

Alan Hudson Day Treatment Centre Enter and View

July 2025



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This report relates to the Healthwatch visit on Wednesday 4th June between 10.30am and 12.30pm. It is an account of what we observed and what people told us during the visit. It is not a representative portrayal of the experiences of all residents, staff and visitors.

The visit also takes into consideration the fact that most of the residents spoken to have an end-of-life illness which will have an impact on the information that is provided.

What is Enter and View?

As the local Healthwatch for Cambridgeshire and Peterborough, we have statutory powers under the Health and Care Act 2012, and Local Government and Public Involvement in Health Act 2007, to conduct 'Enter and View' visits to local health and care services.

Under this legislation, Enter and View visits can be made to any premises where health and social care is publicly funded – such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Through an Enter and View visit, we collect evidence of what is working well and identify how the patient experience could be improved. We use what we hear and see on the day to report back to providers and others with recommendations to inform change for health and care services we visit.

About the visit

The Alan Hudson Day Treatment Centre delivers support for individuals living with life-limiting illness across Wisbech and the Fens. It provides supportive and specialist palliative care, advice and treatment for adults living with an advanced serious illness or life limiting conditions.

The Centre is open Mon to Fri from 8.30am – 4.30pm for treatments, symptom management, support, and community services.

We were requested to visit the Arthur Rank Hospice Charity service at Shelford Bottom, Cambridge, and the Alan Hudson Day Treatment Centre by the service. Our objective for the Enter and View was to evaluate the services from the perspective of patients and visitors. It also provided an independent assessment, complementing the Care Quality Commission's (CQC) inspection results carried out April 2022. The CQC overall score was "outstanding".

This is a companion report to our visit carried out at Arthur Rank Hospice, Shelford Bottom, Cambridge 13th March 2025.

[Arthur Rank Hospice Charity Enter & View – March 2025 | Healthwatch Cambridgeshire](#)

Methodology

This visit was requested by Arthur Rank Hospice.

Four Enter and View Authorised Representatives carried out the visit:

- Janine Newby-Robson, Project Manager at Healthwatch Cambridgeshire and Peterborough
- Sue Allan, Head of Engagement at Healthwatch Cambridgeshire and Peterborough
- Jo Smith, Authorised Representative volunteer
- Lorraine Lofting, Authorised Representative volunteer

Who we spoke to:

- 5 people using the services
- 4 staff and 2 volunteers to gather feedback about what works well and what could be better
- Our findings are reviewed further in this report



The Day Treatment Centre and care



The Alan Hudson Day Treatment Centre is an Arthur Rank Hospice Charity service.

Clinical care is delivered from the Centre at the North Cambridgeshire Hospital in Wisbech, and the service is supported by the business and administration framework of the Arthur Rank Hospice Charity.

This includes aspects which are integral to the Centre's every-day upkeep, such as finance management and administration, as well as [volunteer](#), [fundraising](#) and communications support.

Specialist care and support

The Centre provides expert care, which is holistic and tailored to each person's specific needs by the multi-disciplinary team of qualified staff and dedicated volunteers.

Services include Living Well, treatment and clinical days (including blood transfusions, oncology and symptom management), complementary and diversional therapies, and bereavement and support services.

Additionally, the Centre can support patients and their families in their own homes through a [Hospice at Home](#) service and a community specialist palliative care service which ensures integrated care.

They also provide clinical advice and support palliative patients on the adjacent Trafford Ward. Although they do not have a consultant, the Matron oversees the care.

The website states:

1,219 patients were cared for across the Treatment Centre's full range of services between 1 April 2023 and 31 March 2024.

The Centre has a contract with the Queen Elizabeth Hospital in Kings Lynn who support the Centre with fast responses to requests for treatment and care for patients. The Centre also works with Peterborough City, Norwich and Addenbrooke's Hospital.

How to use the service

Referrals to the Alan Hudson Day Treatment Centre can be made by any healthcare professional, provided the patient has given their consent. Patients can also refer themselves and will be assessed to determine if they meet the criteria for care. For more information, visit the "How and when to seek a referral" webpage or contact the team directly by phone at 01945 669620.

Support

Patients and family

The hospice offers practical and emotional support to patients, relatives and friends, including psychological social support, spiritual care, counselling and bereavement support. This includes a phone call scheme by trained and DBS checked volunteers to provide companionship, for up to eight weeks.

[Alan Hudson Day Treatment Centre - Providing Excellent Care](#), is a useful tool with helpful links for health professionals and information for people looking to use services or for those who are bereaved.

Carers

The hospice uses the Carer Support Needs Assessment Tool (CSNAT) to help identify needs and signpost carers on to appropriate community services.

Staff

Paid staff have access to wellbeing support via several routes, such as Community Interest Company employee assistance, 1:1 supervision with their line manager, mental health first aiders, restorative resilience supervision, clinical supervision, and Wellbeing Staff group (chaired by a Trustee).

Staff and volunteers are also able to access holistic therapies.

Funding

The Arthur Rank Hospice Charity receive a block contract for all services provided, which include the Alan Hudson Treatment Centre from the Cambridgeshire and Peterborough Integrated Care Board (ICB). Additional funding is received from Queen Elizabeth Hospital, King's Lynn, for services provided for their patients.

The ICB funding provide 55% of operational costs. The charity must raise remaining funds through charitable income to sustain services.

In December 2024, the government announced multi-million extra funding for hospices.

"The context is that this is capital funding so will help us, for example, to be able to offer electronic prescribing. It doesn't resolve the long-term sustainability issues for us and all hospices; our main costs are our staff because we are a people service." – Sharon Allen OBE & CEO, Arthur Rank Hospice Charity.

Summary of findings

The Centre is part of a multiple service hospital and parking is shared with other service providers. The parking is free of charge. The Day Treatment Centre provides access to medical care, and holistic treatment. Being a rural location, with difficulties accessing public transport to Addenbrooke's or Queen Elizabeth Hospital, Kings Lynn, it provides easier and faster access to care for people with life limiting health issues.

Locally people can use the "Tiger bus", however we were told this bus is not an accessible bus for people using wheelchairs or walking frames.

The team of staff have long term continual service – with some having 10 to 18 years of experience. All people coming into the Centre were treated like family. People told us the staff were lovely, make them feel comfortable, know them, make them feel like individuals and human.

Staff have a permanent contract of employment which can make governance better.

"We aim to be very flexible and react to individual needs as they arise."

Hospice to Home service

Hospice at Home (H@H) provide 60 hours of care a day in the North and 60 hours in the South. The Sue Ryder Hospice Thorpe Hall provide 41 hours a day in Peterborough.

North and South areas can provide care for up to 20 patients a day per team.

Capacity for H@H is reviewed daily and nursing teams sent accordingly. If H@H did not have capacity a different care provider would be brokered by the continuing care team. We were told night care is provided, but that Continuing Health Care (CHC) source the care outside of H@H and the patient must have a clinical need.

There is a phone system 111 option 4 which provides free, local 24-hour telephone support and advice for individuals facing a progressive disease and their families. People are connected to a dedicated Clinical Nurse Specialist who can offer specialist palliative care advice and support.

Inpatient care

Inpatient care is separate to the day treatment Centre. Utilising one of the Trafford Ward 5 side rooms for end of life care, some people may not wish to die at home. The Matron is responsible for specialist reviews and can prescribe medication in the case of someone using this service.



The Centre has a contract with Queen Elizabeth Hospital, Kings Lynn. A good working relationship means timely support to requests for treatment and care.

The Centre also works with Peterborough City, Norwich and Addenbrooke's Hospital.

There is not a café or any drinks or snack machines, but refreshments are offered to people and a sandwich lunch can be provided if people are waiting for transport over lunchtime.

The reception area has clear information about how to raise concerns and complaints. A leaflet entitled "How are we doing?" contains information in clear language. The back page has details on how to obtain the information in an accessible format or translated version.

There has been a recent successful event in Wisbech, called **“Dying Matters”**, which promoted reaching out to everyone including Eastern European people locally.



Activities for people using the service

There are a range of activities available to support people’s physical, practical, and emotional wellbeing. The Living Well Programme runs on Monday and Tuesday mornings. *Love to Move* classes take place every other Wednesday, offering gentle movement and social time. A *bereavement group* is available for carers and family members after six months of bereavement, offering support for up to 12 months. Before that point, individuals can access complementary therapy to help support their wellbeing. A Friday social group is also available for people with stable conditions and helps reduce isolation, particularly in Fenland.

Staff training and support

Staff receive up-to-date training through a combination of online and face-to-face sessions, alongside regular one-to-one supervision, and ongoing team support. They complete both mandatory NHS pathway training and any individualised training required for their roles. In addition, staff have access to wellbeing services, including holistic therapies. The Matron holds a teaching responsibility for training doctors in relevant prescribing practices, and staff also complete Psychological Skills Level 2 training to support patient care.

Our Visit

When we arrived at the North Cambridgeshire hospital, we found the front of the Alan Hudson Treatment Centre undergoing building work to provide a drop off point for people arriving by car. We found it difficult to find our way into the unit, but a builder indicated another entrance to the side. There was an A4 sign on the fence indicating the temporary entrance which was difficult to spot.

We were told the unit are about to redo all the signage as they are planning a name change to reflect their expanded services.

The inner doors to the Treatment Centre did not have automatic opening doors. When completed, the new entrance point will be accessible.

Hand washing facilities were around the building and signs request hand sanitisation. We observed staff using hand sanitiser. There was a hearing loop available.

We were asked to sign in and wear a visitor's badge and were accompanied around the building with a member of staff.

There is a comments box for people using or visiting the service. Colourful easy to read postcards "what one thing could we do to improve" are used to gain feedback. The Arthur Rank Hospice Charity privacy notice is also on display at reception.

There are several leaflet and information areas, however only one leaflet was in another language. There are no signs to say interpreted services or material is available. We were told there are many Eastern European people using the service. Women from this background have a higher chance of breast cancer. The Cambridgeshire Insight reports that at least 85 languages are spoken in Cambridgeshire, although a breakdown of just the Fenland area is not known.

Although we were initially informed there were not many people expected during our visit, it became quite busy. The staff were able to cope with patients requiring different types of treatment and the exercise class which was running at the time of our visit.



Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients have access to a chaplain who can provide support to patients of all faiths and none.

The waiting area is small, with four chairs. Although people were not waiting for long, at a busy time one person was sitting in the outer corridor area before being called into a treatment room.

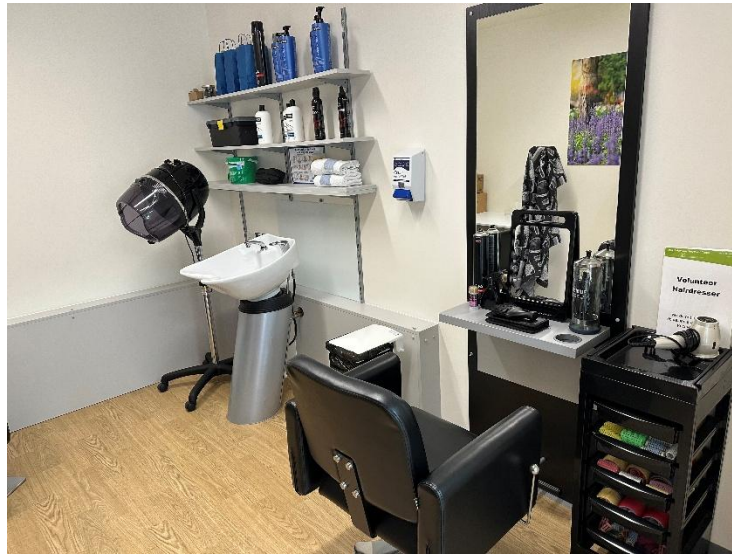
'Here is more like home - easy, different to oncology at the hospital'

There are several small rooms and toilets branching off from the reception area. Two clinic rooms are used for blood tests, iron infusions and storage of samples.

The toilets were clean, accessible, with emergency cords and emergency buttons. The doors opened both ways for easy access. The doors were a different colour to

the wall enabling people with dementia to identify the door.

There is also a holistic therapy room, a treatment room with a bed, a quiet room which can be used for Chaplaincy, and a hair salon. For staff there is a kitchen area, sluice and equipment room.



A large room is used for either treatments or exercise groups. During our visit, five patients were taking part in chair-based exercises (Love to Move group). The facilitator also provided cognitive exercises and mindfulness techniques. There was a volunteer working with the class who was very supportive and joyful. One person we spoke to in the class described themselves as quite reserved and anxious and does not like group settings. However, they come to the exercise class and find it fun.

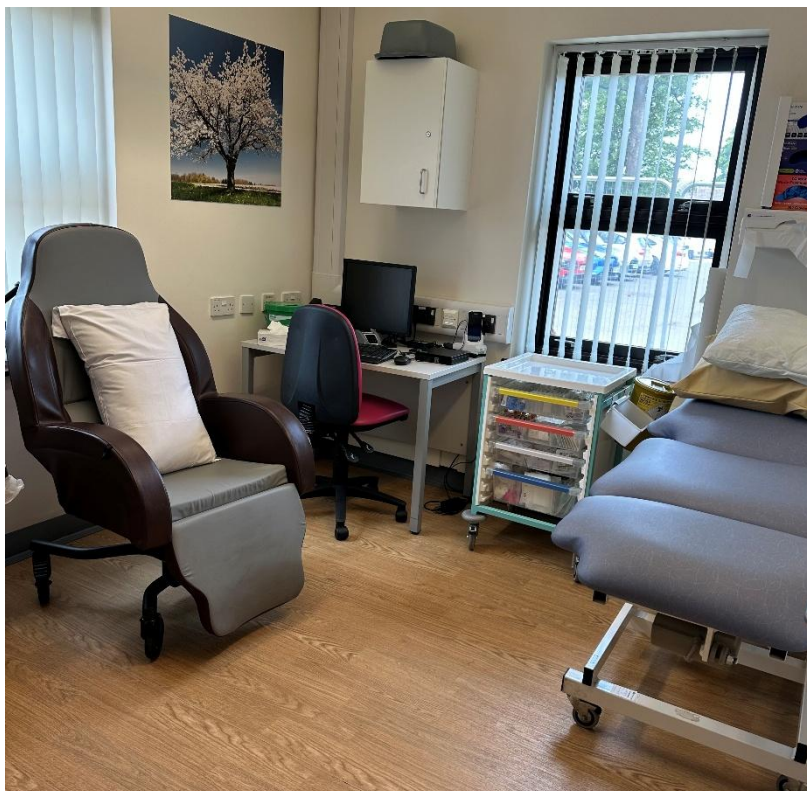
Families can hang pear-shaped notes on a “memory tree” wall to remember their loved ones. There is a colourful, accessible garden maintained by a volunteer where people can have their treatments outside if it is safe and appropriate.

Within the clinical treatment rooms, we observed staff respond quickly and calmly to two alarm calls.

We were told that most referrals come from nursing teams, with relatively few from GPs— a point also raised at Arthur Rank Hospice in Cambridge.

Translation services are available, including an “interpreter on wheels” — an iPad on wheels for online translation — which has been particularly helpful for Eastern European communities in Fenland. However, only one poster in the waiting area was displayed in a different language. Some signage could be improved to better support people with dementia, although patients with dementia are usually cared for in their own homes.

During our visit, there was one inpatient on the Trafford Ward near the Treatment Centre.



The people we spoke to did not have any suggestions to improve the service.

People said:

"It's first-class treatment. The staff are wonderful. It's a relaxed atmosphere and the staff have time for you, not like the main hospital."

"People are lovely. It's quicker and nicer than going to the hospital for blood tests".

"My 10th year of receiving treatment. I enjoyed the massages – and the fact the complementary therapies are all free. (The Centre) is 'laid back and homely'. They do the best they can for everyone."

"Absolutely terrific – with people in the 'same boat' – can share experiences".

"It feels comfortable and welcoming and less formal than a hospital setting."

An Authorised Representative spoke to a patient who recounted an experience about a visit to their GP and came away feeling uncertain and worried. The person went straight to the Day Treatment Centre, who were able to see them straight away, gave them time and left feeling reassured. A carer who came with their neighbour spoke highly of the Centre. They said they always felt welcome.

Staff said:

- They value having time to spend with people, rather than feeling rushed through a list of names.
- If funds were available, an additional community specialist for the palliative care service would be beneficial.

- The team would prefer to have their own inpatient ward, rather than share part of North Cambridgeshire Hospital.
- Alternatively, they would like funding to upgrade the five Trafford rooms.
- The on-site hair salon is currently not in use due to the lack of a volunteer hairdresser.
- The Matron attends Integrated Neighbourhood meetings to raise awareness of the Centre's work with other community services, including GPs and transport providers. She also attends the Wisbech Integrated Neighbourhood cancer prevention project team meeting.

Recommendations

Environment and Wellbeing

- Some clinic rooms lack artwork, which could help improve patient wellbeing during treatment.
- Adding art to empty spaces would create a more welcoming and calming environment.
- Use the King's Fund ["Is my health center dementia friendly?"](#) tool to identify inclusive design improvements for all visitors.

Community Awareness and Promotion

- Join Healthwatch Fenland and East Cambridgeshire Health and Care Forum meetings quarterly to promote the service and share its value.

Communication and Inclusion

- Add a map of the unit location within initial appointment letters.
- Display a clear poster about translation services in the most commonly spoken local languages.
- Provide leaflets in other languages – to include people from all backgrounds
- Ask a volunteer to regularly check that leaflets and posters are current and accessible.
- Update the "How are we doing?" leaflet to place translation service information on page one, not page eight, so it's easier to find.

Thank you

We would like to thank the people we spoke to for their time and sharing their experiences.

We would also like to thank the staff and volunteers for their time and welcome, especially Michelle Knight (Matron and Unit Lead), Claire Walpole (Living Well and Treatment Lead) and Sheetal Mahurkar (Hospice at Home Team Lead Nurse).

Alan Hudson Day Treatment Centre statement

"We really appreciate the time and effort Healthwatch have taken to carry out their Enter and View and we are thankful for their helpful feedback. We are already focusing on their suggestions and have increased the signage to indicate that we can provide interpreter services and information in other languages.

"The treatment team have now also developed a tool to support asking simple, regular questions in our most commonly experienced languages, with a point chart answer, to support walk in patients, in the absence of translation services.

"We are pleased to say we already attend Integrated Neighbourhood meetings and other stakeholder events to promote our services and will add the recommendations regarding leaflets and information to our Widening Access Group action plan.

"We will report back to our Clinical Governance Committee on our actions and will share our progress with Healthwatch."



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