Pilgrims Hospices

Quality Account

2010/2011

www.pilgrimshospices.org

Part 1

Chief Executive's Statement

On behalf of the Board of Trustees, I would like to thank all of our staff and volunteers for their hard work and achievements over the past year. The provision of high-quality care is paramount. It is the basis of our reputation and the financial support we receive from the NHS and the public.

The Medical Director is responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is an accurate and fair representation of the quality of healthcare services provided by Pilgrims Hospices in East Kent.

Steve Auty
Chief Executive

Part 2

Pilgrims Hospices has declared itself compliant as part of the registration process with the Quality Care Commission in order to comply with the Health and Social Care Act 2008 and the CQC regulations 2009. Pilgrims Hospices has not been inspected during this reporting period.

2.1 Priorities for improvement 2011/2012

The Board constantly reviews hospice activity to ensure that it is delivering increasing public benefit and value for money. For 2011/12, the following priorities have been agreed:

1. To increase the utilisation of our day services by improving access, extending choice and meeting individual needs.

Pilgrims Hospice day services integrate day care, therapeutic and support services for patients, families and carers and offer: attendance at Day Hospice, support groups, therapeutic groups, activities and rehabilitation programmes.

Our objectives are:

•To provide a stepping stone into Hospice services, providing access to our multidisciplinary team.
•To improve quality of life and wellbeing by building resilience and confidence to cope for patients and carers.
•To provide patients with a retreat away from their illness through their involvement with activities, meeting other people and access to complementary therapies.
•To support carers through the provision of respite, help and information.

For those people living with a life limiting illness that do not need full Hospice services we run Living for Today programmes which include creative activities, exercise programmes, relaxation and breathless management for patients plus confidence building sessions for carers. These programmes can be accessed by direct referrals from GPs.

2. To raise awareness of our services with healthcare professionals and the public.

On 1st April 2011 a new awareness campaign began, aimed at members of the local community and medical professionals and opening a new dialogue with groups that can impact on the types and volume of referrals to hospice services.

The campaign will be rolled out to educational forums, the development of outreach clinics and a whole-hospice approach to service promotion. Engaging with social networking, such as Twitter, Facebook and YouTube, will bring hospice care to a wider audience and allow people to share information quickly and easily. A promotional DVD with staff, volunteer and service user involvement will be available to introduce the idea of hospice care to a family making difficult decisions.

3. In line with the End of Life Care Strategy, local commissioning intentions and the Hospice Plan, we will be exploring how the hospice can bring about improvements for patients with regards to a role in coordinating care.

4. Following the appointment of a new Education and Training Manager, our Education strategy will be reviewed with a view to providing comprehensive, continuing development for our own staff and offering opportunities for professionals across East Kent to develop their knowledge and skills in palliative and end of life care.

2.2 Feedback on the priorities for improvement 2010/2011

1. **Change in management structure to improve delivery of clinical services**

As of 28th March 2011, each of the three hospice sites has a Hospice Manager whose role is to manage and develop services locally.

Under each Hospice Manager, who is the Registered Manager with the Care Quality Commission (CQC), sits a clinical team of Consultant in Palliative Medicine, Senior Nurse (for inpatient and community nursing) and Family Services Manager.

These site based management teams have authority to manage Pilgrims Hospices' commitment to providing the highest quality of care in all areas of its services and to ensuring patient safety. They will have the flexibility and responsiveness of a small, local unit, combined with access to all the systems and expertise of a large organisation.

2. **Consolidation of new clinical IT system**

During this period, we have appointed two new posts: Clinical Information Integrity Officers. These posts offer a rolling programme of training and support to clinical staff using our IT system "Infoflex". They are also involved in developing new functions and tools in the electronic patient record to improve patient care.

Other activities in the IT department this year have included: the development and implementation of a disaster recovery strategy and the implementation of a new VOIP (voice over internet) telephone system connecting the three hospice sites.

3. **Rapid response hospice at home clinical service and research evaluation**

A new service which has delivered care to over 400 patients in this reporting period

In November 2009, a small pilot project in the Dover area began the roll-out of a new rapid response hospice at home service. This clinical service innovation is taking place alongside a formal research evaluation to assess whether the new service makes a significant difference to patients who wish to die at home.

From January 2011, the hospice at home service has been available across all areas of East Kent. We now have 17 contracted members of staff (some working part time) and 5 bank staff who are Senior Healthcare Assistants working for the service which has been delivered to 424 patients in this reporting period.

"There were so many sensitive, caring (staff), arriving late at night and early morning, giving time and understanding both to (the patient) and his family with such practical, tactful help."

“I do not know how people coped before you started your wonderful service”.

The research has progressed well and we have a full data set of information about patients; we continue to collect information from carers and to interview bereaved relatives.

2.3 Statements of assurance from the board relating to quality of NHS services provided

The following are a series of statements that all providers must include in their Quality Account. (Not all of these statements are directly applicable to specialist palliative care (including hospices) providers.)

Review of services

During 2010/11 the Pilgrims Hospices in East Kent (PHEK) provided the following services (based on 3 sites: Canterbury, Ashford, Margate):

- In-Patient Units
- Day Hospice, including Living for Today programmes
- Out Patients
- Community Palliative Care Nurse Specialist Service
- Rapid response Hospice at Home Service (Canterbury throughout the reporting period, Margate from 1st July 2010, Ashford from 1st January 2011)

Pilgrims Hospices has reviewed all the data available to them on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2011/11 represents 34 per cent of the total income required to provide the services which were delivered by PHEK in the reporting period 2010/11.

Participation in clinical audits

National audits and confidential enquiries

During 2010/11, no national clinical audits and no national confidential enquiries covered NHS services that PHEK provides. The PHEK only provides palliative care. Therefore, during that period, the PHEK was not eligible to participate in any national clinical audits or national confidential enquiries. As the PHEK was ineligible to participate in the national clinical audits and national confidential enquiries, there is no list below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

Local clinical audits

Feedback on local audit implementation during 2010/11

The following audits were reported in the 2010 Quality Account and the outcomes have been implemented as follows:

Clinical Interventions in the Home
As a result of this audit all the clinical nurse specialists have been provided with a stethoscope and urinalysis sticks and have access to a sphygmomanometer (blood pressure machine), blood glucose machines and pulse oximeters (to measure oxygen).

Intravenous Line Management and Hospital Transfers
The outcome of these two audits has led to the completion of a training programme in IV management and blood transfusions. All contracted nursing staff who required the skills have been trained along with some bank staff.

Liverpool Care Pathway
Results were disseminated to the hospice site management teams. Re-audit will be pursued through the integrated governance programme on each site.

Infection Control
Cleaning hours have been revised and in some cases new cleaning staff employed to ensure a high standard of cleanliness. An monthly audit of commodes and sharps boxes has raised awareness and standards have measurably improved. Hand washing is also assessed monthly and this maintains a level of awareness that is beneficial.

Drug and Device Alerts
The new Policy with procedures for the management of drug and device alerts includes a template for monitoring the receipt and processing of drugs and device alerts to show any that apply to us have been dealt with. Following the implementation of the Policy a re-audit took place which provided evidence that Medical Drug and Device Alerts are identified and dealt with within the required time scale.

Completed Local Audits in 2010/11

Audit Title	Sample size and method	Participation	Recommendations
Infection Control	NATG* Tool to audit the entire patient area	All three sites	The issue of cleanliness in the patient areas was highlighted and we have provided additional resources to ensure cleaning services are available throughout the day and at week-ends.
Mattresses	Every mattress excluding those where patient is bed bound	All three sites	Normal maintenance and renewal only required
Accountable Officer for Controlled Drugs	The Accountable Officer's oversight is audited (NATG Tool)	The Accountable Officer	Oversight is sound. An email to be sent quarterly to consultants re: concerns

Completed Local Audits in 2010/11			
Controlled Drugs Management	All controlled drug registers, procurement books and records the habit of crossing out rather than bracketing errors to be improved	All three sites	•The name of practitioners to be recorded •The habit of crossing out rather than bracketing errors to be improved
Patient Preference Audits	All patients who were visited for the first time at home by a Clinical Nurse Specialist employed by the hospice group and died in an 6 month period	All three sites	The question will be seen as part of a wider assessment of preferences and future care planning.
Chronic lung disease management (non-cancer)	8 inpatients with chronic lung disease non-cancer who died in Thanet	Thanet Hospice and QEQM Hospital Margate	Close liaison with the acute hospitals may enable more of these patients to be transferred for terminal care Educational and practice initiatives should focus on advance care planning for patients in order to receive more appropriate care in the acute setting Improvements in documentation expecially of preferred place of care and death and action taken to meet emotional needs of patients and relatives.
Wound care formulary	20 Registered nurses and 15 health care assistants	All three sites	Provision of training and assessment for registered nurses and health care assistants including the new Hospice at Home staff.
Use of sedation	All 91 patients admitted to Pilgrims Hospices during April 2010	All three sites	Guidelines are being formalised

Completed Local Audits in 2010/11			
Bereavement Risk Assessment	Bereavement Risk Assessment for all patients (538) who had died in a four month period	All three sites	Adaptation of the medical software to ensure risk assessments recorded. Guidance reviewed and cascaded Bereavement risk/needs training to help build MCT confidence in process and utilisation of document.
As required (prn) prescribing	1 day snapshot of prescribing practices which included 45 patients	All three sites	Development of a PRN guideline and awaiting final approval and adoption.

*NATG refers to the National Audit Tools Group sponsored by Help the Hospices that produces audit tools for Hospice Inpatient and Day care units. Community Tools are also under development.

Research

The number of patients receiving NHS services provided or sub-contracted by PHEK in the period 1 April 2010 – 31 March 2011 that were recruited during that period to participate in research approved by a research ethics committee was 742.
National cross-cutting projects and initiatives aimed at improving quality – Pilgrims Hospices activity in National Portfolio Research studies:
Dr Claire Butler (Consultant and Director of Medicine and Research) is the chief investigator for a research project funded by the NHS, Research for Patient Benefit scheme (PB-PG-0808-16126). This evaluation of Pilgrims Hospices Rapid Response Hospice at Home Service is running over 29 months from 1st December 2009. The research is being delivered by a team from the PHEK and the Centre for Health Services Studies at the University of Kent. The project has received Ethics approval and is under the research governance systems of the East Kent Hospitals University NHS Foundation Trust.

Up to the end of this reporting period in March 2011, the study had registered 768 recruited patients onto the National Portfolio. This is a very high rate of patient recruitment, particularly to a study in Palliative Care.

The research has benefitted immeasurably from the support and input of a group of service users who have helped to shape and feedback on the research.

Other National Portfolio research studies

PHEK is screening patients (provided they are under a Consultant Oncologist) for participation in recruitment to National portfolio study:
Modafinil for the Treatment of Fatigue in Advanced Lung Cancer
Eudract Number: 2008-006486-88; Protocol Number: Modafinil/lung/01

Pilgrims Hospice Research Facilitation Forum
This group has been running since December 2008. It meets approximately quarterly with email communication in-between.

It provides a research governance function for the organisation in addition to encouraging and facilitating research.

During the period of this report, research activity at Pilgrims has been growing steadily.

Academic Consultant Post
In September 2009, PHEK appointed a new post of Consultant/Research fellow with a special interest in non cancer Palliative Care. The post is half clinical and half academic, based at the Centre for Professional Practice, University of Kent.
The post holder, Dr Declan Cawley, has registered for a PhD at the University of Kent in a project relating to the palliative care needs of patients with chronic lung disease. Drs Hilary Pinnock, Jenny Billings and David Oliver are supervising the project which is making excellent progress.

Research Nurse
On 9th August 2010, the local Comprehensive Research Network seconded a Palliative Care Research Nurse (the first in Kent and Medway), Mrs Rose Ward, to work at Pilgrims to support the Hospice at Home research project and to develop further research activity in collaboration with other centres across the country.

Summary of published audit/research/completed MSc dissertations 2010/11
(Pilgrims staff highlighted in bold)

Cawley D. COPD and palliative care. Editorial for PulsePlus (In press)

Cawley D, Waterman D, Roberts D, Caress AL. A qualitative study exploring perceptions and experiences of patients and clinicians of Palliative Medicine Outpatient Clinics in different settings. Palliative Medicine 2011

Cawley D, Mitchell K. Medical emergencies, hospice vs. hospital: who wins.
European Journal of Palliative Care 2011; 17(6):

Dand P, Sakel M. The management of drooling in motor neurone disease. Int J Palliat Nurs . 2010 Nov; 16 [11] : 560-564.

Phillips TJC, Cherry CL, Cox S, **Marshall SJ**, Rice ASC, 2010 Pharmacological Treatment of Painful HIV-Associated Sensory Neuropathy: A Systematic Review and Meta-Analysis of Randomised Controlled Trials. PLoS ONE 5(12): e14433. doi:10.1371/journal.pone.0014433
Thorns A, Cawley D. Palliative care in people with chronic obstructive pulmonary disease. BMJ 2011 Jan 24;342.

Thorns A. Ethical and legal issues in end-of-life care. Clin Med. 2010 Jun;10(3):282-5.

Thorns A, Garrard in Ellershaw J, Wilkinson S. Ethical issues in care of the dying. Care of the dying. A pathway to excellence 2nd Ed. OUP. Oxford. 2010

Walters G, **Fisher S**, (2010) The development and audit of a spiritual care policy used across three hospices in England. Int J Palliat Nurs . 2010 16 (3): 327-332

Quality improvement and innovation goals agreed with our commissioners

PHEK NHS income in 2010/11 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

An agreed framework for reporting performance to the commissioners is being implemented for the financial year 2011/12.

What others say about us

Statements from the CQC

Pilgrims Hospices is required to register with the Care Quality Commission (CQC) and has gained appropriate registration status agreed by the CQC. PHEK has no conditions imposed on its registration.

The Care Quality Commission has not taken any enforcement action against the PHEK during 2010/11.

Pilgrims Hospices has not participated in any special reviews or investigations by the CQC during the reporting period.

Registered provider visits

As part of the requirements of CQC registration, the Chairman of Trustees undertakes an annual provider visit to each hospice.

The reports this year included the following statements:

“I, Dr Richard Morey as Chairman of the Board of Trustees undertook visits to all three Pilgrims sites on:

• 23rd February 2011, Pilgrims Hospice Ashford
• 6th April 2011, Pilgrims Hospice Canterbury
• 20th April 2011, Pilgrims Hospice Thanet”

“I am able to report the building fabric is in good order in all three hospices.

General Themes from all units.

• There is much better cooperative working across boundaries; in-patient/community/day hospice.
• I welcomed a greater acceptance of more out patient and domiciliary visits.
• There was a significant appreciation of the benefits of the IT infoflex system especially for meetings and out of hours work.
• An overall increase in morale and a welcoming of new management structure.
• I noticed a keenness to develop an Integrated Model of Community Palliative Care.
• Some anxiety was expressed about late referral of patients from both primary and secondary care.
• There was a general appreciation of the need for nurses cross-working between departments.
• I detected a willingness to develop nurse prescribing.
• There has been an increase in up-skilling of our nurses.
• Most of our CNS staff are finding GSF meetings at GPs surgeries helpful.
• There is a need to develop our volunteer base more efficiently.
• We must expand and increase Day Hospice care with respite day care running alongside programs.
• There was a recognition that it would be of benefit to integrate the Rapid Response Hospice at Home service with other community services.
• I welcomed more efficient catering management and ordering processes.
• Patients /relatives and carers were very appreciative of care, commenting on our staff and volunteers having a vocation for their tasks.”

Dr Richard Morey

Data quality

In accordance with agreement with the Department of Health, the PHEK submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. The PHEK provides the MDS to the local Primary Care Trust.

PHEK has been accredited and has maintained an N3 connection which required the satisfaction of 29 requirements which are specified in the NHS Information Governance toolkit for third party business partners which includes hospices.

The Payment by Results clinical coding system is not applicable to PHEK services.

Part 3

Review of Quality Performance

Clinical Governance system development to Integrated Governance system

At the end of 2010, the previous system for Clinical Governance came to an end and was replaced by a hospice site-based system of Integrated Governance.

Integrated governance operates weekly at each of the three hospice sites on a 12-week cycle.

The system:
- monitors the performance of the hospice ensuring excellence of care and a focus on patient safety
- provides direction for the operational strategy of the hospice
- integrates the hospice with internal and external organisations
- acts as a forum for local decisions.

The topics covered by the integrated governance cycle are as follows:

Clinical risk - To review all clinical incidents; To identify key risks, how they can be minimised and to identify learning; To identify and manage potential risks; To translate where necessary risk into policy or procedures to support the reduction of the identified risk.

Clinical practice - To ensure policies, procedures, guidelines and protocols are updated with regular audit to identify gaps in practice; To provide an ongoing assessment of the local audit programme and the impact on clinical/non clinical care.

Infection control and wound care management - To oversee the development and implementation of a hospice-wide plan to ensure all staff are updated and trained in infection control issues; To ensure that infection prevention and control are at the core of all hospice practice; To provide a forum for wound care management to be optimised within the hospice; To review issues and risks identified within our patient /carer group; To consider supportive equipment requirements and support ongoing wound care management.

Complaints and information governance -To formally review and report on all complaints; To extract and disseminate appropriate outcomes; To disseminate information changes or new rules; To ensure we are meeting the required standards for information governance; To review any concerns around information governance.

Medicines management - To review all medicines management issues/incidents; To identify key risks, how they can be minimised and to identify learning; To identify and manage potential future risks; To consider any recent MHRA/NPSA notices and confirm actions for these.

Spirituality and user focus - To ensure there are clear pathways to feedback on patients/family experience of care and learn from it; To ensure that existing and new services are responsive to patient and carer needs. Ensure that the holistic needs of staff and stakeholders are met.

Training and development - To devise, implement and monitor the Hospice's training programme; To approve for the board staff applying for external training courses; To monitor appraisal performance.

Health and safety - To review and report on all health and safety issues relevant to the Hospice premises, staff, patients and visitors.

Finance and operations - review and report on all patient activity and management accounts

Human Resource management - To review and report on all recruitment and retention activity and key HR issues; To ensure recruitment, management and retention of volunteers.

Marketing, communications and fundraising - To provide a platform to build the reputation and activity of the hospice within the local community; To ensure the hospice enables choice to patients and their carers whilst providing high quality care; To provide a platform to build the local fundraising requirements for the local hospice community; To provide a platform to patient/carer support groups as well as local fundraising within the local community. To ensure the hospice income is maximised with the fundraising teams having suitable support from clinicians and the senior management team in helping the wider community understand our core business.

Quality Report for Education & Training

For 2010-11 the education & training department identified gaps in the provision of mandatory & statutory training completions by site & staff group. A significant effort was put into providing the relevant training sessions and ensuring that staff attended.

Evidence suggests a vast improvement for training completions in several areas, including: Infection Control, Induction Training, Infoflex training and Moving & Handling of people. Reviewing the progress from last year has highlighted the limitations of the current database systems in place for Education & Training to accurately record & report on staff training completions. We therefore are working with the Director of Finance and the IT department to identify a more effective database system, to ensure future reporting requirements are more easily met.

Patient Safety

Hospital acquired infections and outbreaks, 1 April 2010 – 31 March 2011

Pilgrims Hospice site	Outbreak of infectious illness	MRSA	Clostridium difficile	E. coli bacteraemia
Ashford	None	5 cases: 4 transferred from hospital sector with MRSA, 1 admitted from home with MRSA	2 cases – both admitted from home with diarrhoea	None
Canterbury	None	4 cases: all present on admission to the unit	2 cases – both antigen positive, toxin negative	None
Thanet (Margate)	None	None	None	None

Critical incidents reported 1st April 2010 – 31st March 2011

	This reporting year 1 April 2010 – 31 March 2011 48 beds available	**Last reported year for comparison** 1 December 08– 30 November 09 56 beds available
Patient accidents	135 (2.8/bed/year)*	219 (3.9/bed/year)*
Near miss	0	2
Other critical incidents	6	6

*N.B. These data do not take account of occupancy levels

Patients near the end of their lives for whom quality of life and freedom of expression are important should not be unduly restrained. Whilst some falls may well be unavoidable, it is incumbent on the organisation to prevent injury and loss of confidence to patients and distress to loved ones.

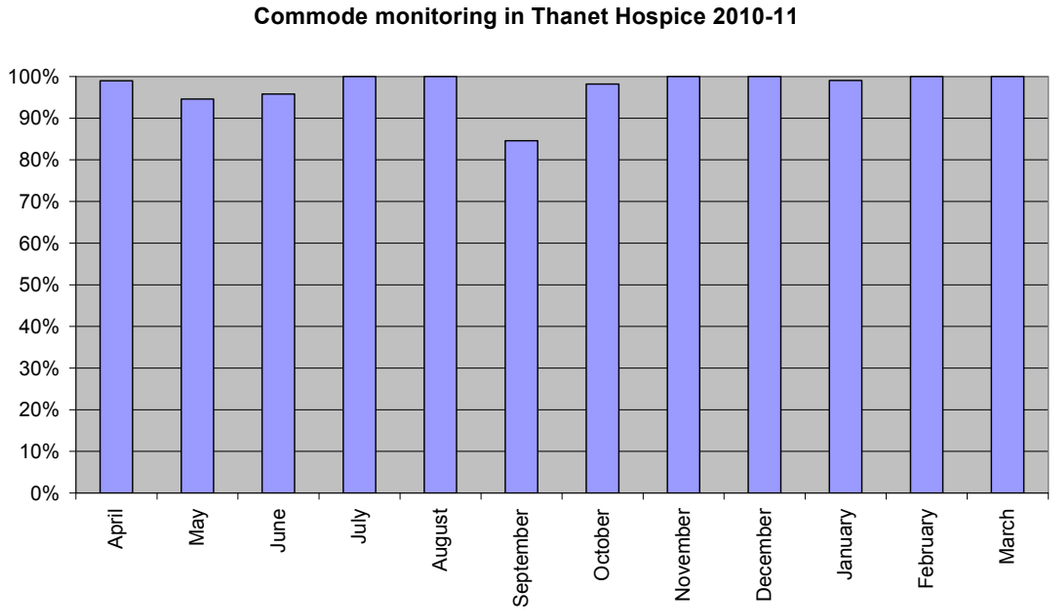
During this reporting period, PHEK has introduced a new falls toolkit for assessing and recording the risk of falling; it is hoped that this will further reduce avoidable falls.

Medication incidents and errors on hospice inpatient units

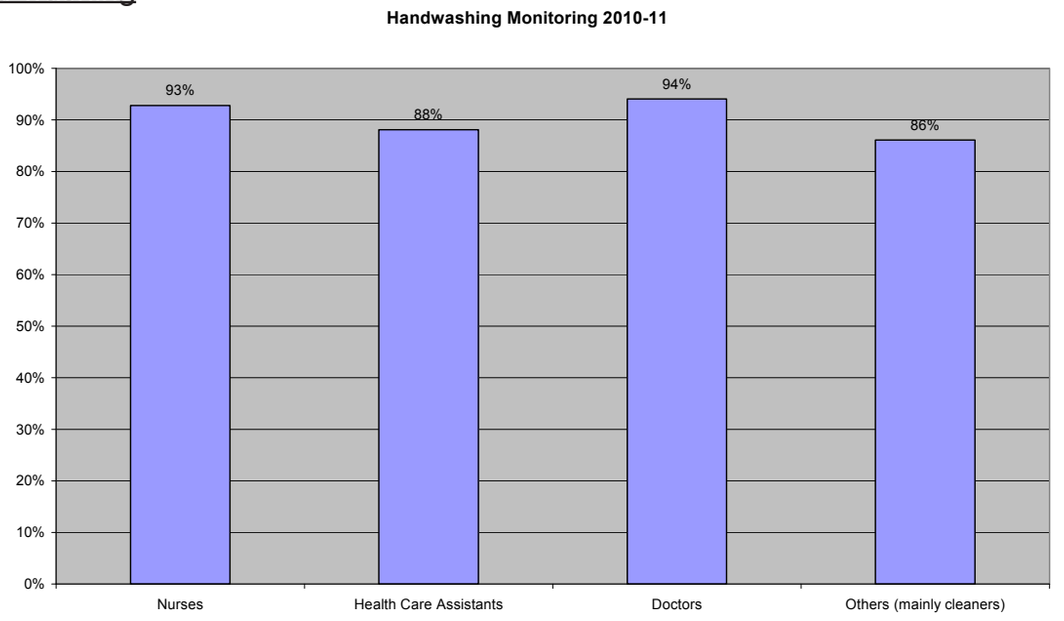
During the period April 10 - end March 11 there were 1.45 errors per occupied bed per year reported to the Medicines Management Group (as compared with 1.48 in the previous year). This figure compares favourably with a benchmarking exercise undertaken in 2009 (see References below).

During the reporting period, we have been auditing some areas of particular importance to patient safety on a monthly basis.

Cleanliness of commodes



Staff hand-washing



Hand washing is an important method of preventing cross infection on the inpatient units and is therefore monitored monthly across the organisation.
The results of monitoring are fed back to staff to improve practice.

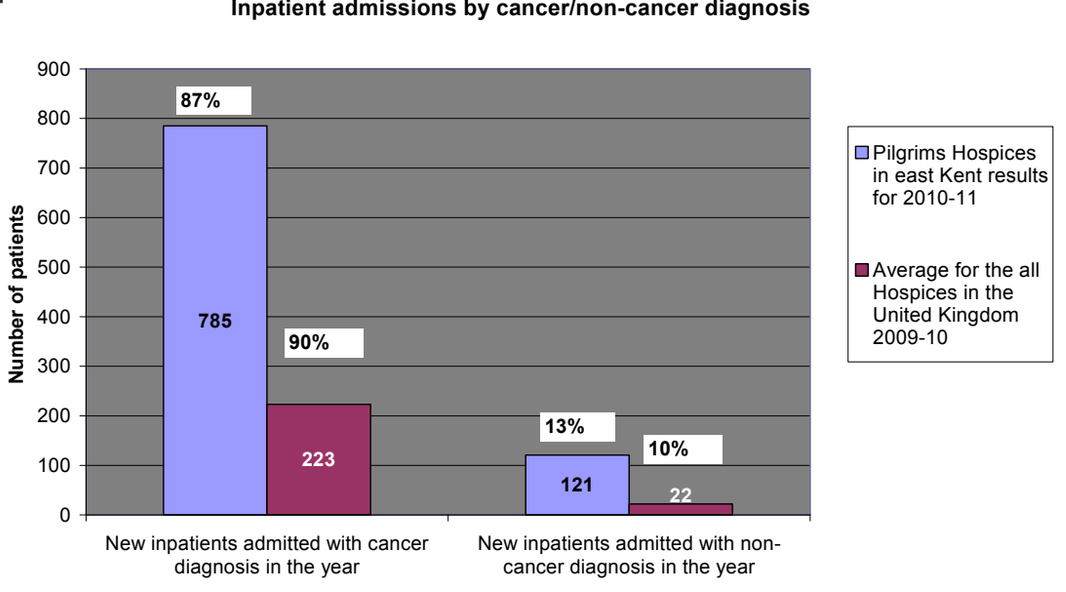
Clinical Effectiveness

Many issues of clinical effectiveness have been presented in Part 2 of this report.

The National Council For Palliative Care: Minimum Data Sets For Palliative Care Pilgrims hospices returns for 2010 – 2011

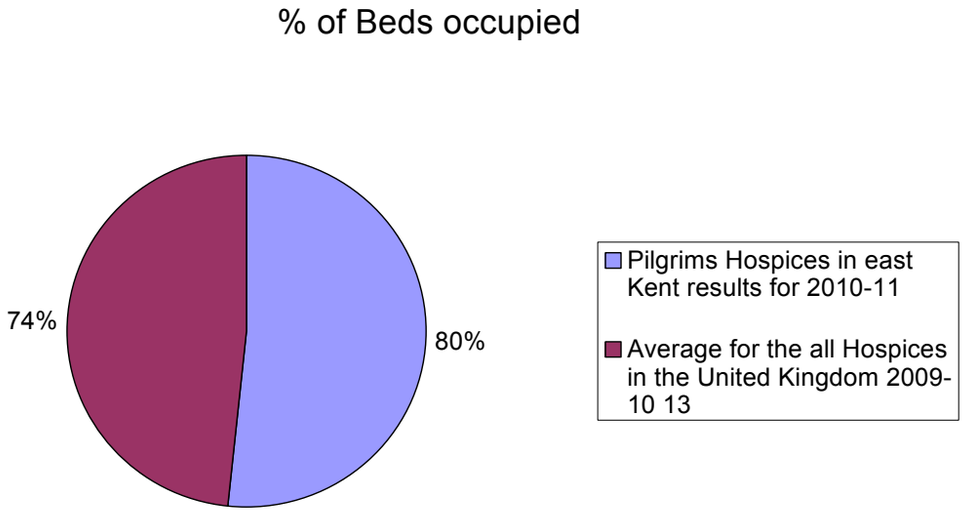
This data is presented with data from all UK hospices for comparison.

Inpatients - The comparison is with the 143 hospice inpatient units with on average 13 beds compared with Pilgrims which has 48 beds, 16 at each of our three sites. Pilgrims is one of the largest hospices in the UK.



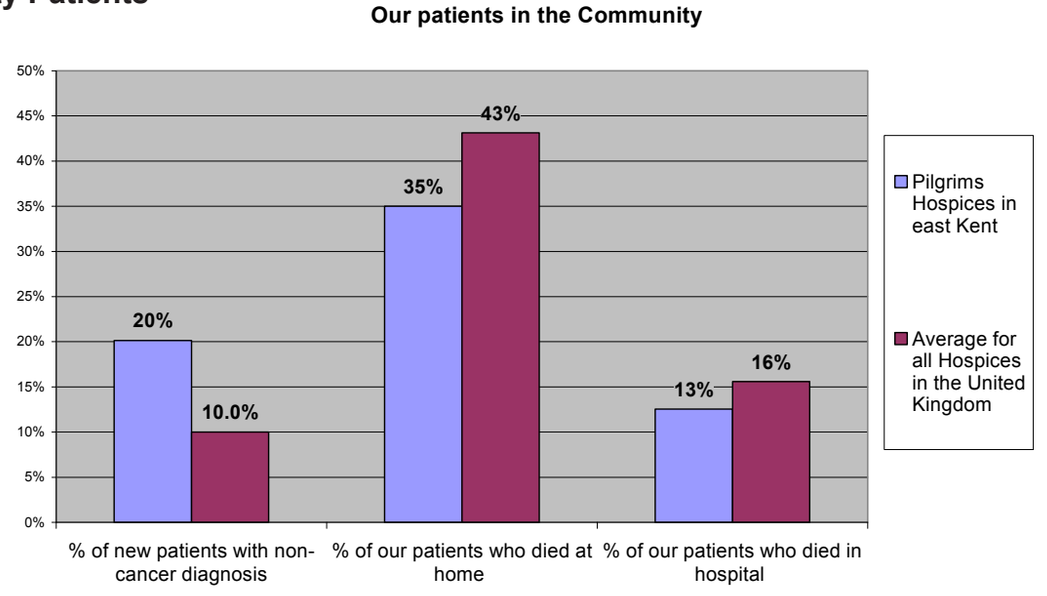
The percentages refer to the percentage of total new patient admissions to the hospice units in the year.

Our outreach to non-cancer inpatients is greater than other hospices in the UK. This chart reflects the larger size of our inpatient units.



We have increased the number of inpatients in proportion to available beds in our units from a little under 70% to 80%. This is a reversal from below the national average for hospices to significantly above it.

Community Patients

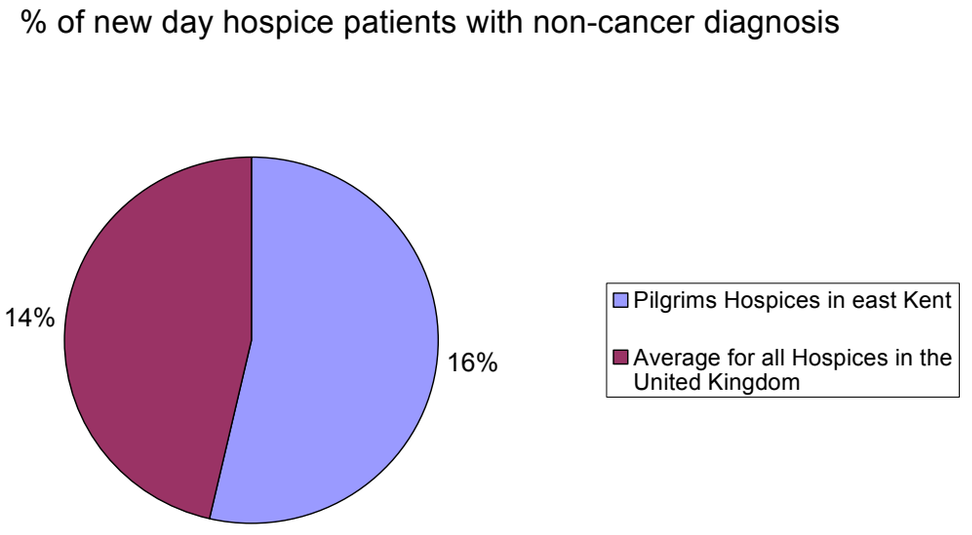


The percentage of newcomers to Pilgrims who are non-cancer patients is even higher amongst those we care for in the community.

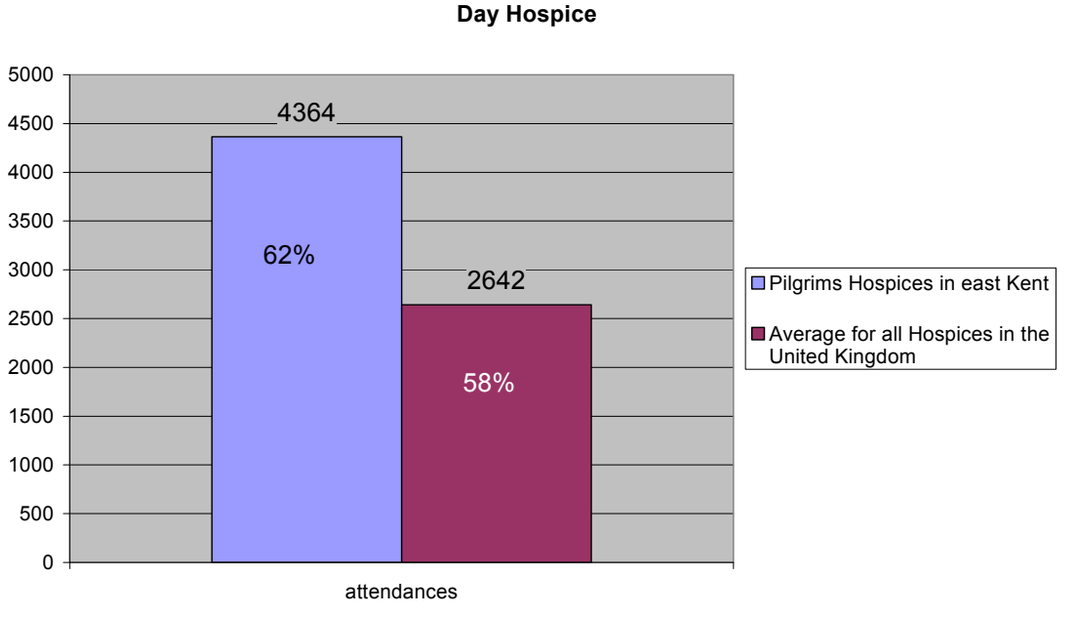
The percentage of Pilgrims patients dying at home has increased from 30% in 2008/9 to 35% in 2010/11.

The number of our patients who die in Hospital (13%) is less than the national picture (15.6%).

Day Hospice Patients



In common with our other services we are expanding our services to the many people who have a non-cancer terminal disease.



Day Hospice attendance at PHEK has increased from 55% to 62% of available places.

Patient Experience

Patient satisfaction with PHEK services

During the period, Pilgrims has been conducting short questionnaires with all our inpatients and invited comments (as part of the Productive Ward programme). Most have been complimentary with a few which have required our attention. The three statements below are typical of positive comments received:

“The stay here was a very calming influence on myself. I now feel I have somewhere to turn when days are dark and people are there to help. All in all I feel much more relaxed about times to come. All the volunteers too deserve praise for their excellent work. Thank you all”

“The doctors and nurses gave me back something else, not only made me feel better physically. They helped me with my mental state. I will go home feeling much stronger. I cannot fault my treatment or praise ALL the staff highly enough””

“Could not fault any aspect of my stay from the cleaners, cooks nursing staff and Drs and of course the volunteers and poor (another patient) who had to put up with me when I was down”

A National Patient Survey provided by Help the Hospices for our Inpatients on discharge and Day Hospice patients was conducted starting on the 1st September 2010 until the end of April 2011. At least 50 completed inpatient and 50 day hospice patient are required to be returned to the Centre for Health Studies at the University of Kent. This is a benchmarking exercise with other hospices. We have achieved our target of 50 in each category and await the report from the Centre in October 2011.

Complaints

The organisation has a robust complaints procedure including the collection of verbal complaints to ensure that issues of concern are investigated and dealt with at an early stage.

Analysis of written, formal complaints dated 1/4/10 – 31/3/11

9 written complaints relating to clinical services were recorded of which 7 were fully or partially upheld following investigation. The categorisation of each complaint may include more than one category.

Category		Number of complaints upheld
1	communication professional to professional	1
2	clinical care	1
3	communication professional to patient/carer	2
5	facilities issues/ administration	4
8	Placement issues	1

Themes and actions

Clarity of communication and understanding of hospice services and systems were issues. The hospice operates in a wider healthcare system and it is not always clear to users which elements of services the hospice is responsible for.

Letters and Cards received at Pilgrims Hospices

It is a source of great pleasure and satisfaction to staff and volunteers alike when patients and/or their families write to thank the organisation for its services. Approximately 150 such letters and cards are received across the sites each month and these are shared widely and displayed on notice boards. We also get regular feedback from our website contact email address and comments on news articles as well as via Facebook and Twitter.

What the PCT says about the organisation

What the LINks say about the organisation

What the overview and scrutiny committee say about the organisation

References

Taylor N, Fisher S, Butler C. Benchmarking medication errors in hospices. Palliative Medicine 2010;24(3):350-1.

Fundraising 2010/11