



• Mount Edgumbe Hospice • St Julia's Hospice •

Caring for our community

Quality Account – 2022/23



www.cornwallhospicecare.co.uk

Statement of Assurance from the Board

As I look back over the last two years my overriding thought is for our hard-working clinical teams who have shown enormous determination and commitment. Despite a pandemic that disrupted everyone and everything, our doctors, nurses, healthcare assistants, caterers, housekeepers and administrators have battled on. Our 20 beds have remained open and our services operating safely. I salute them all.

The last year hasn't been easy, but we saw a slow start to the gradual emergence from the rigours of the pandemic. Now we are regrouping and re-establishing our charity, emerging stronger and more determined than ever to provide the right care at the right time and in the right place for our patients and their families.

We continue to provide 20 beds, ten at each of our hospices, while also maintaining our excellent Lymphoedema clinics, our range of community services and our education programmes for healthcare workers and care providers across Cornwall.

The pandemic has not stopped us but encouraged us to develop new ideas and we emerge stronger, adept and ready to continue and develop our important work supporting those who need us at the end of life.



David Renwick, volunteer Chair of Trustees

David Renwick, volunteer Chair of Trustees

Chief Executive's statement:



Paul Brinsley, Chief Executive

Our resilience and adaptability have continued to be key to our success. Our many teams from the clinical staff and volunteers to those who operate our shops, raise funds for us and promote our work, have battled on despite the pandemic. It's been another difficult year, but every one of them has risen to the challenge and as

a result we have continued to provide the very best end of life care in Cornwall.

We continue to evolve and as we emerge from the dark days of the pandemic, we are looking to the future and our priorities. Work has begun on our next five-year strategy that will cover the period from 2023 to 2028. We're engaging with staff and volunteers across the charity to map the way forward for our hospices, community services and wider charity.

Paul Brinsley, Chief Executive

How We Protected Patients, Staff and Volunteers During the Corona Virus Pandemic

As the pandemic continued throughout 2021 and into 2022 we maintained the changes we had made to our practises to ensure the safety of our patients, visitors and staff. These changes can be found in our 2021/22 Quality Account but included changing unrestricted visiting and visiting times, asking visitors and staff to wear masks whilst they are in one of our hospices and weekly PCR testing for staff.

Similar to most healthcare environments it was necessary to regularly risk assess and review policies to ensure safety of staff and patients and act accordingly.

We would like to take this opportunity to thank all of our staff and volunteers for their continued dedication and hard work during this continued challenging time.

"We would like to express our eternal gratitude for all of the care and support you gave my mum, myself and the family whilst she was at the hospice. Even with the complication of COVID you made sure that we were able to spend such precious time with her at the end of her life. Knowing that she was being so well looked after was a great relief to the whole family."

Living With Corona Virus

Like everyone we are living with the virus and continue to amend our practices accordingly.

Like all sectors of the economy staffing levels have been impacted by staff having to self-isolate if they have the virus. Employees have been fantastic about covering and swapping shifts to ensure services can continue during a very challenging time. We have implemented a comprehensive risk assessment that follows national guidance for clinical staff and we continue to have close links with NHS colleagues who have supported us through the pandemic.

In the autumn of 2021, we published 'Our resilience and revival' explaining what happened when Covid-19 struck. In a detailed and moving account, the digital publication reviews the extraordinary issues the charity faced and the determined way in which its staff and volunteer teams fought back.

Paul Brinsley, the charity's Chief Executive said in the publication "Far from celebrating our Ruby Anniversary, we faced dark times. Covid-19 forced us to close shops, stop our fundraising activities and concentrate on keeping our key workers safe and our hospices open 24/7 for those end of life patients who needed us. In

this digital report we explain how we survived with the help of our staff and volunteers, the difference we made to the patients we cared for in our hospices and what our plans are going forwards.”

‘Our resilience and revival’ can be found on our website or by clicking [HERE](#).

In the spring of 2022, we saw our hospice ward volunteers return for which we are very grateful as their presence allows our nurses and healthcare assistants to focus on patient care.

Despite the challenging times we were still able to make a difference to our patients whether as inpatients on our wards, patients visiting our outpatient Lymphoedema clinics or patients and families gaining the support they needed via our community services.



Becca’s story tells how she was diagnosed with cancer during the pandemic lockdown and how Chris Jones, one of our Lymphoedema specialists helped her during this difficult time.

Becca said “....Cornwall, Cancer and Covid were not amongst my plans. The last couple of years have seen many twists and turns for us all. During the very first lockdown I was living and working upcountry. Then a diagnosis of breast cancer turned everything upside down. I packed up and moved to Cornwall to be near my family while I had treatment. Surgery, chemotherapy and radiotherapy followed and I’ve been so grateful for the care I’ve received.

A few months after finishing radiotherapy I was experiencing almost constant, dull yet heavy pain, particularly where I’d had surgery. I didn’t realise it but I was facing two challenges; firstly, I didn’t even know Lymphoedema could develop in the breast. I thought, if anywhere, it would be my arm. Silly as it may sound, I’d avoided reading much about the symptoms because Lymphoedema had been bundled into a bigger list of scary things that might happen after surgery. I was afraid of it.

The second problem was that my pain was dismissed by a couple of health professionals and I didn’t have the knowledge to ask ‘could it be Lymphoedema?’ Thankfully it was later picked up in a review with the surgical consultant.

I was surprised when I was referred to Chris Jones, one of Cornwall Hospice Care’s Lymphoedema Specialists (pictured below), because I didn’t know St Julia’s Hospice worked with outpatients.



Chris took the time to understand the different sorts of pain I was experiencing and we talked about wider health issues; sleep, exercise and ongoing medication. Using diagrams, Chris introduced me to my lymphatic system, helped me to understand Lymphoedema and the options for treatment. He explained the ways we could help to minimise it and keep it under control using

massage and tape. It was such a relief when I realised that I could learn simple massage techniques and realised that this was one part of my cancer treatment that didn't involve more medication or painful procedures.

It's about six months since that first appointment and treatment with Chris at St Julia's has made a big difference. The pain has now decreased in the daytime and is less disruptive to sleep. The reduction in pain has definitely helped my overall wellbeing and positivity. Understanding that I can help my lymphatic system keeps me motivated to continue with the massage and exercise. I have regular appointments to keep the Lymphoedema under control and I really appreciate Chris' long-term and holistic approach to treatment.

I've still got plenty to learn but if I could humbly offer some advice from my experience, it would be:

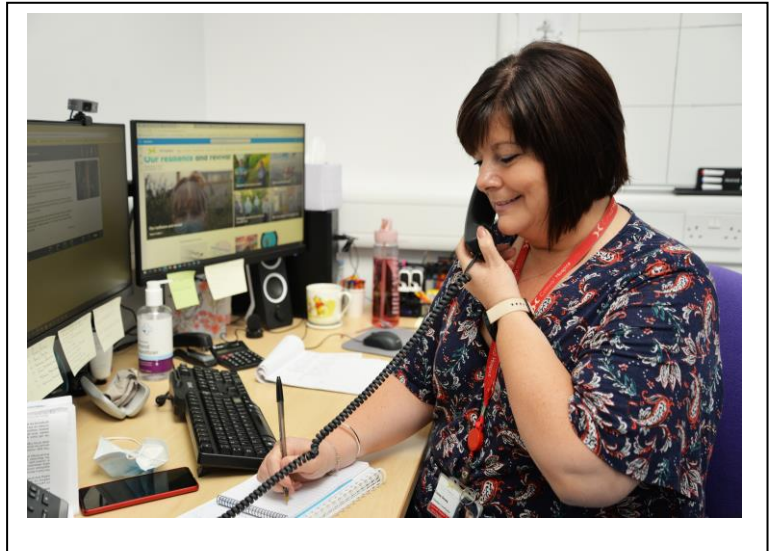
- Don't be afraid.
- Know the symptoms.
- Keep asking 'could it be Lymphoedema?' until you get some help.

Becca's story along with more information on lymphoedema can be found on our website at [Lymphoedema Services | Cornwall Hospice Care](#)

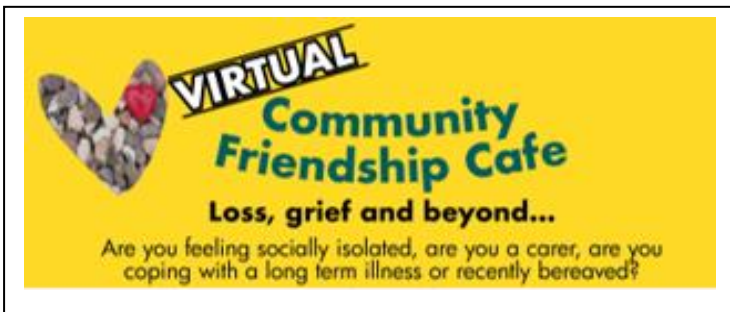
Our community services - hubs and Listening Ear service - continued to offer support to ensure that people were not feeling isolated when they could not have their regular face-to-face sessions.

More sessions have now returned to be held in person. Below is some of the feedback our Listening Ear service has received:

- Thanks for being there... I don't think I would have been here if it wasn't for you....
- It's really nice talking to you. It's refreshing. You would be surprised how much your calls help me.
- It has helped to talk.
- I was sat waiting for your call and I am looking forward to our next chat.
- This call has really helped me calm down, it is so useful to talk things through with someone who listens. I am feeling so much better and I was going to cancel this call because I was too tired, thank you.
- Since talking to you I feel so much better now, I don't know how you did it but you got me talking about things without you saying much. It is all down to you, I think there is a future now.



The number of people who have been helped by the Listening Ear service can be found in the Statement of Assurance section.



Our Virtual Friendship Café saw an increase in its members in 2021/22 and now has 151 members. The café is a virtual space on Facebook for those who are bereaved, feeling isolated or

are coping with a long-term illness to seek support and make virtual friends.

"We just want to express our thanks and appreciation for all the care you showed to our mum and to us. The love, care and compassion from you all will stay with us always."

In relation to our staff we implemented a Hybrid Working Policy to formalise the working from home arrangements for those roles that were able to work from home for part of their week. This has benefitted staff and also freed up some of our office spaces for informal hotdesking. We have continued to provide support for our staff through various healthcare schemes and opportunities to talk through various issues that Covid brought to the fore.

Priorities for Improvement and Statements of Assurance

Priorities for improvement 2021/22 – what we aimed to achieve last year and our progress

Our 2021/22 Priorities were:

- **Continue to work in partnership to continue to develop the integrated care medical model for specialist palliative care**

We continued the joint work we began in 2020/21 on the development of an integrated care medical model for specialist palliative care. Our specific role in this was to TUPE the Palliative Care Consultants from our employ to the local community Foundation Trust so their valuable skills could be used across the health economy more effectively to see more patients.

We achieved this aim and the Consultants moved to their new employer on 1st January 2022.

This is the first key stage completed but there is still further work to be done in developing a fully integrated local care system and that is why we have rolled this priority forward into our 2022/23 priorities.

"To all you special angels who made my stay welcoming. This is just a little thanks for all of you from cleaners up to doctors."

- **Ensure the clinical side of the charity is fit for the future post Covid**

As part of our streamlining to become more efficient and fit for the future we reviewed and refreshed our patient notes paperwork making it much less onerous to complete whilst still recording all the relevant information. This meant that less time was spent on completing paperwork and more time spent on patient care.

We also achieved some of the efficiency programmes we established. For example, we reviewed the way in which we ordered and stored stock on the wards. We have now introduced more regular stock takes and have identified specific staff to order stock and to maintain a stock list. Stock is now also being used across both of our hospices rather than having duplicate stock for less used items.

We have also undertaken a thorough review of clinical administration staff to ensure there is appropriate administrative cover for all departments and the team have the right skills to deliver this cover therefore making the service more effective.

There are a number of other efficiency schemes that, whilst commenced in 2021/22, have yet to come to fruition but we will continue with these and any other schemes identified.

We have reviewed the process for recruiting clinical volunteers and spent time supporting those volunteers who have been absent through the pandemic. We are keen to utilise the extensive skill sets and experiences that volunteers bring to enhance the patient experience.

We constantly review all of our incident, risk and health and safety processes to ensure they are clear and fit for purpose.

In 2021 we also said we would start our detailed plans to become a more multidisciplinary team (MDT) led unit ensuring we have the correct competencies across all fields and the appropriate levels. In relation to this our clinical teams have agreed and refreshed competencies across all levels and these link in with appraisal documentation. We have continued working across organisations and discussing shared patient care in our weekly multi-



disciplinary meeting. All staff realise they have a part to play in the admission and care of patients coming into the hospice. Our internal staff education offer is aligned to appropriate clinical competencies.

- **Develop a county wide education strategy which includes being a centre of excellence for the Gold Standard Framework**

End of Life Education Strategy

Cornwall Hospice Care Education Lead chairs the Cornwall & Isles of Scilly (IoS) End of Life Education Group, this collaborative group has been working hard to support the delivery and development of an End of Life Care Education Strategy for Cornwall and IoS. Design and development of the education strategy has involved setting up a small working group to pull together the strategy with cross setting representation. The group met over a period of six months to work on the strategy.

We are now ready to circulate the draft strategy, as part of the consultation process prior to ratification by the Cornwall and IoS Palliative and End of Life Care Strategy Board. The strategy will help to support the needs of health and social care staff to achieve the End of Life Care learning outcomes. The document will also help to guide and support the delivery of End of Life Care Education.

During this process we have produced a Palliative & End of Life Care Calendar of events for Cornwall & Isles of Scilly, which showcases the external hospice education on offer as well as any other education opportunities in Cornwall in relation to Palliative and End of Life Care Education. Producing the calendar of events has been embedded and the education administrator collates and distributes this every 2 – 4 months.

Our Education Team have been focused on expanding the offer of face-to-face training for care homes and the community and now have a regular offer of face to face education sessions, each month and throughout the year, many are delivered as a half day workshop. Throughout the last 12 months the team have continued to offer face to face education in a covid secure environment.

The education sessions have proved to be invaluable, and we have received excellent feedback from those who attend. The current education offer includes:

- Palliative Care Emergencies
- Care of the Dying in the last Days of Life
- Spirituality in Palliative and End of Life Care
- Mouth Care in Palliative and End of Life Care
- Advance Care Planning

- Symptom Management in Palliative and End of Life Care
- Introduction to the End of Life Learning Path
- Syringe Driver Use
- Verification of Death

Our team continue to build and collaborate to enhance end of life education across the county and work very closely with our colleagues from partnership organisations. We recently co-facilitated an education and information event in recognition of Dying Matters Week.



Gold Standards Framework

Cornwall Hospice Care is now a registered Regional Training Centre for the well-established Gold Standards Framework (GSF) in Care Home Programme.

Members of the education team have undergone training throughout an 8-month period which involved participating in the national training webinars to complete the full GSF in Care Homes Programme. Jo Smith, our education lead and Derek Ginn, one of our trainers are our lead trainers for the Gold Standards Framework Programme. We are currently working with the national team on a marketing strategy to gain interest/registrations for the forthcoming cohort commencing in October 2022. As part of being a Regional Training Centre, regular attendance at regional training Centre meetings is required.

“We are thankful in every way possible for the care and compassion you showed our aunt over the course of this first week. There was a great deal of love and laughter in her room.”

Priorities for improvement in 2022/23

1. Consider the options for introducing an electronic patient record system

The first stage of introducing any new digital system to getting the data recording correct. Now that we have reviewed and refreshed our patient records we are now in the position to consider introducing an electronic patient record system. An electronic system will allow us to share, when required, data with our health partners more easily to provide improved patient care. It will also allow greater, more efficient reporting and auditing and remove the need for paper forms on the wards.

We will use 2022/23 as a year to scope the functionality and interoperability of the systems available with the aim of phasing in an electronic patient record in 2023/24.

2. Ensure increased privacy and dignity of all patients by moving to all single rooms at our hospice that has multi bed bays

Our Mount Edgcombe Hospice has two four bedded bays. The pandemic social distancing requirement has meant that we have only been able to admit two patients, instead of four, into these bays. Single bedrooms offer a greater degree of dignity and privacy for the patient and their family. We will therefore draw up plans to move away from bays and also make other alterations to our Mount Edgcombe Hospice that offer greater privacy to patients such as a separate entrance for use when patients are being admitted. Our aim is to secure funding for the alterations and commence work in later 2022.

3. Continue to work in partnership to continue to develop the integrated care medical model for specialist palliative care

As outlined earlier we have completed the first stage of creating an integrated system but there is still work to do hence rolling this priority forward. In 2022/23 we aim to play a key part in the move from having a clinical commissioning group (CCG) to an integrated care service across Cornwall.

4. Continue developing our education strategy to enable us to extend the reach and knowledge in relation to end of life care.

Building on the work completed in 2021/2 we will extend the invites to our training course and offer more courses with the aim of improving the knowledge of end of life care thereby resulting in improved patient care for those at the end of their life.

"The hospice was such a balm and a haven for me and I will never forget how much you all did for me every day and night."

Statement of Assurance





Review of 2021/22 Performance

The graphs below provide information on activity figures for both hospices and some of the other services we provide.

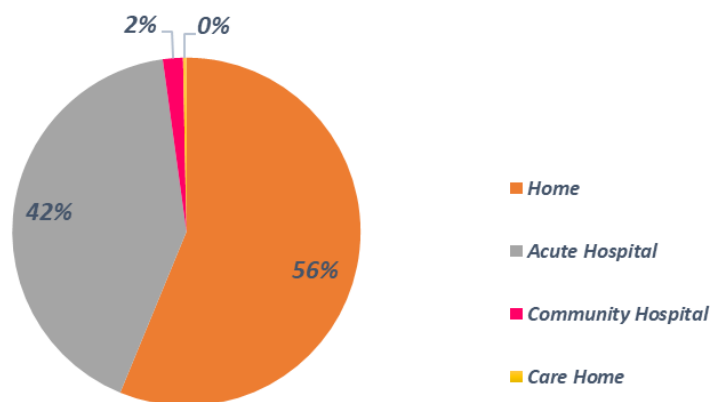
Inpatient Activity

Between April 201 and the end of March 2022 we had 331 admissions onto our two inpatient wards. These admissions are shown in the table below. This is a decrease on the previous year when we cared for 404 inpatients. This decrease is due to the requirements of social distancing and us not being able to use all of the beds in our 2 4-bedded bays.

In the pie chart below the table shows that 56% of our inpatients are admitted from their home.

21/22 Activity		SJH	MEH	TOTAL
	Admissions	156	175	331
	Re-admissions in same month	2	1	3
	Transfer between Hospice sites as Preferred Place of Care	2	4	6
	Total Single Admissions	152	170	322

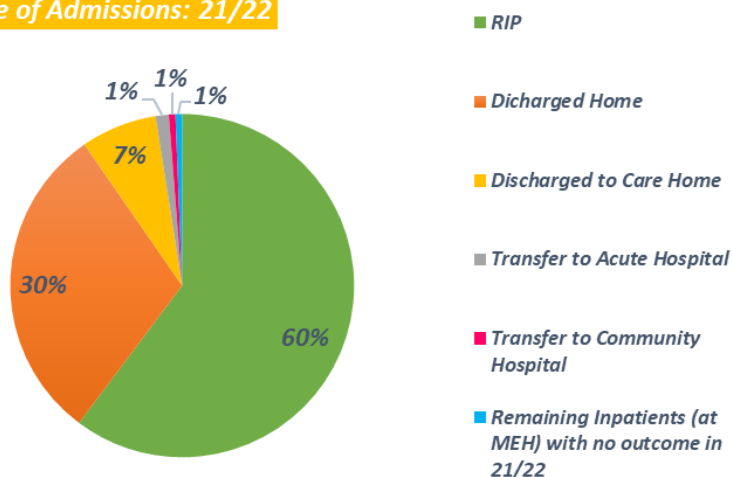
Admitted from Location: 21/22



The pie chart below shows the outcomes for the patients admitted in 2021/22. In


summary 37% of patients returned home and 60% sadly died.

Outcome of Admissions: 21/22



Counselling

Our 2 counsellors held 1,890 appointments to help people come to terms with the loss of a loved one. The majority of these appointments were offering support prior to the death of their loved one as the table below shows.

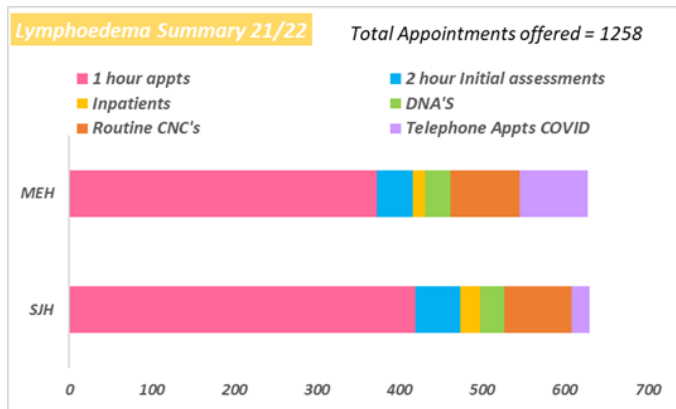
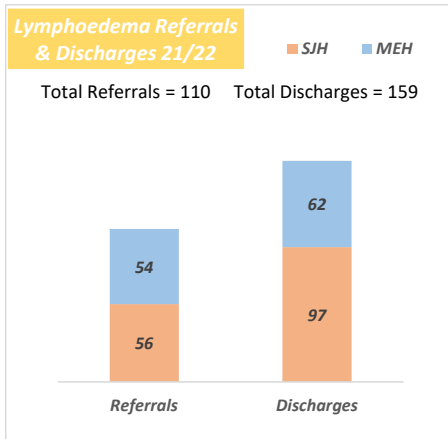
Patient and Family Support Services 21/22			
	Post Bereavement	287	15%
	Pre Bereavement	1603	85%
	Total	1890	100%

Below is a patient comment about how helpful our counselling service is:

'Being heard and understood on all levels. Being accepted for who I am and allowed to say whatever is needed and never feeling judged for it. Being given the tools to get me through the process of grief which gave me clarity and some peace'

Lymphoedema Clinics

Our lymphoedema clinics offered 1,258 appointments which were made up by:






Below is a patient comment about how helpful our lymphoedema service is:

"Excellent care, service, explanation of treatment and ongoing support. Had a massive impact on my mental and emotional well-being. Kind, compassionate, and professional staff"

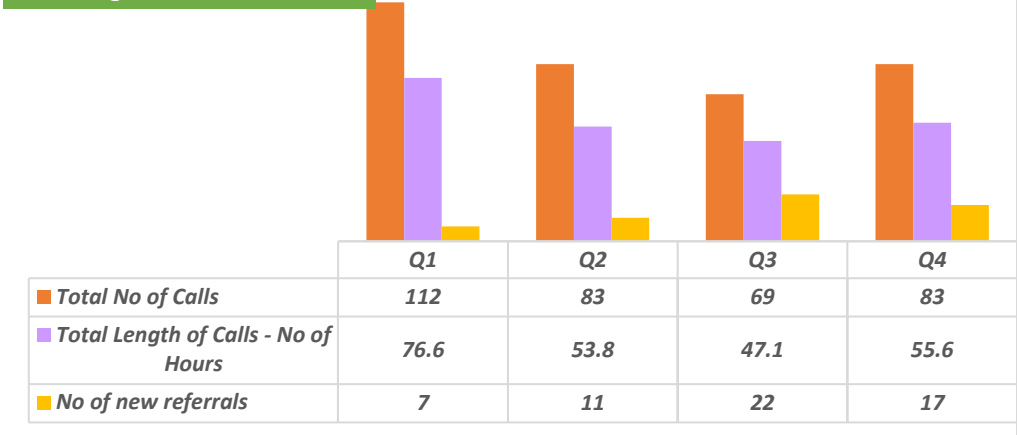
Community Services

Listening Ear

The number of people who have benefited from our Listening Ear services is shown below.

Listening Ear Service: 21/22	
	Total Support calls: 347
	Total length of calls in hours: 233.1
	Total Referrals: 57

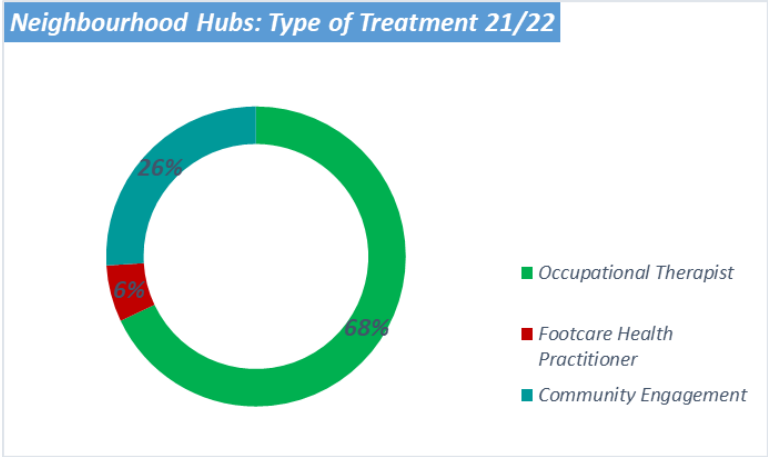
Listening Ear Service: 21/22



Neighbourhood Hubs

In 2021/21 our hubs treated 131 people. The graph below shows the treatments the 131 received.

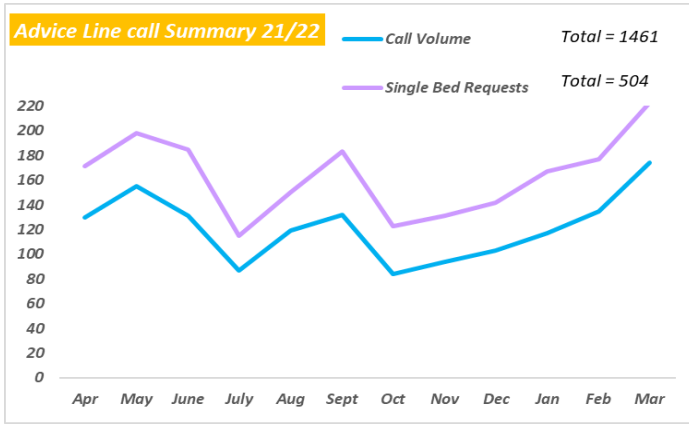
Neighbourhood Hubs: Type of Treatment 21/22




Advice Line

Our Palliative Care Advice Line is available to healthcare professionals 24 hours a day, 7 days a week. This provides access to specialist nursing and medical advice at any time on symptom control, syringe driver and drug use, appropriate place of care and management of palliative care emergencies as well as hospice bed requests.

Between April 2021 and the end of March 2022 the Advice Line handled 1,461 calls. The graph below shows how many of these calls were bed requests.



Calls by Quarter		
	Q1	416
	Q2	338
	Q3	281
	Q4	426
Total		1461

Moving into the next year the Advice Line will move to be part of the existing Kernow Health Cornwall wide position. This will mean that a wider range of support will be available to patients and their relatives over the 24hour, 7 day a week period.

"Thank you so much for taking such good care of our friend. You showed such kindness to her and also to us. We will always remember your kindness."

Quality Performance

Care Quality Commission (CQC)

Our Registered Manager meets regularly with our local CQC inspector to provide updates on performance indicators and developments across our 2 hospices. No areas of concern were raised by the CQC in the financial year 2021/22.

Benchmarking Data

Cornwall Hospice Care participates in Hospice UK's safety metric benchmarking, with over a hundred other hospices. The safety metric includes falls, medication errors and pressure ulcers.

This safety information, along with additional patient safety information, is discussed at Clinical Incident Forums and presented to our Clinical Services Committee (which meets on a quarterly basis), via our clinical dashboard. The dashboard is also discussed at clinical team meetings to embed any learning or ideas for service improvement.

Controlled Drugs

Our Director of Clinical Services is our Controlled Drugs Accountable Officer and attends our local Controlled Drugs Local Intelligence Network (CDLin). In 2021/22 we reported 12 drug incidents to CDLin – this is a reduction on the previous year when 34 incidents were reported. All of these cases were reviewed at our Clinical Incident Forum and were closed.

Infection Prevention and Control (Clostridium difficile, MRSA or Norovirus)

We have no cases of Clostridium difficile, MRSA or Norovirus at either of our hospices.

Health and safety RiDDOR reportable

From the clinical side of the organisation there were two incidents that had to be reported to RiDDOR on between 1 April 2021 and 31 March 2022. Both of these incidents related to lifting and handling injuries.

Information Governance

2021/22 was a challenging year for all areas of the Charity. From an Information Governance perspective the move to a more 'Cloud' based way of working and the implementation of 'hybrid' (a combination of Home and Office) working were specific examples of the changes that occurred. These changes were implemented taking into account information governance requirements and we were able to successfully complete the NHS Data Security and Protection (DSP) Toolkit for the 2021/22 reporting period.

The DSP Toolkit sets out the National Data Guardian's (NDG) data security standards. Completing this Toolkit self-assessment, by providing evidence and judging whether we meet the assertions, demonstrates that the Charity is working towards or meeting the NDG standards.

There were no reportable data breaches during 2021/22.

Complaints and Concerns

Feedback, good and bad, is vitally important for us as it allows us to make improvements where they might be needed. In the last year (April 2021 to March 2022) we received 4 complaints and 1 concern which is in line with the previous year.

The complaints and the concern were all discussed with the parties involved and have been resolved and closed. They have also been discussed at the Clinical Governance Committee to ensure any learning is implemented.

Compliments

During 2021/22 we received 130 written compliments. Comments left by patients and families are anonymised and reported to the Clinical Governance Committee and summaries are also available for staff to look at.

Safeguarding

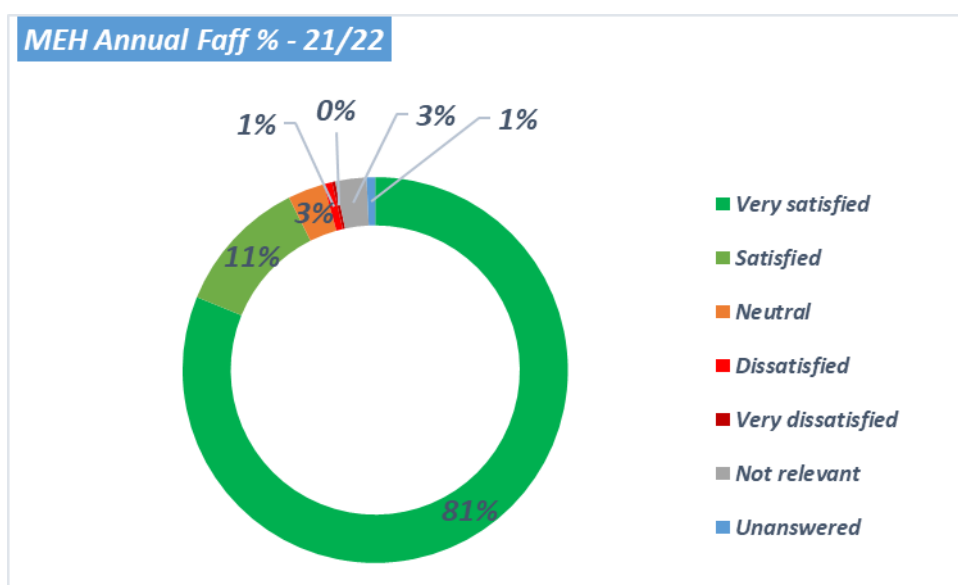
We continued to encourage all staff, patients, families and visitors to talk to us about any safeguarding concerns they may have. Whilst we have had a few conversations with staff who raised possible issues we have not had to report any safeguarding alerts to the Adult Safeguarding Service or the Multi Agency Referral Unit (children) as appropriate and also reported these to the CQC as required.

What patients, families and carers say about us

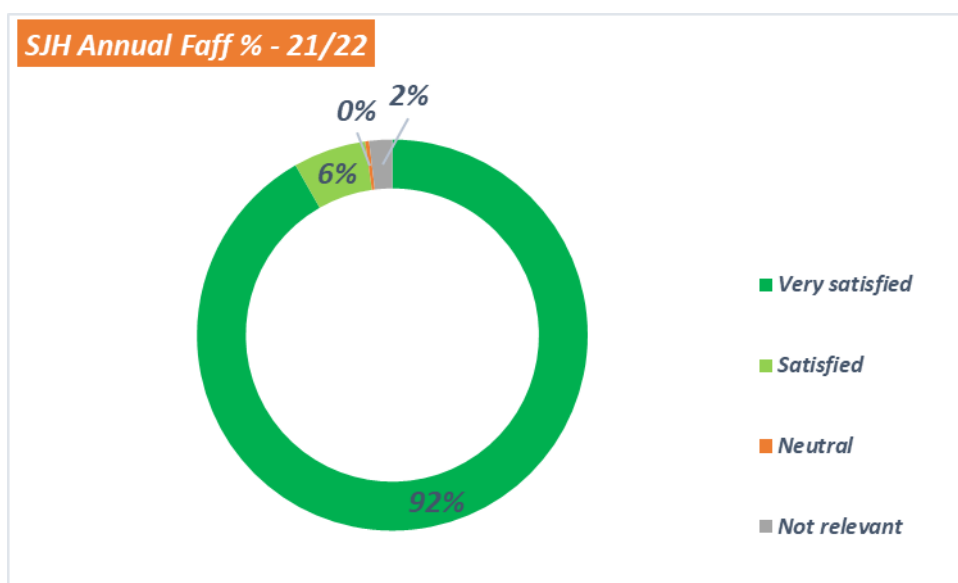
We always welcome feedback from patients, families and carers and we use any feedback to further develop and improve the services we provide. Along with gaining views via engaging with the community we also use a Friends and Family Feedback Questionnaire. We also have specific feedback forms for our counselling service and lymphoedema service along with our Advanced Nurse Practitioner.

The graphs below show results for the Friends and Family Feedback Questionnaire feedback for April 2021 to March 2022 for both of our hospices.

Mount Edgcombe:



St Julia's:



If any patient or family provide any negative feedback or are dissatisfied in any way and wish to discuss this, the Director of Clinical Services contacts the family. It is important that this feedback is followed up as it may lead to ways we can improve our services. Feedback is also discussed at the Clinical Governance Committee.

In January 2022 we also introduced visitor feedback cards asking all visitors to tell us how they found their visit and if they feel we can improve any aspect of our care.

Our Vision, Mission and Values

Vision

Our vision is for all people living with terminal illness in Cornwall to be able to access the care and support they may need at the time and in the place that is right for them and their families.

Mission

We aspire to deliver the highest possible quality care and support to our patients and their families. We will strive to develop and secure the resources necessary to achieve this, now and in the future.

Values

We aim to:

Care by delivering the highest quality, holistic, compassionate and individualised care to people in Cornwall.

Value everyone, behaving with honesty and integrity and unlocking the potential of staff and volunteers so they can deliver a high standard of care, ethically generate funds and support the patients, families, friends and carers who rely on us.

Listen carefully to what patients, families and professionals are telling us about the services we provide.

Communicate in a timely and transparent manner with both internal and external audiences, ensuring we engage, consult and inform everyone in Cornwall and beyond of what we are doing and why.

Collaborate working in partnership with others to broaden our scope and deliver services to those who are hard to reach.

Innovate by encouraging creativity and development of ideas to ensure we are as efficient and effective as we can be in everything we do.

Our Services

We offer the following services:

- **Inpatient specialist palliative care services** where all patients will be assessed by our multidisciplinary team and a plan will be discussed and agreed with them and/or their families/carers
- **Lymphoedema Clinic:** Our Lymphoedema nurses care for cancer patients with mild to complex swelling. We offer both long and short-term management programmes and provide information and advice on living with Lymphoedema. Our Lymphoedema nurses gives every patient an individual care plan. This includes treatment and advice on successfully controlling their Lymphoedema. If you would like to know more about the Lymphoedema service please ask for a leaflet.
- Our Palliative Care Advice Line is available to healthcare professionals 24 hours a day, 7 days a week. This provides access to specialist nursing and medical advice at any time on symptom control, syringe driver and drug use, appropriate place of care and management of palliative care emergencies.
- **Bereavement Support:** Our counsellors offer support pre-bereavement and post-preferment for families, including children and young people.

Therapy Services

- **Occupational Therapy:** Occupational therapy helps people reach their potential and improve their quality of life. This can be anything from practical activities like getting washed and dressed or purely for leisure such a sitting in the garden. Our occupational therapist will visit patients during their stay as we believe that activity promotes wellbeing.
- **Physiotherapy:** Our physiotherapists work with patients to help identify goals; these may be simple or complex but will always be realistic and achievable and will help maximise independence and make a difference to a patient's quality of life.
- **Community Services:** Our therapy team and community team provide a range of specialist palliative care services during the day in satellite clinics we call Neighbourhood Hubs across Cornwall. This enables palliative care, rehabilitation, advice and support to be delivered to patients and carers in the community closer to their own home, often provided in

partnership with other providers.

There is also the opportunity to have a chat with other patients/families going through similar things at our Community Friendship Cafes, Wellbeing Workshops and Bereavement Friendship Support Groups.



• Mount Edgcumbe Hospice • St Julia's Hospice •

Caring for our community

To contact us call

Mount Edgcumbe Hospice on **01726 65711**

St Julia's Hospice on **01736 759070**

The 24/7 Advice Line for Healthcare Professionals on **01736 757707**

General Enquiries Line on **01726 839156**

Retail, Fundraising and Finance on **01726 66868**

Hayle Fundraising Office on **01736 755770**

Public Relations and Communications on **01726 65711**

www.cornwallhospicecare.co.uk