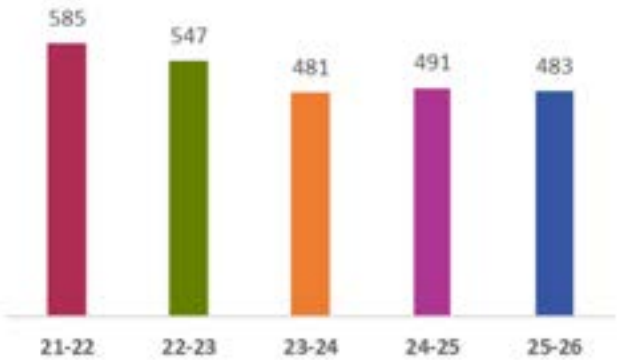
Specialist Palliative Care Home Team (SPCHT) CNSs & OTs/Physios

Referrals and Discharges
SPCHT CNSs & OTs/Physios



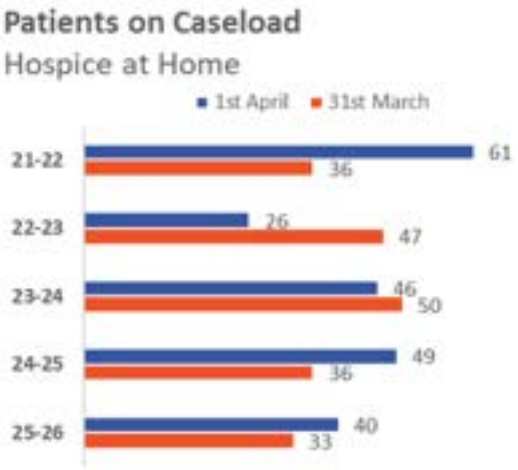
Patients on Caseload
SPCHT CNSs & OTs/Physios

People seen by
SPCHT CNSs & OTs/Physios

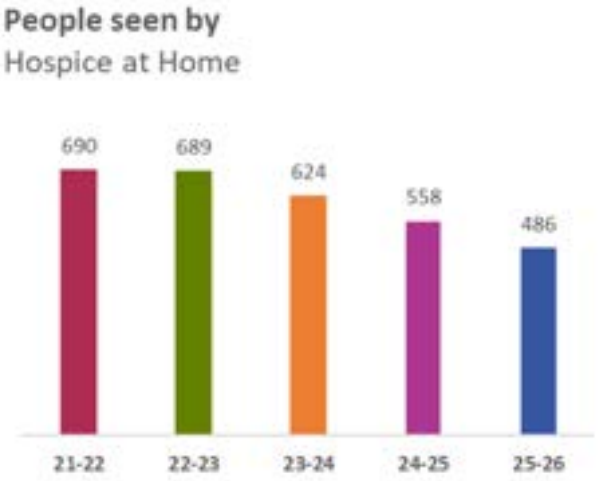


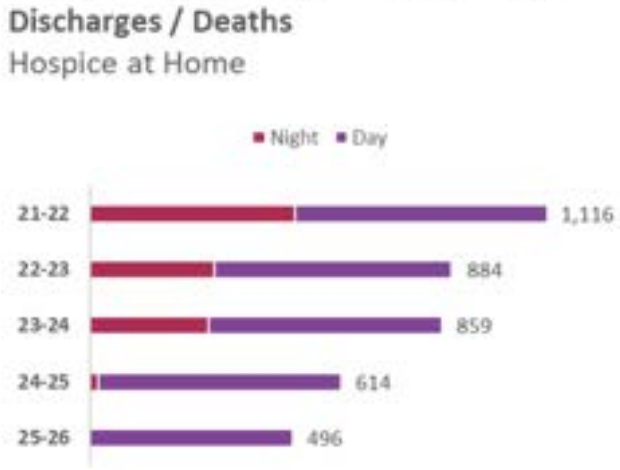
There was a 4% decrease in total referrals compared to 2024-25. The large discrepancy between referrals and discharges demonstrates the high volume of referrals that the team receive, triage, and reject/refer on to other services. Most new referrals triaged and accepted by the team are phased as 'deteriorating' (54%). 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.

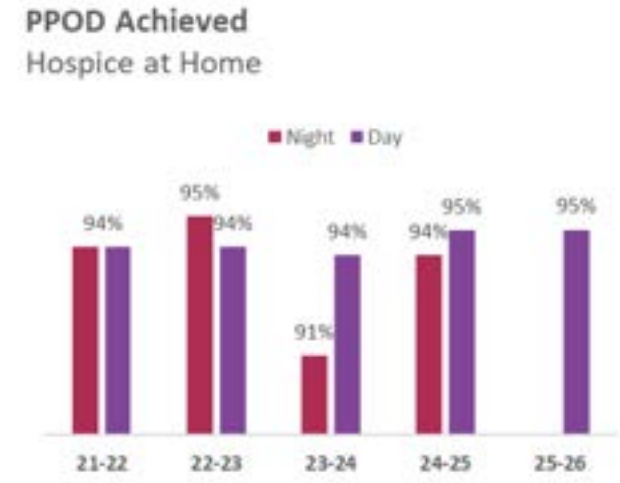
Hospice at Home



Our Hospice at Home service saw a drop in referrals from CHC compared to previous years. We have done some work with CHC to try and identify the reasons. It appears that there is a mismatch between where our teams have capacity and where there is increased demand. For example, we have four teams working across Cambridgeshire each day with capacity to deliver 120 hours of care. We have seen an increase in referrals for Ely but as we only have one team operating in Ely each day, this means if we are already at full capacity, it is difficult to then accept more patients unless we move other teams (which sometimes is not practical due to geography and they already have a full caseload locally). We are now actively working with CHC to understand our population demands so we can ensure our teams are deployed in areas where there is the most demand.







HaH saw a 13% decrease in both the number of people seen and the total number of face-to-face clinical contacts. This was also because of the reasons mentioned above.
We continue to support patients to die in their Preferred Place of Death (PPOD) when it is safe to do so, with 95% of patients achieving their PPOD for the year.

Feedback:

Specialist Palliative Care Home Team

We just wanted to write to say thank you for the care and kindness you showed to [patient]. Your visits and phone calls brought a calm and gentle reassurance that made all the difference. She trusted you completely and you gave her the confidence to face her final days with dignity and peace. Your presence gave her and all of us a great deal of comfort. Thank you for being there, not just as a nurse, but as a kind and steady presence during such a difficult time. We will be forever grateful for all you have done.

Thanks to the incredibly compassionate care of the Arthur Rank Hospice team, Mum was able to spend her last weeks at home surrounded by her family, lovely garden and much doted on dog. [colleague]'s approach and support made a world of difference to both Mum and me during that time.

Alan Hudson Centre Community

I can't thank you enough, since your first visit last week my quality of life has significantly improved due to the changes you have made to my pain. I previously didn't want to live due to suffering however I now do. I really can't express what a difference this has made and how initially I didn't want service input as I didn't think anything could be done but I am so glad that I have.

Family commented on how well the service met [patient]'s and their needs on each home visit. They said the care given to [patient] was amazing and he died peacefully. They said all carers were excellent and they are very grateful.

Complementary Therapy

These complementary therapy treatments have become such a release for me. I never realised how much I needed to be touched and what a difference being touched has made. It's a real release and boost to my mental wellbeing …. I cannot thank you all enough, what a difference you have made to my life.

Hospice at Home

I wanted to thank everyone who helped me care for [patient] at home during the last 4 weeks of his life, letting him pass away at home as he wished. The care, compassion and empathy shown by everyone we came into contact with made an impossible situation the best it could be.

We are currently receiving care at home for our son from your walking, talking angels. We have had a stressful situation over the last 24 hours and the support that we have received from all at ARHC is incredible. We have met some wonderful people during the horrific circumstance we find ourselves in and have been so settled knowing that our son is being treated with such kindness and dignity.

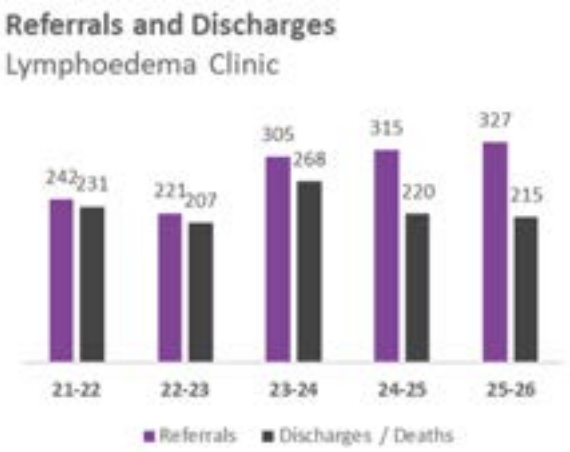
Palliative Care Hub

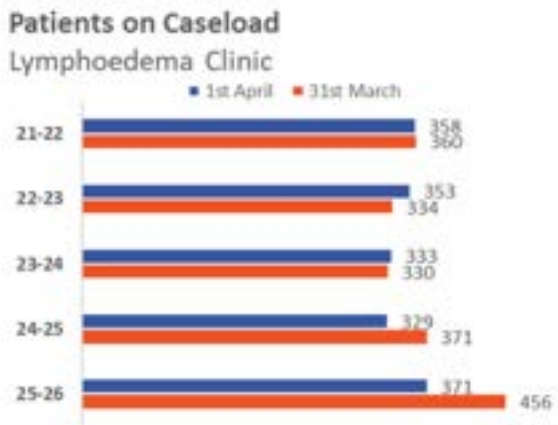
Just wanted to say thank you again for your help on Tuesday helping me to sort things for [patient]. Your support made a very difficult situation much easier for me to deal with and also resulted in good outcomes for the gentleman in getting the support he needed.

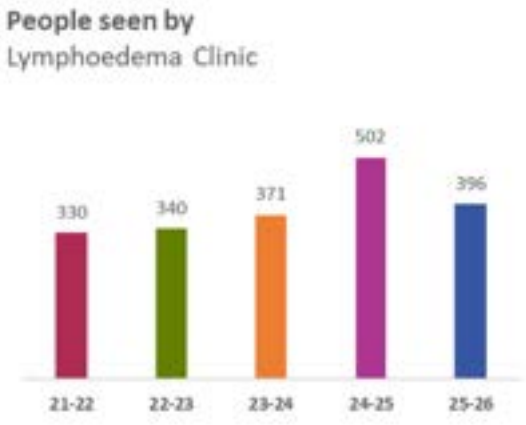
District nurses commented "support from Palliative Care Hub was outstanding… allowed nurses to care for patient whilst Palliative Care Hub organised support around them".

Lymphoedema Clinic

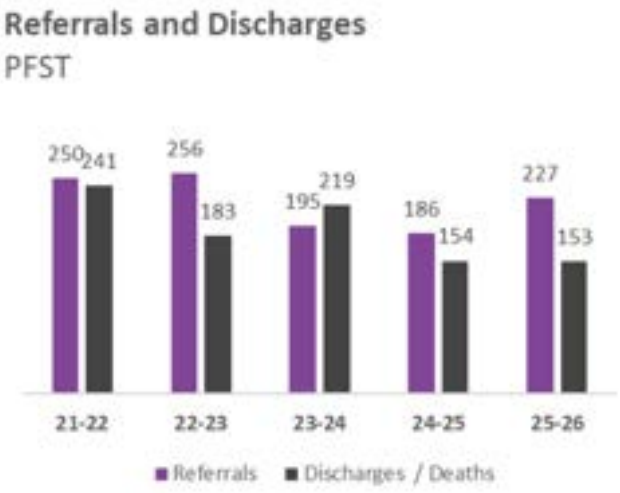
The lymphoedema team continues to assess patients with lymphoedema from all causes - primary/secondary, including oncology, palliative, and chronic oedemas. The team also assesses and advises Lipoedema patients. Referral figures have increased slightly, whilst the caseload has increased significantly. We saw fewer patients face to face last year due to staff shortages for 6 months, which meant the majority of patients already on the caseload had telephone or video follow-up consultations. We are seeing greater complexity, which makes it more challenging to discharge patients who still require follow-up consultations. This is the main reason our caseload is increasing.

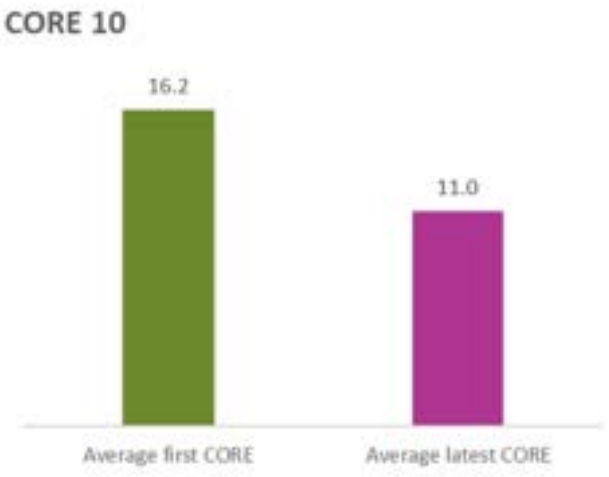


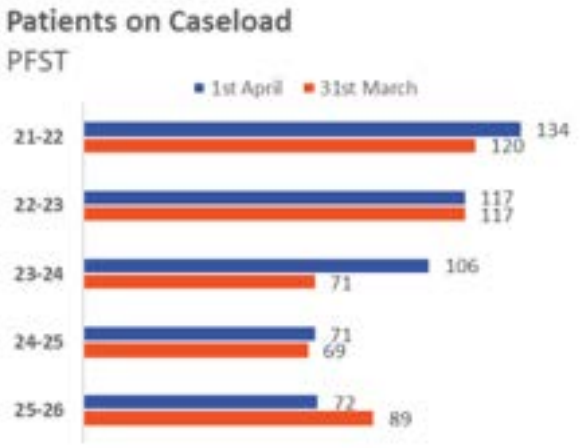


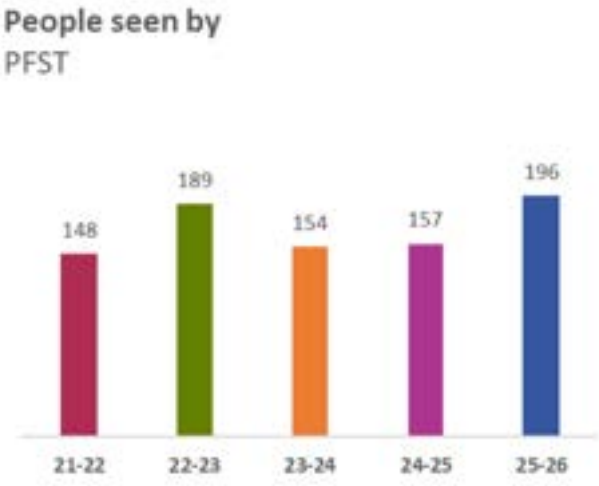


Patient and Family Support Team (PFST)



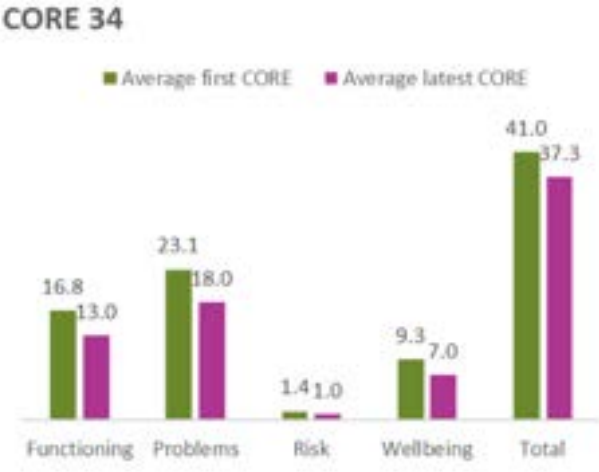






The team have continued to support patients, relatives, carers, and bereaved people, and the number of people seen face-to-face has increased by 25% compared to 2024-25. This is in part due to our remodelling of the service to enable us to maximise our capacity. Referrals also saw an 18% increase compared to last year. The 2025-26 data above include activity relating to Life Celebration and Alan Hudson Counselling (in previous years, Life Celebration had been included in Living Well Service figures).

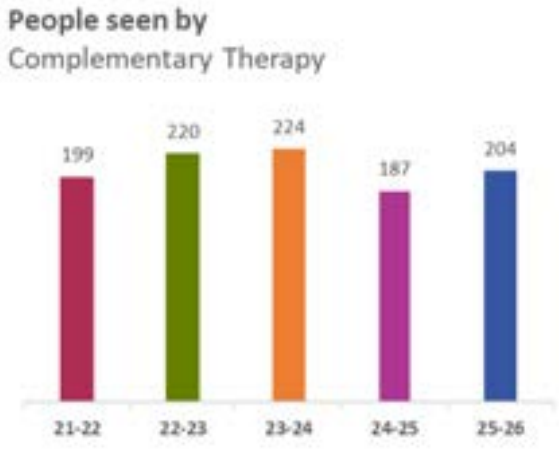
The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both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

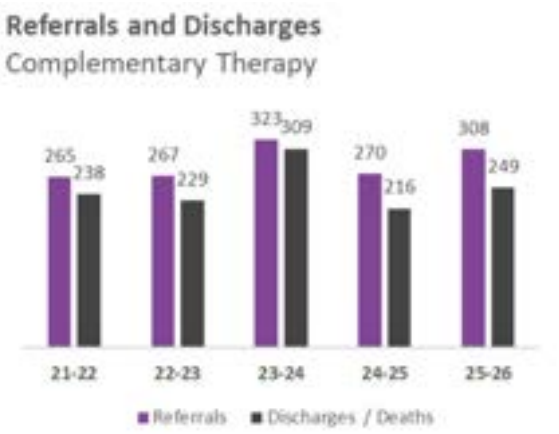


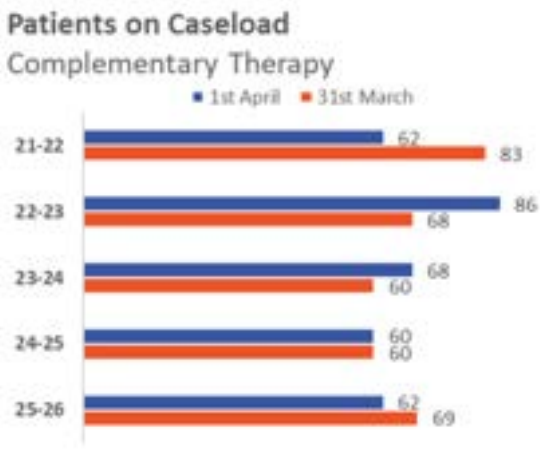
Complementary Therapy

The team continue to see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our Living Well Service and on our InPatient Unit. They also send out aroma sticks to patients who may benefit from these. The team also support unpaid carers and those who are bereaved, working closely with our Patient and Family Support Team.

Complementary Therapies remain very popular and successful in supporting patients with their symptom management and quality of life. The service saw a 9% increase in the number of people seen compared to 2024-25.
The above graphs/statistics don't include those patients seen as part of their Living Well programme attendance and/or their InPatient Unit admission.



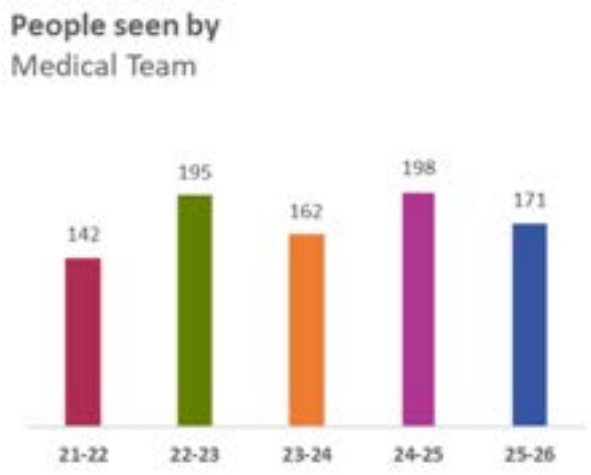


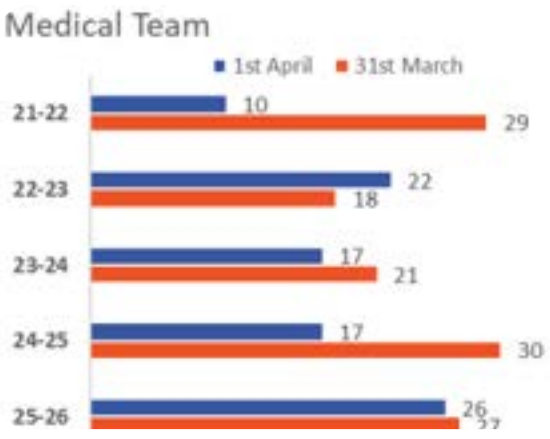


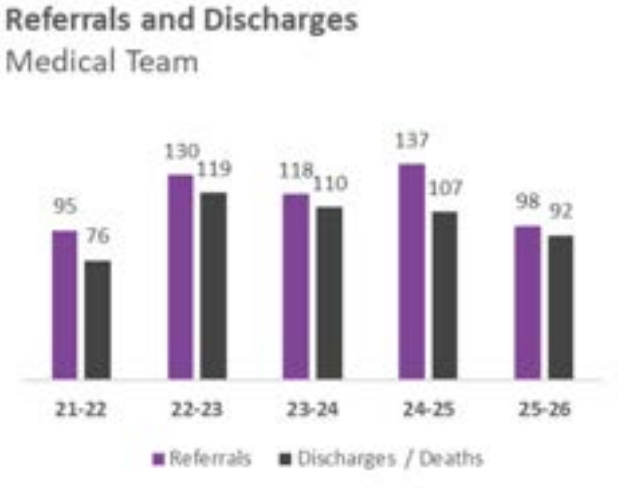
Medical Team

The community medical team consists of a (part-time) consultant, and doctors in training who spend either six months or a year with the hospice. The consultant is generally involved in the care of patients who are experiencing more complex symptoms and problems.
In 2025-26, 14% fewer people were seen by the medical team compared to 2024-25. This is mainly due to the reduction in available clinical hours dedicated to the community medical service. There is an overall trend towards higher patient numbers being seen by the medical team since 2021/2022, since the addition of GP trainees to the team.

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



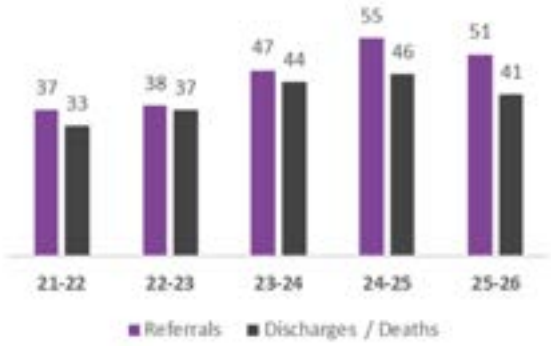




Pain Management Clinic

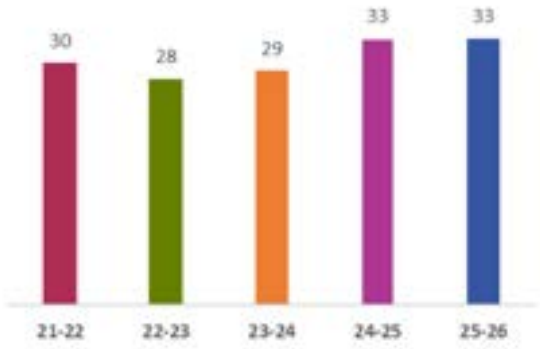
The Pain Management Clinic runs separately from the other work of the medical team and sees people experiencing complex pain. The team consists of a pain psychotherapist, anaesthetist, and palliative medicine consultant and runs two clinics a month.

Referrals and Discharges
Pain Management Clinic



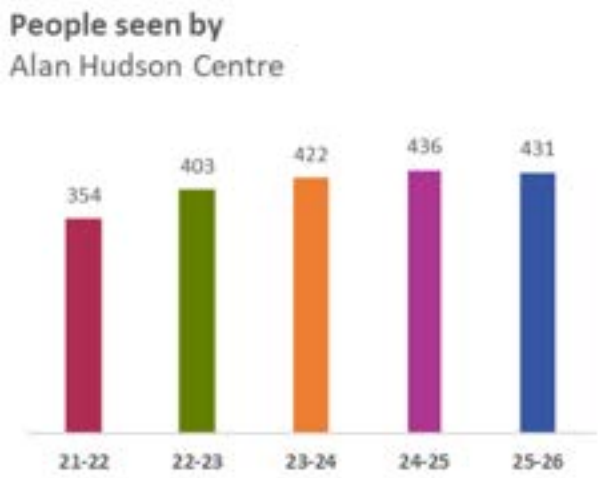
Patients on Caseload
Pain Management Clinic

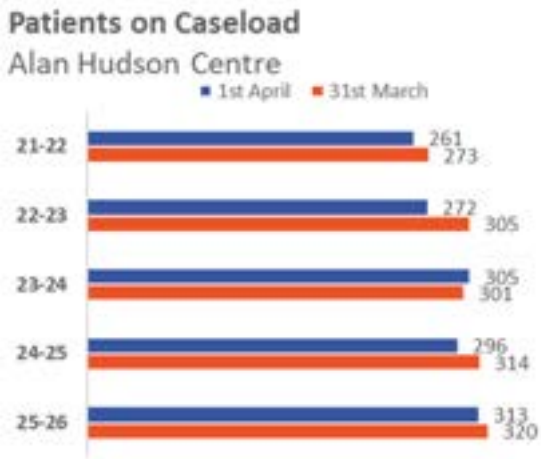
People seen by
Pain Management Clinic

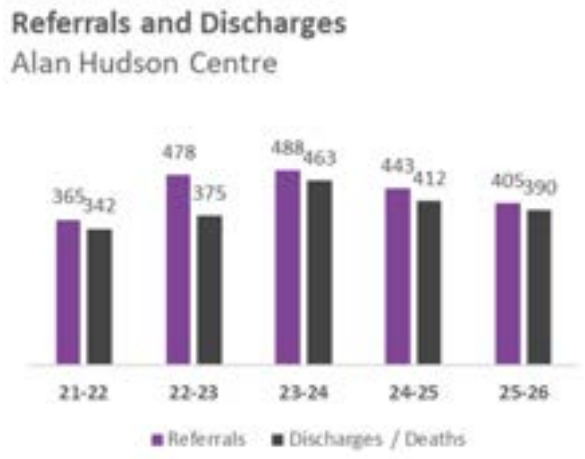


Alan Hudson Centre (AHC)

This data for the AHC is in relation to the following services: Specialist Community Palliative care, Treatments, Complementary Therapy, the Living Well Service, social group, carer support, Life Celebration and the Bereavement Support Group. Whilst referrals have decreased by 9% since 2024-25, demand for treatments in and around Wisbech continues to rise, as demonstrated in the 20% increase in completed treatments this year.



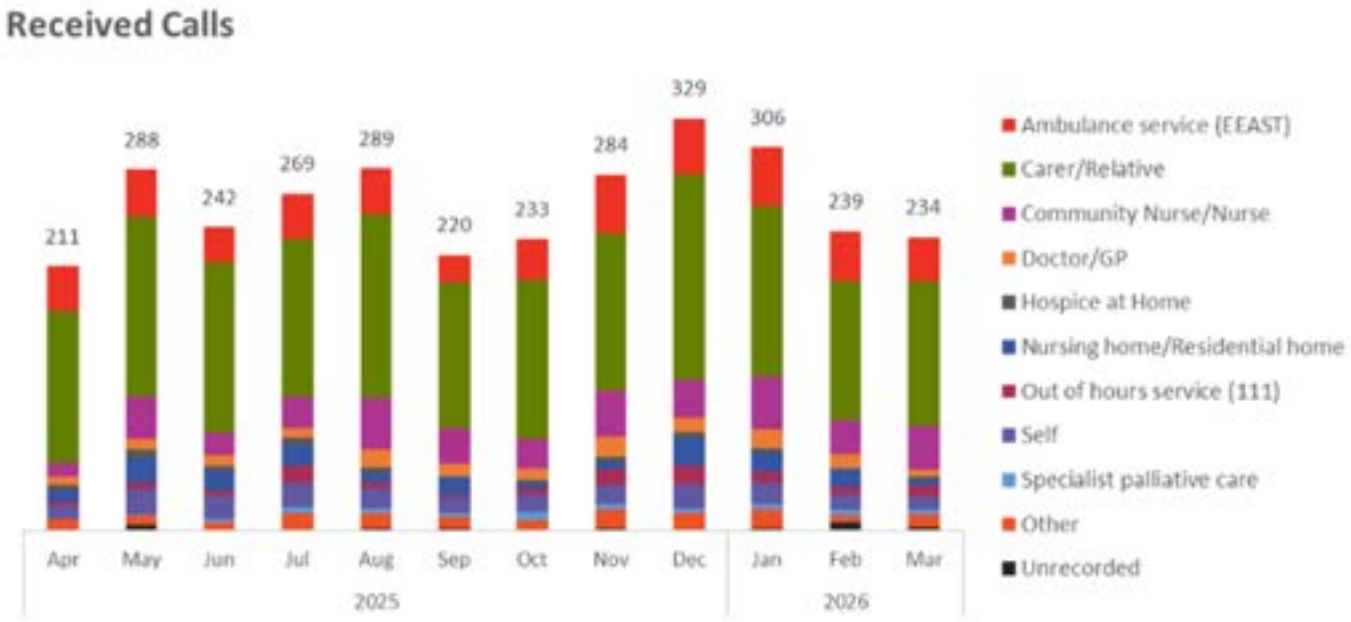




Palliative Care Hub (advice line, 111 option 4)

Alongside our usual services, we continue to deliver care via our Palliative Care Hub advice line, commissioned by the ICB. Now in its fifth year, this service supported 1,790 people (an increase of 11% from 2024-25), took 3,144 calls (an increase of 16% from 2024-25), and helped to avoid 123 hospital admissions (an increase of 48% from 2024-25).

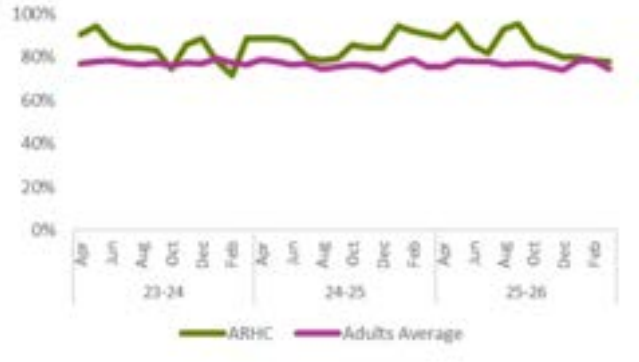
The highest proportion of our callers comes from Peterborough (24%), Cambridge (21%), and Huntingdon (21%). The most common reasons for calling were for advice regarding medication (24%), general palliative care (15%), and notification of death (13%).



Hospice UK Benchmarking

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

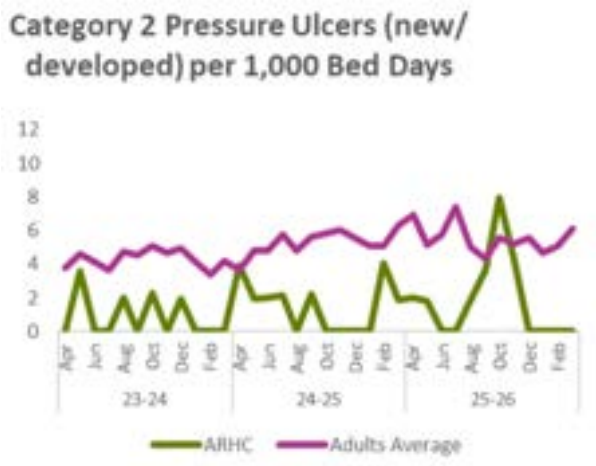
Bed Occupancy (%)

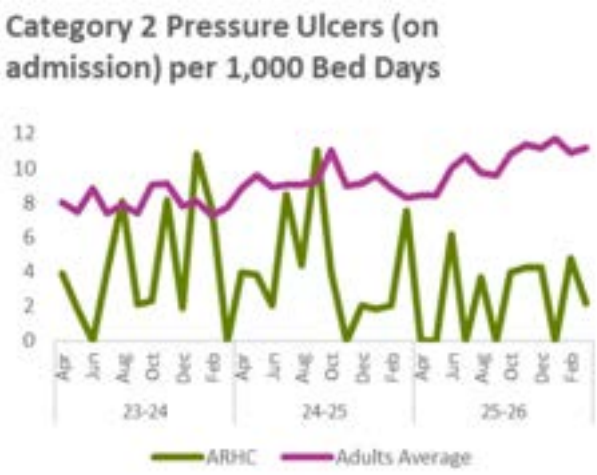


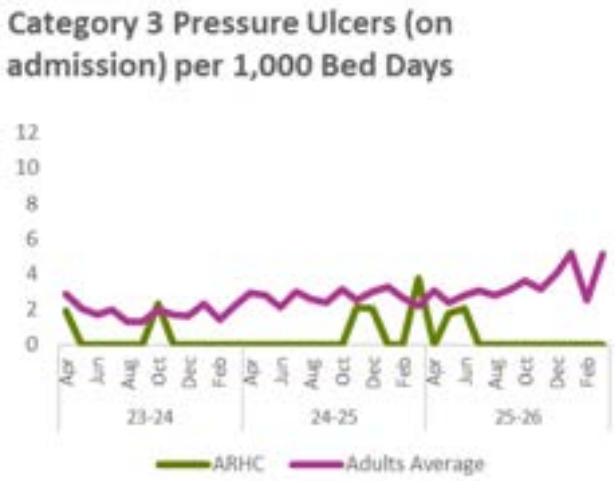
Our bed occupancy (occupied bed days compared to available bed days) remains largely higher than the national average for hospices, showing good utilisation of our available beds.

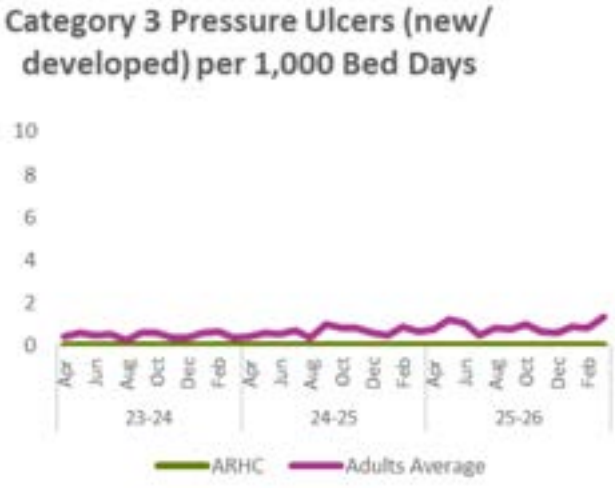
Falls per 1,000 Bed Days

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









As with previous years, the number of new pressure ulcers (those that developed whilst under our care) remains below the national average, demonstrating the effective prevention strategies we have in place across the IPU. We are also below the national average for the number of pressure ulcers on admission.

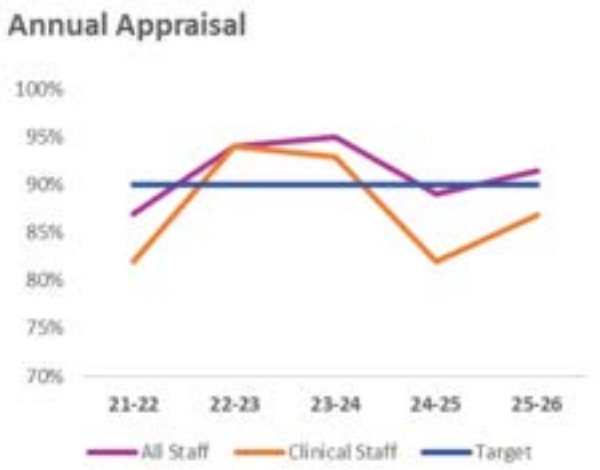
Alongside this benchmarking with other hospices, we also monitor any trends internally using NHS Statistical Process Control (SPC) charts. These allow us to understand variation and highlight when there are any causes for concern or improvement.

The team on the Inpatient Unit continue to conduct regular drug audits and any learning from incidents is shared amongst the team.

Mandatory Training and Appraisal

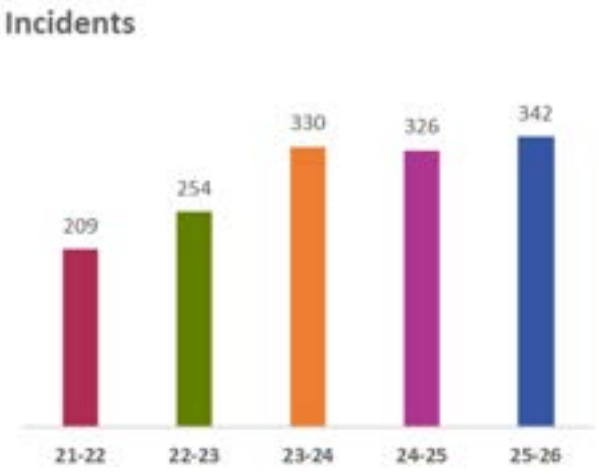
All colleagues are required to complete mandatory training, and we continue to work hard with staff and our education team to provide simple access to either online or face-to-face training. Our overall average target is 95% completion, which was narrowly not met for all staff (93.5%) and for clinical staff only (94.6%). This was due to a transition to a new mandatory training system and new modules being added in the second half of 2025-26, including the Oliver McGowan Face to Face Mandatory training, which has been difficult to access.

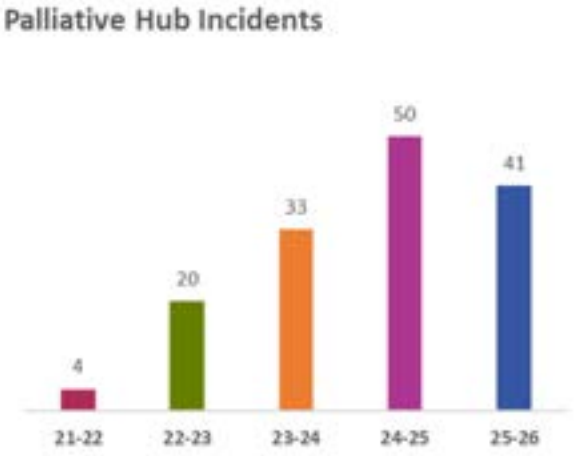
Colleagues receiving an annual appraisal is identified as a quality Key Performance Indicator (KPI). Last year, we introduced a new appraisal process with a Performance Development Review (PDR), which are all completed April to May. For the PDR process ending in May 2025, we achieved 92% completion for all staff, above our target of 90%. Clinical staff completion rate was below target at 87% but we hope this will improve in the PDR 26/27 round.

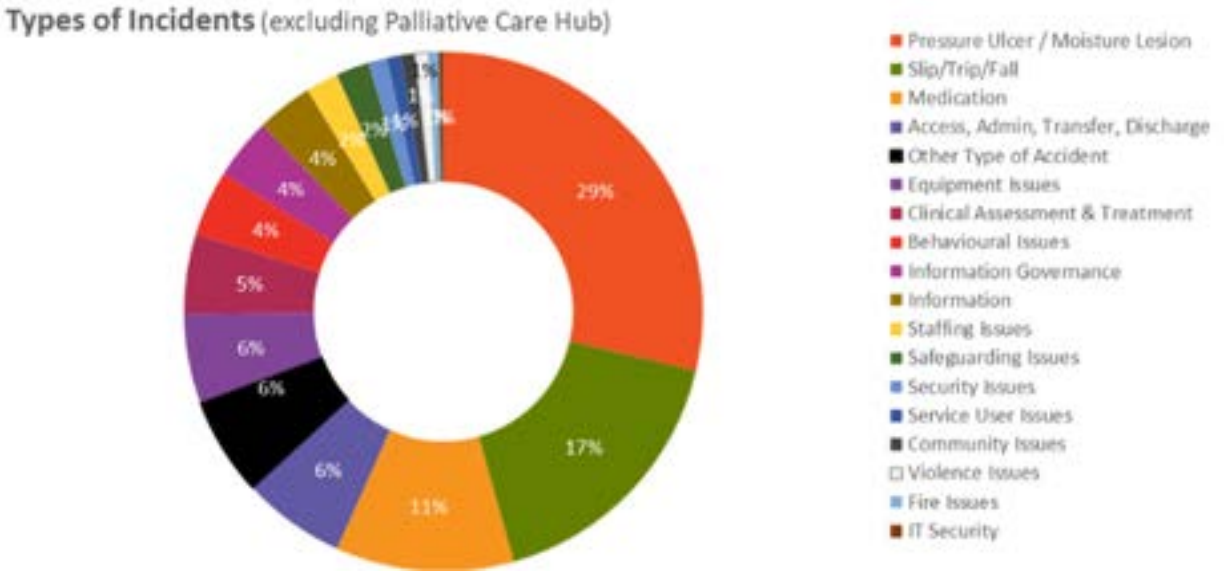


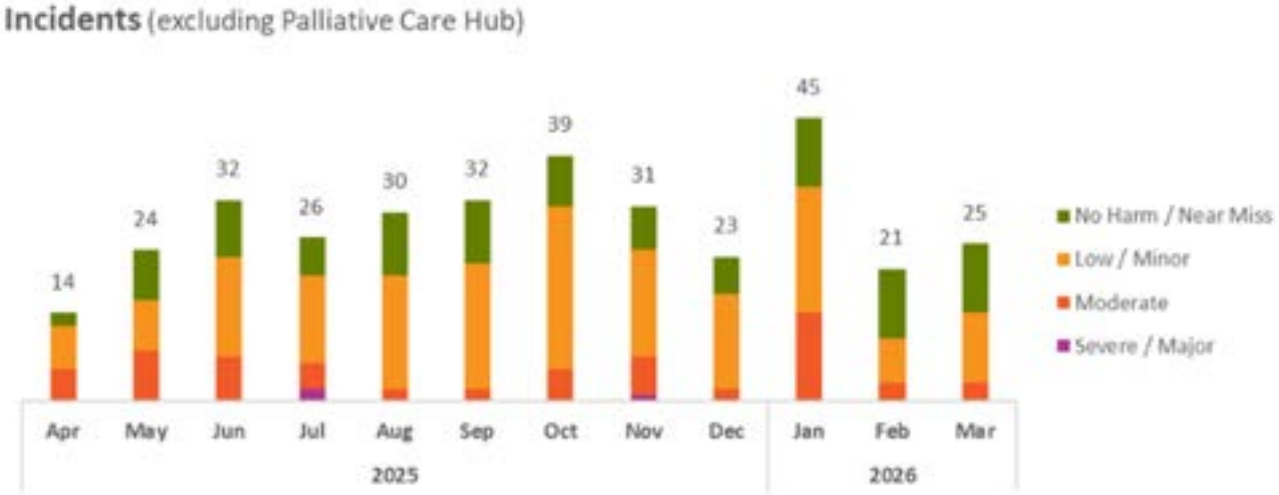
Quality Data

Incidents









Incidents

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

We continue to learn from our incidents (an increase of 5% from 2024-25) and investigate any preventable outcomes and themes as part of our ongoing Patient Safety Incident Response Framework meetings.

Our most common types of incidents continue to be those relating to pressure ulcers/moisture lesions, slip/trip/falls and medication. However, as highlighted in the above Hospice UK benchmarking, we appear to be seeing fewer of these incidents than other hospices.

Incidents with Actions

Patient Safety Investigations and Serious Incidents

We are now implementing the NHS Patient Safety Incident Response Framework (PSIRF), which focuses on all patient safety incidents to identify key themes and learning.
We had no reportable patient safety incidents that resulted in severe harm in 2025-2026.

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

We had three incidents that were graded Severe/Major in 2025-2026, not related to patients:

1. A staff member tripped (in the community), resulting in injuries
2. A volunteer became unwell
3. IT server issues affected connectivity throughout the Hospice, resulting in services being unable to function, such as the Palliative Hub advice line, shops and retail services, and the phone system that was then connected to the servers. We have since transferred most of our IT services to cloud-based systems and have much less reliance on servers.

Complaints, Feedback and Patient Experience

Complaints and Concerns

We received six complaints and 4 informal concerns during the financial year 2025-26.
Of the six formal complaints made, only one of them related to a patient who was known to our Hospice services. The complaint was made to the ICB and although the complaint did not relate to care from the Hospice, we were asked to comment in response to the complaint. A summary of the six complaints can be found below:

Date Received	Summary	Actions
04/06/2025	Complaint concerning online trolling, bullying and harassment	This was a private matter, not associated with Arthur Rank Hospice Charity or our services, and we are therefore unable to investigate or comment further
27/06/2025	Complaint regarding withdrawal of employment offer	Investigation completed. Complaint not upheld as correct processes followed and applicant given frequent support. Applicant failed to provide adequate documentation to satisfy pre-employment checks
11/08/2025	Multi agency complaint, end of life care	Response sent to the ICB. The complaint related to external providers and the primary care team. Delays were outside of our control.
14/08/2025	Termination of volunteer	Decision to end voluntary work upheld
14/01/2026	Fall at one of our retail outlets.	Our investigation concluded the Charity was not responsible for the fall
16/02/2026	Unpleasant interaction reported from Addenbrookes Charitable Trust staff with ARHC volunteers	Email sent to CEO at Addenbrookes Charitable Trust

Quality Account Feedback: NHS Central East Integrated Care Board response to ARHC Quality Account 2025/2026

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the Arthur Rank Hospice Quality Account for 2025/26.

Over the reporting year, the ICB has maintained regular oversight and engagement with Arthur Rank Hospice, enabling assurance on the quality and safety of care delivered. This has been supported by established governance processes, triangulation of performance and patient experience data, and oversight of incident reporting and improvement actions.
The ICB notes that this Quality Account, the Hospice is moving into the final year of their 5-year Strategy (2022 – 2027) where the focus has been on the six strategic priorities of outstanding, sustainable, accessible, engaging, people, and partnering.

The ICB acknowledges the provider's progress and achievements during the year, including:

- Continuing to widen access of services and supportive services. Service remodelling has been achieved to deliver more support in terms of counselling and therapy.
- The Hospice has also strengthened collaborative working approaches with Local Authority and wider local system groups.
- Of notable highlight, we were interested to learn of the of the work undertaken by the Hospice in terms of the bereavement support group for young people and the valuable impact this gives.
- The Hospice has also made progress in improving patient care through the introduction of electronic prescribing in its inpatient areas reducing medication errors with plans to expand this further.
- The Hospice has also strengthened education feedback mechanisms and workforce capacity particularly in the Hospice at Home and Specialist Nursing areas.

The continuation of the quality priorities for 2026/27 are well aligned with both Place-based and system-wide priorities. The focus on continuing to expand access, developing community and Hospice at Home services to improve rapid response and improvement approaches within the palliative care hub, enhancement of digital capability including evaluation of electronic prescribing and exploration of digital tools release clinician time to support clinical care. These will support a balanced and appropriate approach to improving safety, outcomes and experience.

Central East ICB wishes to acknowledge and commend the staff at Arthur Rank Hospice who continue their ongoing commitment to support the NHS and deliver high quality, safe and effective care to populations served in our system. We look forward to continuing to work in partnership with the Hospice over the forthcoming year and hope that these comments are found helpful.

Rowan Procter
Deputy Director - Quality Assurance
NHS Central East Integrated Care Board

Quality Account Feedback: Healthwatch Cambridge and Peterborough

Healthwatch Cambridgeshire and Peterborough welcomes the opportunity to comment on the Arthur Rank Hospice Charity Quality Account 2025/2026.

Throughout the year, Arthur Rank Hospice Charity has demonstrated a strong commitment to delivering compassionate, person-centred care whilst responding to significant challenges within the health and care system. We recognise the considerable pressures faced by the hospice sector, including funding uncertainties and increasing complexity of patient need, and commend the organisation for maintaining its focus on quality, accessibility and continuous improvement.

Healthwatch has worked collaboratively with Arthur Rank Hospice Charity over a number of years. We have found the organisation to be open, transparent and responsive in its engagement with patients, families, carers and wider stakeholders. The hospice has supported Healthwatch's independence regarding patient and public voice, and has welcomed independent scrutiny by inviting us to undertake Enter and View visits. This openness reflects a culture that values feedback and uses it constructively to improve services.

We are particularly encouraged by the organisation's continued focus on widening access to services, reducing inequalities and improving support for patients and families across Cambridgeshire. The development of bereavement services, investment in community-based support, commitment to education and training, and efforts to strengthen patient and family feedback mechanisms demonstrate a clear commitment to learning and improvement.

Healthwatch also welcomes the hospice's emphasis on partnership working. The organisation's active involvement with system partners, local communities and other hospices helps ensure that services continue to evolve in response to changing needs and supports the delivery of high-quality palliative and end-of-life care.

We look forward to continuing our positive relationship with Arthur Rank Hospice Charity and supporting its ongoing efforts to ensure that patients, families and carers remain at the centre of service development and decision making.

Jess Slater
Chief Executive Officer
Healthwatch Cambridgeshire and Peterborough