MISSION STATEMENT:

ENABLING COMPASSIONATE CARE ON THE JOURNEY TO END OF LIFE

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Part 1:

**Chief Executive Statement:**

Chief Executive’s Statement

"It’s in the little things that we make a difference". Our approach to care and thus to quality is summed up in this simple statement made by one of our many staff at Trinity Hospice and Brian House Children’s Hospice. An extra few minutes to listen, a supportive hand at the right time, a cup of tea and some space for reflection - it is in these little things and that attention to detail that our approach to quality is set. I am pleased to say that our surveys indicated that nearly 88% of patients felt ‘very satisfied’ with their care and this is a testament to the passion and commitment provided by our staff and volunteers.

This is our first Quality Account which provides an insight into our work over the past year in the areas of patient safety, clinical effectiveness and patient experience. We also set out some of our plans for the coming year committed to the principle of continuous improvement. We do so during particularly challenging financial times and we are committed to ensuring the quality of our care stays at very high levels. Nevertheless, for the past two years our annual state funding has reduced in real terms and now covers less than 1/3rd of the total costs of running the two hospices. As a local charity, we have to raise over £4.5m from local people each year to provide the excellent care we are renowned for. This is proving challenging at present and local support is vital to our continued success.

The trustees of our charity are also committed to furthering patient care. Clinical Governance is regularly discussed at Board Meetings. Additionally, a Clinical Governance Committee and a Children’s Committee are in place to formally review quality and compliance throughout the year. Both here, and at management level, we continue to review our approaches to learning to support further quality improvements. We are developing new ways of engaging our users in dialogue to gain further insights and actions.
During 2011-12, we particularly focussed on:

- Improving prescribing with new procedures, and:
- The introduction of new syringe drivers;
- We also completely refurbished our Children’s Hospice Sensory Room to enhance their care and experience;

Our plans for 2012-13 include:

- Upgrading our Day Therapy facilities & redesigning the service to provide a more ‘bespoke’ experience;
- Improving our clinical communications through further use of our SystmOne patient record and management system; and
- Further improvements to our approach to managing medicines.

I hope you will enjoy reading our first report. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by both our hospices.

We remain committed to our mission "Enabling Compassionate Care on the Journey to End of Life". Our new business plan adds a new vision to this which we believe with partners is achievable - "By 2020, everyone on the Fylde Coast has access to good end of life care and a good death”. Again, it will be with the commitment and focus on the ‘little things’ that we can collectively achieve a transformational difference.

David Houston

Chief Executive

May 2012
Part 2: Priorities for Improvement and statements of assurance from the Board (in regulations)

1. Improvement

The Board of Trustees continues to support the continuous development and improvement of its services to ensure that the care and support it provides evolve to meet patient and carers needs.

The priorities for quality improvement we have identified for 2012 /13 are set out below. The priorities we have selected will impact directly on each of the three priority areas; patient safety, clinical effectiveness and patient experience. Due to time restraints in meeting the Department of Health’s revised guidelines for hospices, we have been unable to identify our priorities with patients, and carers and stakeholders through focus groups, but have taken advantage of feedback from patient surveys along with discussion with members of the clinical leadership group (CEO and lead clinicians) and trustees. As this is the first year that we have produced a Quality Account we would hope to improve our engagement with patients and families in future years.

1a Priorities for improvement 2012 – 2013

Patient Safety

<table>
<thead>
<tr>
<th>Priority One: Improve safety around the management of medicines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review our current prescription sheet and incidents reported. Develop and implement changes to improve prescribing and reduce errors, thus further reducing risk to patient safety</td>
</tr>
</tbody>
</table>

How was this identified as a priority?

A small number of prescribing errors were noted by our pharmacist at her weekly review, incident reports and discussions with nursing and medical team.

How will priority one be achieved?

Identify a lead to form a small task and finish group. Create an action plan with realistic dates for achievement.
How will progress be monitored and reported?

Action plan completed. A reduction in the number of prescribing errors, because of improved prescribing.

Clinical Effectiveness

Priority Two: The Use of SystmOne to improve clinical communication.

The improvement of clinical communication will be achieved in a number of ways:
- Process maps in place for referral process to Clinical Nurse Specialist team.
- Letters from Clinical Nurse Specialist team to GP's and District Nurse contain more information and are received more speedily.
- The development of a template to use at the Multi-Disciplinary Team Meetings (MDTs) to record all of the Advance End of Life Tools.
- Admission and Discharge letters completed by Doctors, with more information than previously.

How was the priority identified?

Acknowledgement of the need to improve clinical communication and the further development of usage of SystmOne, which would enable the hospice to communicate more effectively but also gather information on our activities. It will also support the new Cancer Peer Review Measures.

How will the priority two be achieved?

SystmOne user group to develop templates and letters, and support staff in training and usage of the system.

How will progress be monitored and reported

User group to meet regularly until tasks achieved

Patient Experience

Priority Three: Up graded patient facilities and redesign of services in the Day Therapy Unit

The upgrade of facilities will enable patients with increased complexity with reduced independence to attend the Day Therapy Unit, thus improving the quality, accessibility and flexibility of the service, for more patients. The redesign of the service will enable patients and carers to access the unit in a way that best suits them, and can ‘pick and mix’ according to individual needs.
How was the priority identified?

Feedback from patients and carers and drop in patient numbers

How will priority three be achieved?

By undertaking the refurbishment of the day unit to ensure that it is fit for the vision for enhanced day care.

How will progress be monitored and reported?

Patients’ and carers’ feedback. Review of number of patients attending Day Care.

1b Priorities for improvement 2011 – 2012

This is the first Quality Account produced by Trinity Hospice and Palliative Care Services, and therefore no priorities were identified but we have reflected back on areas of improvement achieved.

Patient Safety

<table>
<thead>
<tr>
<th>Priority One:</th>
<th>Safer Ambulatory Syringe Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>A National Patient Safety Alert issued in December 2010 required palliative care users of syringe drivers to move to a safer ambulatory model with an action plan in place before December 2011, to reduce risks to patients.</td>
<td></td>
</tr>
<tr>
<td>By October 2011 all staff trained in the use of the new Safer Ambulatory Syringe drivers and smooth transition achieved.</td>
<td></td>
</tr>
</tbody>
</table>

- Develop a ‘purchase for safety initiative’, considering the following safety features before ambulatory syringe drivers were purchased:
  - Rate settings in millilitres (ml) per hour;
  - Mechanisms to stop infusion if syringe is not properly and securely fitted;
  - Alarms that activate if the syringe is removed before the infusion is stopped;
  - Lock-box covers and /or lock out controlled password;
  - The provisions of an internal log memory to record pump events.
• Agree an end date to complete the transition between existing ambulatory syringe drivers and ambulatory syringe drivers with additional safety features.

• Steps were taken to reduce the risks of rate errors while older type devices were being used. Steps taken to reduce the risk during the transition period which included training and reviewing and updating policies.

**Clinical Effectiveness**

**Priority Two:**

**The Development of Prescribing Procedures:**

- Safe Prescribing of Medicines
- In-Patient Prescription of Strong Opioids
- In-Patient Prescription of End of Life Drugs
- General Symptom Control in Palliative Care

The procedures outline the requirements for safe in-patient prescription writing, and so aim to support and promote good practice, whilst minimising the risk to patients from poor prescription writing.

• The development of a resource file was felt to be a good tool to support medical staff and medical students on a training placement with the hospice, whilst reducing risk around medicines management.

• The Resource file was developed through the Clinical Leadership Group (CEO and lead clinicians), acknowledging that prescribing in palliative care is highly complex and must be individualised to each patient, but setting out some general principles which should guide each prescribing decision.

• Information contained in the resource file is reviewed every six months to ensure up to date.
Patient Experience

Priority Three:

The Refurbishment of the Sensory Room in Brian House Children’s Hospice part of Trinity Hospice and Palliative Care Services.

Brian House will provide sensory equipment which supports interaction, discovery and communication.

- Brian House Children’s Hospice opened in December 1996 with cutting edge multi-sensory technology. Over time, the equipment has become difficult to maintain and was no longer state of the art.

- Clinical evidence has shown that children and young people with multiple complex needs suffer sensory deprivation, affirming the need for sensory stimulation. There is growing consensus backed by evidence that the sensory pathway is a prime route to effective communication and increased happiness, enjoyment, relaxation, communications, increased awareness of the environment facilitating choice for the most complex child/young adult.

- The aim of the project was to provide sensory equipment which supports interaction, discovery and communication; this in turn encourages expression, fun, play and exploration through light, sound and tactile experience, once again providing cutting edge technology.

- The project was only possible given generous donations from our community, and all the children attending Brian House are benefiting from the improved facilities.
Brian House Children’s Hospice Sensory Room
2. Statement of Assurance from the Board.

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations of what these statements mean are also given.

2a. Review of Services

- During 2011/12 Trinity Hospice and Palliative Care Services supported NHS Blackpool and NHS North Lancashire’s commissioning priorities with regard to the provision of local specialist palliative care by providing:
  - In – Patient Unit
  - Clinical Nurse Specialist Hospital
  - Clinical Nurse Specialist Community
  - Day Therapy
  - Lymphoedema
  - Bereavement and Counselling Services
  - Occupational Therapy
  - Physiotherapy
  - Social Worker
  - Complementary Therapy
  - Brian House Children’s Hospice (grant 64 funding)

Trinity Hospice and Palliative Care Services as a registered charity only receive 33% of the total cost of running the above services from the Department of Health and Primary Care Trusts. The remaining £4.5million pounds of costs were funded by charitable fundraising.

2b Participation in Clinical Audit

- During 2011/12 no national clinical audits or confidential enquiries covered NHS services provided by Trinity Hospice and Palliative Care Services.

- During that period Trinity Hospice and Palliative Care Services participated in no national clinical audits and no confidential enquiries of the national clinical audits and national confidential enquiries as it was not eligible to participate in any way.

- The national clinical audits and national enquiries that Trinity Hospice and Palliative Care Services participated in during 2011/12 are as follows: **NONE**

- The national clinical audits and national confidential enquiries that Trinity Hospice and Palliative Care Services participated in during 2010/11 are as follows: **Not applicable**
The national clinical audits and national confidential enquiries that Trinity Hospice and Palliative Care Services participated in and for which data collection was completed during 2011/12 are listed 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 that audit or enquiry:

- **Not applicable**

The reports of 0 national clinical audits were reviewed by the provider in 2011/12. This is because there were no national clinical audits relevant to the work of Trinity Hospice and Palliative Care Services.

Trinity Hospice and Palliative Care Services was not eligible in 2011/12 to participate in any national audits or national confidential enquiries and therefore there is no information to submit.

**What this means:**

As a provider of specialist palliative care, Trinity Hospice and Palliative Care Services is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2011/12 audits or enquiries related to specialist palliative care. The hospice will also not be eligible to take part in any national audit or confidential enquiry in 2012/13 for the same reason.

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**2c. Research**

The number of patients receiving NHS services provided or sub-contracted by Trinity Hospice and Palliative Care Services in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was **NONE**.

**2d. Use of the CQUIN payment framework**

Trinity Hospice and Palliative Care Services were not conditional on achieving quality improvements and innovation goals through the Commissioning for Quality and Innovation payment framework.

**2e. Statement from the Care Quality Commission**

Trinity Hospice and Palliative Care Services are registered with the Care Quality Commission and are registered to carry out the following regulated activity:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely
The Care Quality Commission has not taken enforcement action against Trinity Hospice and Palliative Care Services during 2011/12.

Trinity Hospice and Palliative Care Services have the following conditions on registration:

- The registered provider must ensure that the regulated activity registered are managed by an individual who is registered as a manager in respect of the activity, as carried on at or from Trinity Hospice and Palliative Care Services.

All standards were found to be met following our assessment of declaration and evidence supplied by use during registration. No onsite assessment has taken place during this period.

2f. Data Quality

Trinity Hospice and Palliative Care Services did not submit records during 2011 /12 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Trinity Hospice and Palliative Care Services submit a National Minimum Dataset (MDS) to the National Council for Palliative Care, and Children’s Hospice Mapping Data. The MDS are shared with the local PCT’s.

2g. Information Governance Toolkit attainment levels

Trinity Hospice and Palliative Care Services Information Governance Assessment Report overall score for 2011/12 was not assessed, as previously it has not been required. The PCT’s are now requesting that we complete this assessment, and an action plan is to be developed to ensure that we are compliant with the Connecting for Health’s standards, and provide patients with the confidence that their information is being dealt with safely.

2h. Clinical coding error rate

Trinity Hospice and Palliative Care Services was not subject to the Payment by results clinical coding audit during 2011/12 by the Audit Commission. This is because Trinity Hospice and Palliative Care Services receive payment via grant and not through tariff and therefore clinical coding is not relevant.

Trinity Hospice and Palliative Care Services as a registered charity only receive 33% of the total cost of running the above services from the Department of Health and Primary Care Trusts. The remaining £4.5million pounds of costs were funded by charitable fundraising.
The National Council for Palliative Care (NCPC): Minimum Data Sets (MDS)

We have chosen to present information from the NCPC minimum data set which is the only information collected nationally on hospice activity. The figures below provide information on the activity and outcomes of care for patients.

**Trinity Hospice and Palliative Care Services**

<table>
<thead>
<tr>
<th>Inpatient Unit Service</th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of new admissions</td>
<td>337</td>
<td>362</td>
</tr>
<tr>
<td>Total number of re-admissions</td>
<td>80</td>
<td>58</td>
</tr>
<tr>
<td>Total number of admissions</td>
<td>417</td>
<td>420</td>
</tr>
<tr>
<td>% bed occupancy</td>
<td>67.2%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Number of patients discharged</td>
<td>151</td>
<td>139</td>
</tr>
<tr>
<td>Number of deceased patients</td>
<td>267</td>
<td>282</td>
</tr>
</tbody>
</table>

Activity on the inpatient unit remains at the same level. We reviewed the number of admissions and bed occupancy figures and confirmed our status as a 20 bed inpatient unit from September 2011, which has enabled us to reduce our staff costs without affecting the quality of the service. The patients and families that access the inpatient unit require the highest level of specialist care due to the complexity of their disease.
### Day Therapy Unit

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of New Patients</td>
<td>95</td>
<td>99</td>
</tr>
<tr>
<td>Day care Sessions</td>
<td>225</td>
<td>228</td>
</tr>
<tr>
<td>Day care Places</td>
<td>3375</td>
<td>3420</td>
</tr>
<tr>
<td>Day Care Attendances</td>
<td>1928</td>
<td>1925</td>
</tr>
<tr>
<td>Day Care Non Attendances</td>
<td>811</td>
<td>938</td>
</tr>
<tr>
<td>Number of discharged patients</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td>Number of deceased patients</td>
<td>46</td>
<td>59</td>
</tr>
</tbody>
</table>

Activity within the Day Unit remains static at this time.

### Clinical Nurse Specialist Team Hospital / Community

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of patients seen by Hospital Team</td>
<td>789</td>
<td>813</td>
</tr>
<tr>
<td>Total Number of patients seen by Community Team</td>
<td>1235</td>
<td>1249</td>
</tr>
</tbody>
</table>

The total number of patients seen remains steady. Once patients specialist palliative care needs are resolved the patients are discharged back to the primary care team, but can if the need is required be referred back to the team.

### Lymphoedema Service

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of patients seen</td>
<td>208</td>
<td>203</td>
</tr>
<tr>
<td>Total Number of referrals ended</td>
<td>117</td>
<td>240</td>
</tr>
</tbody>
</table>

The total number of patients seen remains steady, but following a review of working practices we have been able to discharge far more patients.
The Linden Centre continues to support both adults and children both pre and post bereavement with both group support and individual support.

### Linden Centre Services

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Referrals for Counselling</td>
<td>548</td>
<td>344</td>
</tr>
<tr>
<td>Number of Referrals for Cascade</td>
<td>216</td>
<td>108</td>
</tr>
</tbody>
</table>

### Brian House Children’s Hospice

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new Children assessed</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Number of children discharged from service or deceased</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Number of available beds</td>
<td>1428</td>
<td>1448</td>
</tr>
<tr>
<td>Actual bed occupancy</td>
<td>1295</td>
<td>1343</td>
</tr>
<tr>
<td>% Bed Occupancy</td>
<td>90.7 %</td>
<td>92.7 %</td>
</tr>
<tr>
<td>Day Care Available</td>
<td>1428</td>
<td>1448</td>
</tr>
<tr>
<td>Day Care Attendances</td>
<td>923</td>
<td>1117</td>
</tr>
<tr>
<td>% Day Care Attendance</td>
<td>64.6 %</td>
<td>77.1%</td>
</tr>
<tr>
<td>Number of Days Use of Quiet Room</td>
<td>78</td>
<td>75</td>
</tr>
</tbody>
</table>

Brian House continues to support children, young people and families from our local community with both respite care and end of life care. The care cost of £1.3m is funded mainly through charitable donations as the only statutory funding we receive is a small annual emergency grant from the Department of Health of approximately £190,000.
Our Participation in clinical audits

Every year Trinity Hospice and Palliative Care Services produce a Qualitative and Quantitative Audit Report.

Below is a selection of audits undertaken together with their outcomes:

- In patient unit questionnaire, which showed that 80% of our patients found the information booklet informative. We were keen to improve this figure, so we have revised the information booklet to make it more patients focussed.
- Prevention and Control of Healthcare Associated Infections Audit – a hospice wide audit utilising the Help the Hospices National Audit Tool to provide evidence that the management of their service is compliant with The Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Healthcare associated Infections. The audit showed compliance between 81% and 100%. The findings were used to develop an action plan for further improvement, and will be re-audited next year.
- An audit using the Help the Hospices audit tool on General Medicines showed a compliance of between 92% - 100%.

Feedback from patients and families on services.

We value the feedback that we receive from patients and families as this gives us the opportunity to identify issues, resolve problems and improve the quality of the care we provide. We took part in a patient survey undertaken by the University of Kent and Help the Hospices between September 2010 and May 2011. Additionally, we carried our own patient satisfaction survey. We do recognise that both these surveys had lower returns than we would like and put some of this down to the severity of the patient’s illness. Nevertheless, we will strive to look at new ways to gather information about our service.

How satisfied were you with your involvement in planning your care?

Very satisfied 87.5%

When you had a question about your treatment and care, did you receive answers that you could understand?

Always 92.2%

Did you feel that you were treated with respect and dignity?

100%

Did you feel privacy needs were met in the hospice?

87.5%
How clean did you find the hospice?

Excellent 100%

Some comments made by patients:

'The level of support is 1st class’
'Just the serenity of the hospice for families and friends, the staffs are sensitive and supportive.’

What our staff says about the organisation

The Hospice takes part in an annual staff survey conducted by Birdsong Charity Consulting that enables benchmarking against other charitable hospices. Some of the outcomes of the 2011 survey are identified below:

- 92% of staff said 'I am proud to work for this charity'.
- 85% of staff said 'I plan to be working for the charity in a years’ time'.
- 82% of staff said 'They would recommend the charity as an employer'.
Supporting Statements:
NHS Blackpool Commissioners + NHS North Lancashire Commissioners.

Trinity Hospice & Palliative Care Services Quality Account 2012 – North Lancashire Teaching PCT

Comments

As lead commissioners of services from the Trinity Hospice & Palliative Care Services, we were invited to review the Quality Account and provide a supporting statement for inclusion in the report.

NHS North Lancashire and NHS Blackpool commissioners have taken reasonable steps to validate the information contained within the document and we can confirm that based on the knowledge and information available to us, the Trinity Hospice & Palliative Care Services 2011/2012 Quality Account provides an accurate representation of the quality of services provided by the organisation.

This is the first year that Trinity have produced a Quality Account and the report outlines the improvements achieved during 2011/12 and describes the priorities for improvement next year. It provides a very readable account of improvements in quality across a number of clinical areas and describes achievements in many areas of patient safety, patient experience and clinical effectiveness. The information contained in the Quality Account is limited however, the presentation and vocabulary makes the document attractive and interesting to a wide audience.

Overall, the content of the report provides patients and the public with a significant amount of information relating to the quality and effectiveness of the services provided. Our involvement in the content and priorities of the report however, has been minimal. Trinity should consider how it can engage the new Clinical Commissioning Groups in Blackpool and Fylde and Wyre and increase the way in which the views of patients and relatives can be used to influence the priorities in next year’s Quality Account.

Overview and Scrutiny Committee.
Contact was made with the above committee, but they were unable to comment as they had had no contact with Trinity Hospice and Palliative Care Services.
Overview from the Blackpool LINk

Blackpool LINk
Community Resource Centre
29 - 35 Ripon Road
Blackpool
FY1 4DY

Tel: 01253 622222
Fax: 01253 752672

21 June 2012

Ms Julie Huttley
Clinical Director
Trinity Hospice and Palliative Care Services
Low Moor Road
Bispham
Blackpool
FY2 0BG

Dear Julie

Re: Trinity Hospice Quality Account - 2011/12

Blackpool LINk welcomes the first publication of Quality Accounts for the Trinity Hospice and Palliative Care Services. Please see below our comments:-

- **Priority One: Improve safety around the management of medicines** - Pleased that new procedures have been implemented to improve on prescribing errors, reducing the risk to patient safety. We look forward to seeing reduced errors in the future

- **Refurbished Children’s Hospice Sensory Room** - Blackpool LINk are impressed with the refurbishment of the Sensory Room which will enhance children’s experience

- **Part 2: Priorities for improvement and statements of assurance from the Board** - We realise that due to time constraints in meeting the Department of Health’s revised guidelines, that you have been unable to identify priorities with patients, carers and stakeholders. In future Blackpool LINk would be happy to be involved in the consultation and suggest involving carers, focus groups and the public to improve engagement with patients and families

- **Clinical Effectiveness (The use of SystmOne to improve clinical communication)** - We look forward to hearing how effective this system has been in enabling the hospice to communicate more effectively, gather information on activities and supporting the new Cancer Peer Review Measures
Statement of Assurance from the Board (Review of Services) - Blackpool LINk recognise and compliment Trinity Hospice and Palliative Care Services on the services run as a registered charity, which has only received 33% of the total cost of running services from the Department of Health and Primary Care Trusts. The remaining £4.5 million pounds of costs funded by charitable fundraising

Thank you for welcoming Blackpool LINk on a visit to Trinity Hospice and Palliative Care Services. It was a very informative insight into the work that is undertaken at the hospice.

We look forward to working with Trinity Hospice and Palliative Care Services in the future and receiving the official report in due course.

Yours sincerely

Norma Rodgers (Mrs)
Blackpool LINk Chair