

2016 Annual Report

St. Francis Hospice Dublin

(Under the Care of the Daughters of Charity of St Vincent de Paul)



St. Francis Hospice Dublin, Raheny and Blanchardstown

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Welcome to St. Francis Hospice Dublin

St. Francis Hospice Dublin provides a specialist palliative care service for the people of North Dublin City and County and its immediate environs. All our care is provided free of charge to patients and their families.

Patient Care

Patients have different needs, and these needs can change at various points during their illness. St. Francis Hospice Dublin provides four distinct services to patients:

- Care in their own home through our **Community Palliative Care Team**
- **Hospice Day Care**, providing a visit to the hospice on a weekly basis for nursing care, therapies and social/creative activities
- **Inpatient** care, offering admission for management of complex symptoms and psychosocial problems, as well as care in the terminal phase of a patient's illness
- **Outpatient Service** for nursing/medical care, occupational or physiotherapy, complementary therapies, lymphoedema treatment

Care of Families and Friends

The hospice philosophy also addresses the needs of the patients' families and friends. At St. Francis Hospice Dublin, we act out this philosophy in a number of ways:

- We provide education and support for family members caring for people at home
- We offer counselling to family and friends to help them adjust to changing situations
- Family and friends are encouraged to share in the care of their loved one
- Bereavement support is offered through our multidisciplinary team, including pre-bereavement and post-bereavement counselling and bereavement work with children

How We Provide Care: The Team

The multidisciplinary team includes nurses, doctors, care assistants, household staff, complementary therapists, lymphoedema specialists, physiotherapists, occupational therapists, social workers, chaplains, pharmacists, volunteers, administrative staff, and education professionals. They are supported by contract catering, security and cleaning staff. Each makes a valuable contribution to the holistic care of patients and their families.

St. Francis Hospice Dublin is a registered charity. Each year we need to raise more than €4.5 million to fund our day to day services and repay outstanding bank loans associated with the capital cost of building St. Francis Hospice Blanchardstown.

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Chairman's Statement



Annual Dr Mary Redmond Foundation Day Lecture, entitled "Remembering Dr Mary Redmond," which was held on 23rd February 2016

Throughout 2016 St. Francis Hospice Dublin continued to provide specialist palliative care services to patients and families. These services included inpatient care, community palliative care, day care and outpatient services from its facilities in Raheny and Blanchardstown.

A sincere thank you to the 261 staff and 298 volunteers of the hospice and to my fellow directors for the great efforts they have made during 2016 in ensuring the provision of a first class hospice service for our patients and their families.

We remembered one of our founding Directors, Dr Mary Redmond, at the Annual Dr Mary Redmond Foundation Day Lecture. The lecture was introduced in 2004 and is named after the late Dr Redmond, in recognition of her vision and determination to have a hospice service located in North Dublin.

The inaugural lecture in 2004 was presented by Mary herself under a title of “Did It All Really Happen?” telling a wonderful story about how her vision was realised. In 2016, for our 13th Annual Dr Mary Redmond Foundation Day Lecture, we felt it would be fitting to recall Mary’s life and work as she played such a pivotal role in the history of St. Francis Hospice and accordingly the lecture was entitled, “Remembering Dr Mary Redmond.”

The hospice is extremely grateful to all who have participated in raising funds for our two hospices during 2016. I would ask you to continue to support us with the same level of generosity in 2017. In addition to the funding from the Health Service Executive we will need to raise €4.5 million in 2017 to cover both the operational costs and the repayments on the bank loan of €6 million. I thank in a special way our benefactors without whom we would be unable to provide a quality hospice service.

I look forward with hope and confidence for the future development of the services we provide in North Dublin and its environs.

Mr. Justice Peter Kelly
Chairman, Board of Directors

CEO's Statement



*Fingal Dublin Chamber of Commerce
Best Public Service Excellence Award 2016*

I am delighted to report on another successful year for St. Francis Hospice Dublin during which we continued to provide high quality and accessible palliative care services at no charge to patients and families. Our objective of ensuring that the people of North Dublin have improved access to specialist palliative care was demonstrated by the improved community palliative care access; 94% of patients in 2016 received this service in their homes within seven days compared to 78% of patients in 2015.

In 2016 SFHD overall patient numbers increased by 7.4% compared to 2015. It takes great courage for our patients and their families to accept the services of St. Francis Hospice Dublin. They have many fears and worries; however these are soon abated by the kindness of our staff and volunteers. Our staff and volunteers represent the best of us and our core values of dignity, respect and compassion.

Since its foundation in 1989 St. Francis Hospice has played an integral leadership role in the provision of palliative care services. As a voluntary organisation our independence has enabled us to harness widespread community support and we have been at the forefront in identifying needs in the community and developing responses to them. The principle of “voluntarism” is at the centre of the hospice’s mission and success.

In 2016 we received a significant acknowledgement from the community we serve, when we were awarded the “Best Public Service Excellence Award” at the Fingal Dublin Chamber of Commerce Business Excellence and Corporate Responsibility Awards 2016. The award was in recognition of the best practice establishment and development of the volunteer service at St. Francis Hospice Blanchardstown since 2012. The independent judges said in awarding the Excellence Award for the volunteer service, “The winner of this award demonstrated how they have delivered a best in class service provision which is now shaping national standards. Their careful implementation and clear understanding of their stakeholders’ needs has brought outstanding benefits to all involved.”

I would like to take the opportunity to thank all our staff and volunteers for their commitment to caring for our patients and their families. Sincere thanks are also extended to the people of North Dublin for their ongoing support of the hospice.

I wish to express my appreciation for the continuing strategic and financial support of the Health Service Executive through the Directorate of Primary Care and Community Health Organisation 9. I look forward to continuing to work constructively together to maintain and improve the invaluable services provided by St. Francis Hospice Dublin.

We, at St. Francis Hospice, will continue to work closely with and for the community we serve and will very much continue to need the support of our community into the future.

Mr. Fintan Fagan
Chief Executive Officer

Mission Statement

- St. Francis Hospice provides a specialist palliative care service to people in North Dublin. This includes support for their families and friends and other healthcare professionals involved in their care.
- The service is based on a Christian philosophy of human dignity, which treats each person with respect and compassion, irrespective of their cultural or religious background.
- The hospice plays a leadership role in shaping palliative care nationally, working in partnership to advance policy, education, research and service innovation.



Our Values

The underpinning values of dignity, respect and compassion of St. Francis Hospice are commitments to...

- Creating a welcoming, relaxed and personal atmosphere of care.
- Providing quality care at a physical, emotional, psychological, spiritual and social level which respects the needs and wishes of each person.
- Supporting families and friends emotionally, psychologically and spiritually from referral through bereavement in an attentive and non-intrusive way.
- Working collaboratively as a team which cares for its members, values each one's contribution and engages in on-going education and reflection.
- Linking with other professionals, support agencies and the local community to improve the quality of service to people who are terminally ill.
- Educating others and influencing the practice and standards of palliative care of people who are terminally ill.

Members/Trustees and Directors

Members/Trustees

Mr. Justice Peter Kelly (Chairman)
Dr. John Cooney
Sr. Bernadette MacMahon, DC
Mr. Thomas Joseph McMahon
Sr. Annette McKenna, DC
Dr. Patrick Ussher
Mr. Patrick Kenny

Directors

The Directors, who served during 2016, were as follows:

Mr. Justice Peter Kelly (Chairman)
Sr. Bernadette MacMahon, DC (Vice Chairperson)
Dr. John Cooney
Mr. Thomas Joseph McMahon
Ms. Mary Hayes
Mr. James Flynn
Sr. Annette McKenna, DC
Prof. Peter Daly
Fr. Philip Baxter, OFM Cap
Mr. Joseph Pitcher
Mr. Patrick Kenny
Sr. Bridget Callaghan, DC
Dr. Carol-Ann Casey
Ms. Ita Gibney
Mr. Pdraig O'Dea

Company Secretary

Ms. Angela Coughlan

Governance Arrangements

St. Francis Hospice Dublin is a company limited by guarantee.

St. Francis Hospice Dublin is a registered charity (with the Charities Regulatory Authority) with charitable tax exempt (“CHY”) status from the Revenue Commissioners and is a Section 39 Agency under the Health Act 2004. It holds a current valid Tax Clearance Certificate.

The Hospice is governed by a Board of voluntary, non-executive Directors, none of whom receives payment of any kind for their services. The Board of Directors met six times in 2016. In addition, the Annual General Meeting of Trustees/Members was held in June 2016.

Board Directors	Attendance at Board Meetings
Mr. Justice Peter Kelly (Chairman)	6/6
Sr. Bernadette MacMahon, DC (Vice Chairperson)	5/6
Dr. John Cooney	3/6
Mr. Thomas Joseph McMahon	5/6
Ms. Mary Hayes	3/6
Mr. James Flynn	5/6
Sr. Annette McKenna, DC	5/6
Prof. Peter Daly	6/6
Fr. Philip Baxter, OFM Cap	6/6
Mr. Joseph Pitcher	3/6
Mr. Patrick Kenny	4/6
Sr. Bridget Callaghan, DC	5/6
Dr. Carol-Ann Casey	4/6
Ms. Ita Gibney	4/6
Mr. Pdraig O’Dea	6/6

St. Francis Hospice Dublin has a detailed Corporate Governance Manual and Code of Conduct for the Board of Directors. The organisational chart for the company is included on page 12.

Board Governance

The Board of St. Francis Hospice Dublin is responsible for overseeing the proper management of the hospice. In particular, it has a collective responsibility for:

- (a) Putting in place a clear scheme of delegation of accountability from the Board to the CEO;
- (b) Approval of the strategic goals, annual service plans and the annual Service Level Agreement with the HSE;

- (c) Approval of annual budgets and ensuring the adequacy of internal financial control measures;
- (d) Approval of significant procurement contracts and acquisitions, disposals and retirement of assets of SFHD;
- (e) Ensuring effective systems are in place for identifying and managing risk;
- (f) Approval of annual reports and audited financial statements; and
- (g) Approval of Annual Compliance Statement prior to submission to HSE.

The Board has devised and agreed procedures for conducting its business in a productive way. To do this it has established an appropriate committee structure. The Board has created a number of sub-committees assigned with responsibility for specific areas. Each sub-committee has at least three members and has approved terms of reference. The sub-committees generally make recommendations to the Board unless they have specifically delegated authority to make decisions. The CEO and members of senior management are in attendance at the sub-committee meetings.

The following sub-committees are approved by the Board:

- Governance and Risk (to include Nominations and Remuneration)
- Audit
- Quality and Safety
- Fundraising Advisory
- Research Ethics

Commitment to Standards in Fundraising Practice

St. Francis Hospice Dublin is fully committed to achieving the standards delineated in the Statement of Guiding Principles for Fundraising.

The Board of Directors of St. Francis Hospice Dublin resolved to adopt the Statement of Guiding Principles for Fundraising and confirms that St. Francis Hospice Dublin is committed to complying with the Statement and will endeavor to adhere to the core principles of respect, honesty and openness by:

- Respecting the rights, dignity and privacy of supporters, clients and beneficiaries
- Answering reasonable questions about fundraising activity and fundraising costs honestly
- Making information about our purpose, activities and governance available to the public

Financial Review

2016 was another successful year with a continuing increase in the provision of Hospice services. There were 11,449 nursing visits and 787 medical visits to patients at home. In Hospice Day Care, there were 175 patients with a total of 2,611 attendances. There were 626 admissions to the Inpatient Units. In addition, there were 1,931 attendances by patients for a range of outpatient services.

The hospice strives to achieve a standard of excellence in the care of patients and their families. There is a continuing emphasis on education in palliative care and indeed to expanding our commitment to a specialist palliative care approach in settings outside St. Francis Hospice Dublin. Our policy is to grow and develop to meet the needs of the North Dublin community, but within the constraints of our financial resources.

The Board of Directors is committed to transparency and accountability and has this year overseen the adoption of the new accounting practice in accordance with best practice for charitable and not for profit entities.

The financial year's performance in financial terms is set out our detailed externally audited annual financial statements which are available on the St. Francis Hospice Dublin website. The Charities Statement of Recommended Practice (SORP) FRS102 has been adopted for this set of financial statements. A summary statement of financial activities and balance sheet for the financial year ended 31st December 2016 is included in this annual report. The main features are:

- A deficit of income over expenditure of €570,302. This is a decrease of €199,428 on the deficit of €769,730 reported for the previous financial year. The decrease arises mainly to improved cost efficiencies and improved income generation.

Report of Objectives for 2016

The following key strategic objectives for 2016 were achieved:

- To improve access to home care services
- To fully open all 24 beds at St. Francis Hospice Blanchardstown
- To commence the planning for the redevelopment of St. Francis Hospice Raheny
- To develop and implement enhanced quality and governance systems
- To establish an Internal Audit Function at St. Francis Hospice Dublin
- To implement a new CRM (Customer Relationship Management) system for the Fundraising Department

Activities and Achievements During 2016

Improve Access to Home Care Services

The strategic objective of access to home care services delivered by our Community Palliative Care Team was achieved through a combination of improved efficiency and recruitment of additional nursing staff. The improvement in the number of patients provided with a service in their place of residence within 7 days of referral was demonstrated by 94% of patients in 2016 receiving this service within 7 days compared to 78% of patients in 2015.

Fully Open all 24 beds at St. Francis Hospice Blanchardstown

In 2016 all 24 beds at St. Francis Hospice Blanchardstown were open for admissions, which resulted in 80% occupancy for the year compared with only 20 beds being open for the majority of 2015. The opening of the beds was facilitated by successful recruitment of nurses in late 2015 / early 2016.

Commence the Planning for the Redevelopment of St. Francis Hospice Raheny

St. Francis Hospice Raheny was originally developed in 1989 and has provided high quality specialist palliative care services to patients and their families for 28 years from the existing building. The need to redevelop St. Francis Hospice Raheny is driven by the following:

(a) Patient dignity:

The current hospice bed configuration includes twelve beds which are shared four bedded rooms. This bed configuration provides significant challenges in ensuring patient privacy.

(b) Patient access:

In 2016 a significant number of patients could not be admitted due to the lack of availability of suitable beds in Raheny, i.e. we could not admit a male patient to a four-bedded room with three female patients or vice versa. The availability of only seven single rooms restricts admission of patients who may have an infection and require isolation in a single room.

(c) Family space:

The lack of sufficient space for families.

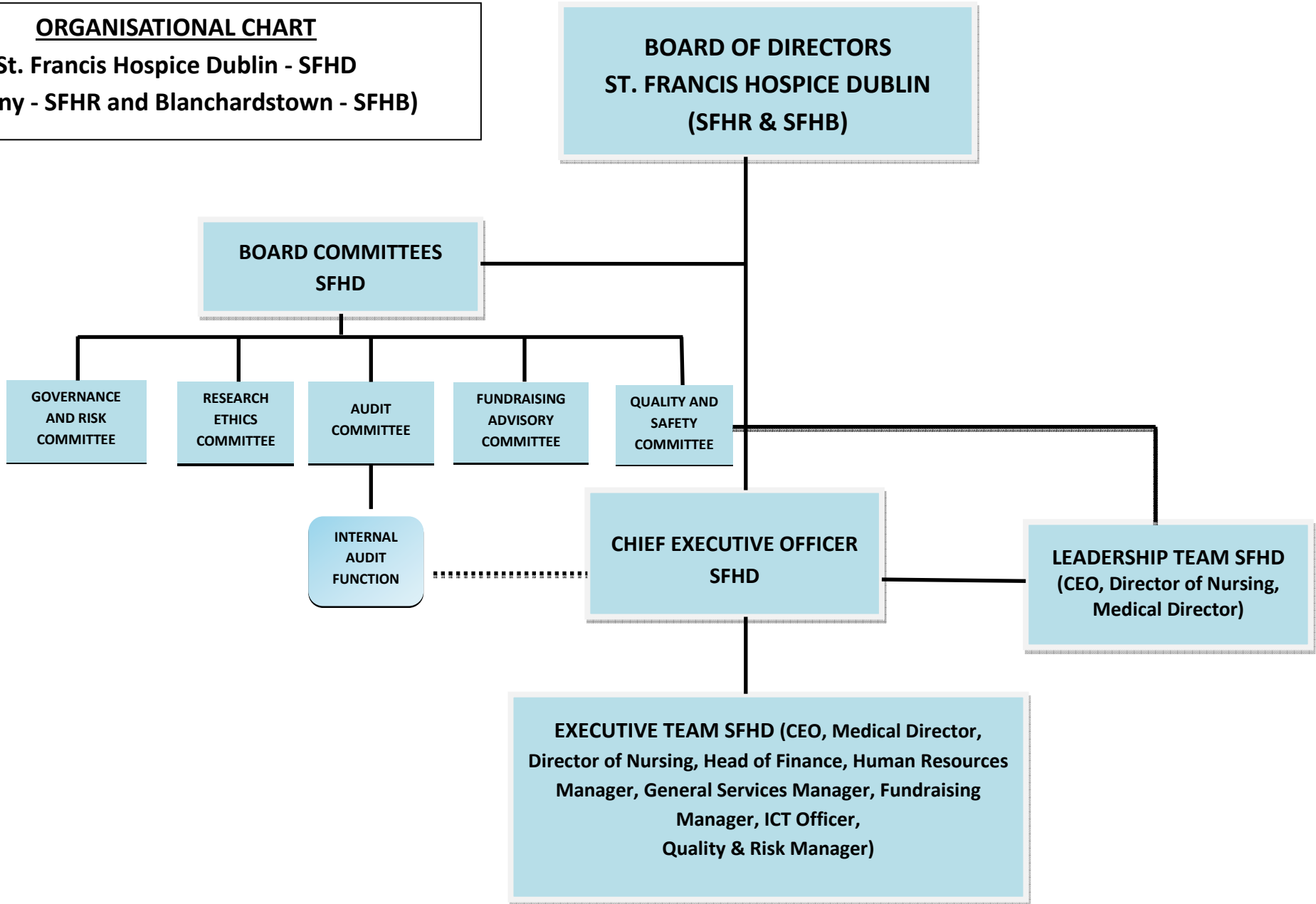
The work on the redevelopment plan has commenced with an initial Raheny site building feasibility study.

Report on Complaints for 2016

St. Francis Hospice Dublin's Complaints Policy ensures that all complaints are dealt with in accordance with Part 9 of the Health Act 2004 and Statutory Instrument No. 652/2006 – Health Act 2004 (Complaints) Regulations 2006. Our Complaints Policy aims to meet the needs of patients, families, carers and visitors to the Hospice. The confidentiality of the patient is respected at all times.

St. Francis Hospice received a total of seven complaints during 2016. These complaints were dealt with in accordance with our Complaints Policy and all are now closed / resolved. On review of the complaints no trends were identified.

ORGANISATIONAL CHART
St. Francis Hospice Dublin - SFHD
(Raheny - SFHR and Blanchardstown - SFHB)



Our Areas of Care

- **Community Palliative Care**
- **Outpatient Services**
- **Hospice Day Care**
- **Inpatient Care**

Community Palliative Care

The St. Francis Hospice Community Palliative Care (CPC) Team is a group of specially trained doctors, nurses, social workers and chaplains who provide professional palliative care expertise and support to patients and families in their own homes. Many patients facing a life-limiting illness prefer to remain at home, in familiar surroundings, being cared for by friends and family. The relief of symptoms is a key element in enabling many patients to remain at home.

Our Community Palliative Care Team works closely with the patient's GP and Public Health Nurse (who continue to have overall responsibility for the patient) to provide optimum symptom control and promote quality of life. The Community Palliative Care Team's support also extends to meet the emotional and spiritual needs of patients and their families.

Referrals to the Raheny team were higher than Blanchardstown, similar to 2015. One way of helping to cope with the additional workload was to increase the number of patients seen by CPC nurses during their attendance at the Raheny outpatient clinic (see Outpatient report).

Referrals for patients in Nursing Homes and subsequent visits to Nursing Homes increased significantly in 2016. The recruitment of additional nurses enabled the CPC service to reduce significantly the waiting time for patients accessing the service.

What's New in 2016

External site hubs – An exploration of time saving initiatives led to the introduction of two external site hubs, in Swords and Clontarf, where staff based in the Raheny office could pick up charts two days per week and begin that day's patient visits directly from the hub. This saved on commuting time, reduced mileage, and facilitated increased patient visits. There has been no such need identified for the Blanchardstown CPC team.

Contribution to education outreach – Three Clinical Nurse Specialists from each Community Palliative Care Team began delivering education sessions to Transition Year students in the St Francis Hospice catchment area. This programme is coordinated by the Education Department.

Outpatient Services

The Outpatient Services provided are:

- Complementary Therapy
- Lymphoedema Treatment
- Occupational Therapy
- Physiotherapy
- Medical/Nursing review

The Outpatient Departments of St Francis Hospice Dublin are committed to providing high quality care in a comfortable relaxed setting. In both Raheny and Blanchardstown Outpatients we understand how important it is that our patients are seen at their designated appointment time and return home on completion of their treatments with minimal waiting time.

Outpatients facilitated 1,931 treatments through both sites. These treatments included Complementary Therapy, Lymphoedema Treatment, Physiotherapy and Occupational Therapy. Unfortunately OT had to withdraw from the Outpatients service in both sites in August 2016.

The Mater and Beaumont Hospitals now have lymphoedema services available for their patients. This has made it possible for SFHD Outpatients to discharge oncology lymphoedema patients with stable upper limb oedema back to their referring hospitals.

What's New in 2016

Community Palliative Care Nursing & Medical Visits in Outpatients – Increased collaboration with CPC Teams in 2016 resulted in a significant increase in CPC Nursing Visits in the Outpatients Department Raheny. Visits increased from 150 in 2015 to 406 in 2016, an increase of 171%.

This has benefits for the patients, who can access the services of multiple disciplines in one visit. It can also ease the transition to hospice care for some who prefer not to have visits at home.

CPC Nursing and Medical Visits in Outpatients help to reduce travel time for nurses, allowing them to achieve more patient visits in a day.

Volunteers – Two Volunteers began work in Blanchardstown at the Outpatients Reception Area in October 2016. Previously this reception area had not been staffed and patients had to access Outpatients through the main Reception. This change has made access to Outpatients easier for patients.

Hospice Day Care

Hospice Day Care provides a specialist palliative care service to patients and families through the provision of symptom control, practical advice and access to a range of services to address the social, emotional and psychological needs of patients. The Hospice Day Care team works collaboratively with the patients' GPs and PHNs and appreciates the support of colleagues in the community and hospital settings. Through attendance at the Day Care service, telephone contact, family meetings and support groups, patients and families receive support from the Hospice Day Care Team.

One of the important aspects of Hospice Day Care is the opportunity for patients to enjoy social engagement with other patients and the team in a relaxed environment. Hospice Day Care is a partnership of care through the work of our multidisciplinary team of nurses, doctors, health care assistants, complementary therapists, social workers, chaplains, secretaries, household assistants and drivers. The service we deliver could not be possible without the commitment of the Volunteers whose contribution is immense.

St Francis Hospice is aware of the importance of supporting the carer as well as the person who is ill. In light of this, the Hospice Day Care service facilitates a **Carer Support Group** and a **Monthly Drop in Group** for carers. In 2016, a total of 19 carers attended. Feedback was positive, with improvements evident across the evaluated domains.

The Annual Hospice Day Care **Art Exhibition** provided an opportunity to showcase the talents of each patient who contributed a painting. The patients are supported by our team of volunteer artists to create a painting to display, in a relaxed and encouraging environment.

What's New in 2016

Coping with Illness Group – Hospice Day Care Blanchardstown initiated a structured psychoeducational group. The purpose of this group is to explore and identify coping strategies in order to manage stressors in relation to illness whilst acknowledging that this can be the most stressful time in a person's life. The aim is to help patients reduce distress and enhance feelings of well-being.

Patient Discussion Group – In response to patient feedback, staff developed a weekly Patient Discussion Group, facilitated by nursing staff. It provides a forum for patients to discuss with their peers themes such as communicating with family members, living with illness, coping with change and past experiences which impact on their coping skills. Patients are keen to remember that "there is more to us than just our illness" so the group also discusses world events, news items and other themes which they select. We utilise this forum to seek feedback on patients' experience of attending Hospice Day Care which are filtered to the Board Quality and Safety Committee.

Inpatient Care

St Francis Hospice Dublin offers 43 specialist palliative care inpatient beds: 19 in St. Anne's Inpatient Unit, Raheny, and 24 at our Blanchardstown hospice. Patients are admitted when they have care needs which cannot be met in other settings such as their own home, hospital or nursing home. Patients are admitted to manage problems such as pain or other symptoms, and are discharged home; patients are also admitted for care until their death.

A number of initiatives aim to support staff and assist with their continuing professional development. These include:

- Monthly reflective sessions in respect of the patients who have died.
- Journal clubs and provision of journal articles in staff rest areas.

The number of non-cancer patients admitted continued to rise (69 in 2016; 61 in 2015).

What's New in 2016

Updated nursing documentation – New nursing documentation was piloted in 2016. On a periodic basis, changes were made to the documentation based on feedback from staff. It is planned to finalise the documents in 2017.

Safety cross tool for pressure ulcer prevention and care – A group of staff attended training given by the HSE nationwide Pressure Ulcer to Zero working group that developed a report and prevention guideline for the management of hospital acquired pressure areas. Following this we introduced the safety cross tool which aids assessment and identification of patients' pressure areas and early intervention if a pressure sore develops.

Audit tools – To ensure our care is delivered at the highest standard, we began developing audit tools for our medical interventions. This work will continue into 2017.

Bed Quality – Our Health Care Assistants began completing monthly mattress and bed audits to ensure the quality of our beds is kept high.

St. Francis Hospice Dublin Service Statistics

St. Francis Hospice Dublin All Services	
Total Patients	1546 (1186 cancer/360 non-cancer)
Deaths	1118
Place of Death	
At Home	337
Hospital	131
Nursing Home	130
Inpatient Unit	520

St. Francis Hospice Dublin Key Performance Indicators	
Inpatient Unit Raheny & Blanchardstown	92% of patients admitted in 0-7 days
Community Palliative Care Raheny & Blanchardstown	94% of patients seen in 0-7 days

St. Francis Hospice Raheny Annual Statistics 2016

Community Palliative Care Service Raheny	
Nursing - Home Visits	6153
Medical – Home Visits	427
New Patients	533 (4 under 18)
Total Patients	698 (520 cancer/178 non-cancer)
Hospice Day Care Raheny	
Total Attendances:	1836
New Patients (<i>included in total patients figure</i>)	76
Total Patients	114

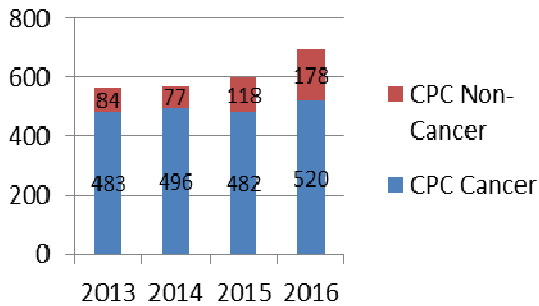
Out-Patient Department Raheny (Walmer Villa)	
Complementary Therapy	140 patients (45 new patients)/998 attendances
Lymphoedema	24 patients (15 new patients)/105 attendances
Occupational Therapy	20 patients (13 new patients)/40 attendances
Oncology Lymphoedema	63 patients (3 new patients)/101 attendances
Physiotherapy	80 patients (71 new patients)/239 attendances
In-Patient Unit Raheny	
Admissions	290
Discharges (to CPC Teams/Home)	50
Deaths	241 (202 cancer/39 non-cancer)
Referrals	409

St. Francis Hospice Blanchardstown Annual Statistics 2016

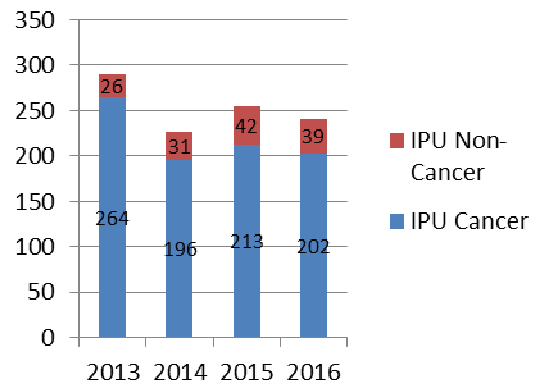
Community Palliative Care Service Blanchardstown	
Nursing - Home Visits	5296
Medical – Home Visits	360
New Patients	393 (3 under 18)
Total Patients	564 (437 cancer/127 non-cancer)
Hospice Day Care Blanchardstown	
Total Attendances	775
New Patients (<i>included in total patients figure</i>)	39
Total Patients	61

Out-Patient Department Blanchardstown	
Complementary Therapy	82 patients 63 (new patients)/357 attendances
Lymphoedema	36 patients (29 new patients)/85 attendances
Occupational Therapy	19 patients (15 new patients)/44 attendances
Physiotherapy	51 patients (40 new patients)/149 attendances
In-Patient Unit Blanchardstown	
Admissions	336
Discharges (to CPC Teams/Home)	55
Deaths	277 (247 cancer/30 non-cancer)
Referrals	433

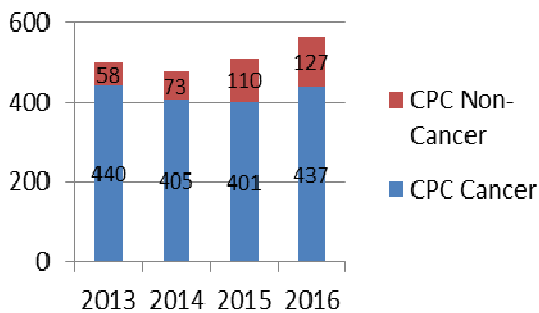
**Community Palliative Care Patients
Cancer/Non-Cancer Diagnoses
2013-2016 (Raheny)**



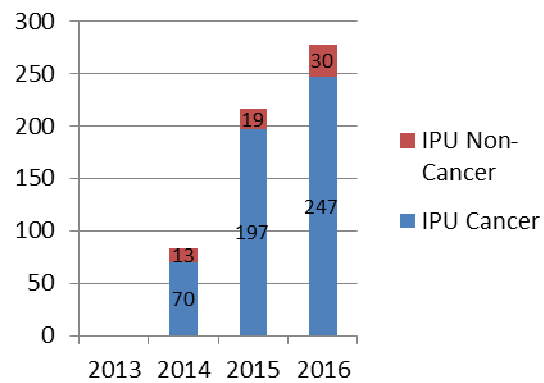
**IPU Admissions
Cancer/Non-Cancer Diagnoses
2013-2016 (Raheny)**



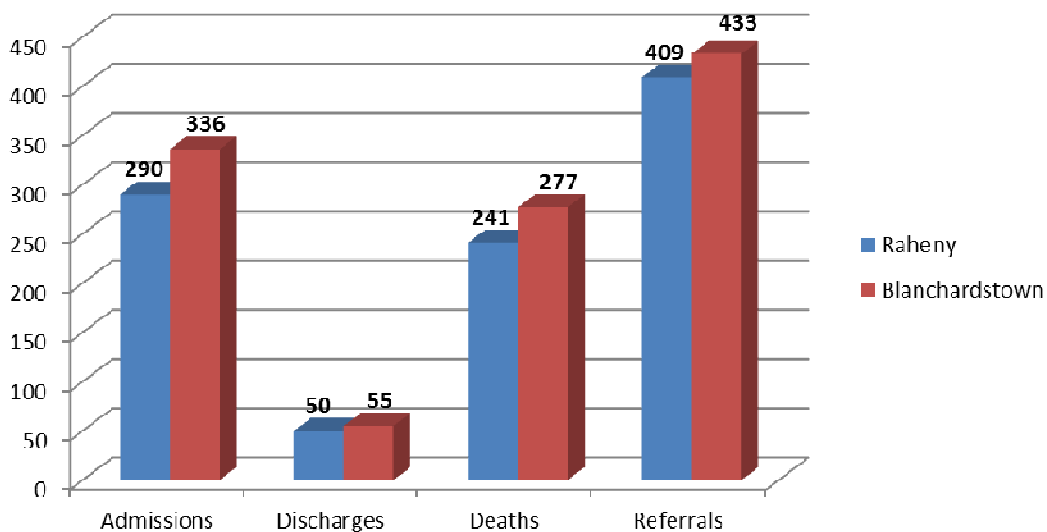
**Community Palliative Care Patients
Cancer/Non-Cancer Diagnoses
2013-2016 (Blanchardstown)**



**IPU Admissions
Cancer/Non-Cancer Diagnoses
2013-2016 (Blanchardstown)**



Inpatient Unit Statistics 2016



Services Provided Throughout the Hospice

- **Social Work and Bereavement Services**
- **Chaplaincy**
- **Physiotherapy**
- **Occupational Therapy**
- **Complementary Therapy**
- **Lymphoedema Treatment**
- **Education and Research**

Social Work & Bereavement Services

Social workers work collaboratively with members of the multidisciplinary team to support patients and their families under the care of St. Francis Hospice Dublin, as they adjust to the news of a life-limiting or terminal diagnosis. Social Work support focuses on the impact of illness for both the patient and their family. This may include practical support, advocacy, communication within the family, carer support, counselling support as patients and their families deal with strong and powerful emotions. We work with individuals and family groups, including working with parents to support their children, direct work with children and other vulnerable people within the family.

In 2016, the Social Work team was involved with Hospice Day Care running four carer support programmes - each programme lasting 4 weeks. The evaluations of the 4-week group were very positive. A monthly follow on carer support group was also developed.

In 2016, the Social Workers offered a service to:

	Social Work service recipients	Individual face to face Contacts (Inpatient visits, home visits, day care visits, office visits)	Family Meetings	Phone calls
Patients	591	2776	128	1247
Clients (relatives/ friends)	440	647	586 Family Support (2 or more people)	363

This represents more than a 40% increase in activity over 2015.

The Social Work team was involved in the development and updating of some hospice policies including Safe Care for Child Welfare and Abuse and Safe Practice when Working with Children. The Social Work Department co-ordinates the response to any safeguarding issues that arise in relation to Vulnerable Persons and Children. This includes liaising with the HSE and Tusla on possible referrals and cases.

Bereavement

The Social Work team also supports family members after the patient dies. This may include individual bereavement support and counselling, family group sessions, and work with children. There are 12 active volunteers working under the supervision of the social workers in our **Volunteer Bereavement Support Service (VBSS)** providing bereavement support on a one-to-one basis with clients. In 2016, two volunteers left the service and two further volunteers went on time out from the service due to family illness or bereavement.

The VBSS service is primarily based in Raheny. We continue to operate a limited number of appointments in Blanchardstown. There is not currently capacity to extend the service further to Blanchardstown.

The VBSS managed a 20% increase in referrals in the 10 months it was open to referrals. For 2 months, the service could not accept new referrals due to a significant waiting list for appointments. Overall we had a 30% increase in the activity of the VBSS service over 2015.

	No. of Clients who received a service in bereavement	Individual face to face Contacts	Family Support (2 or more people)	Phone calls
Social Workers	352	603	25	510
Volunteer Support	213 *	607 + 39 bereavement counselling sessions (Vol counsellor new in 2016). Total = 646	21 (Joint SW/vol. sessions)	158 (SW assessment for suitability of vol. service)

** Please note that for 2 months of 2016 we did not accept any new referrals for VBSS due to an extensive waiting list. Therefore this figure is only for 10 months of 2016*

Bereavement Events – The Social Workers provide a short talk on the early stages of grief at the Service of Remembrance, which we facilitate with the Chaplaincy team. The Social Work team facilitates regular Bereavement Information Evenings for relatives. These events include a talk by a Social Worker on bereavement, followed by an opportunity for bereaved relatives to talk with a Social Worker or bereavement volunteer in an informal setting.

	No. of Events	No. of deaths covered by the event	Attendance
Service of Remembrance	8	1,111	1,789
Bereavement Information Evening	5	1,140	469

In March 2016, two members of the Social Work team ran a two-session group for parents on Supporting Bereaved Children. Twelve parents attended the course and feedback was very positive.

What's New in 2016

Volunteer Counsellor Role – In 2016, we developed the role of volunteer counsellor for the first time. The volunteer counsellor is supervised by the Co-ordinator of Social Work & Bereavement Services. They see bereaved clients with more complex needs than can be met within the regular VBSS service. This service operates one day per week, alternating between Raheny and Blanchardstown.

Chaplaincy

The chaplains work along with the other members of the multidisciplinary team to provide spiritual and religious care and support to patients, family members, significant others, staff members and volunteers in all services of St. Francis Hospice Dublin. They are available to people of diverse cultures and faith traditions or none, acknowledging what is important and meaningful for them, at all times respecting and upholding the dignity of the person. Chaplains are privileged to join people on the final stage of life's journey as they face illness and death, listening to their stories and exploring what gives meaning to their lives.

The rights of patients and families to have access to spiritual care by members of their own faith is respected and facilitated where possible on request.

Chaplains facilitated Services of Remembrance eight times in 2016. These services, organised in conjunction with the Social Work Department, offer an opportunity to take some time with family and friends to remember the person who has died, and to give thanks for their life.

Chaplaincy activity for 2016 was as follows:

Patient Contacts:	13,231 (across all services, CPC, IPU, HDC)
Family Support Contacts:	5,242
Number of Patients Supported:	736 (across all services, CPC, IPU, HDC)

Physiotherapy

The physiotherapy team at St. Francis Hospice aims to improve patients' ability to carry out daily tasks, maintain independence, and gain relief from symptoms that result from a disease or its treatment. Our physiotherapists assess patients and devise an individual plan of treatment. Services provided by the Physiotherapy Department include:

- Rehabilitation
- Exercise programmes
- Mobility assessment and provision of aids
- Management of breathlessness and chest secretions
- Fatigue management
- Advice on the management of falls
- Patient/carer advice
- Pain management
- Joint problems

Physiotherapy statistics increased significantly in 2016 (approx. 26% increase on 2015). IPU in Blanchardstown, with its increase in bed numbers has had a significant impact on physiotherapy workload. Increased referral rates have also been noted in IPU Raheny and OPD Raheny. The EXHALE statistics are held separately to the department statistics as this is a fixed term project with protected time of an additional 8 hours per week.

The physiotherapy gym in SFHB is an excellent facility and enables patients from IPU to attend for more goal focussed rehabilitation. The wide range of exercise equipment can facilitate patients of most abilities to participate in some form of rehabilitation.

What's New in 2016

The EXHALE Programme – This is a new physiotherapy initiative. It is an 8 week graded group exercise programme for patients with advanced lung disease, coupled with education for the patient and their family. Studies have recently established the feasibility and benefits of structured exercise programs for those with advanced respiratory disease. Evidence also indicates that adherence to physical exercise programmes has improved with the addition of family education and family-mediated exercises. Exercises prescribed are individual to patient's abilities, based on their assessed exercise tolerance, and are supervised closely by the physiotherapist leading the class. Referrals come from the respiratory consultants in the Mater, Connolly and Beaumont hospitals and from within SFH services. Uptake has been very good to date and results are being collated. The programme will run until end September 2017.

Occupational Therapy

The Occupational Therapist team at St. Francis Hospice work with people, throughout all stages of their illness, whose ability to function as they wish is affected. Interventions take place with patients and carers to improve independence for self-care, work and leisure activities. Patients are enabled to set goals for treatment, which aims for improved function, comfort and well-being.

All Occupational Therapists are accountable for and supported and monitored in their work by formal supervision procedures. Clinical programmes in the OT department have guides and evaluation protocols which all OTs follow.

This year we formalised the annual servicing of specialised seating systems, comfort chairs, high specification wheelchairs and powered mobility products across all services. We supported the upgrade of chairs for HDC dining area SFH Raheny, to improve function and comfort for patients.

2016 OT STATISTICS	IPU R	IPU B	OPD R	OPD B	HDC R	HDC B
Number of Patients	177	228	20	19	7	2
Episodes of Care	1045	1053	40	46	22	2
Total Patients: 426 Total Episodes of Care : 2208						

The Occupational Therapy statistics reflect the service reconfiguration in July 2016, when cover to OPD and HDC ceased. They also reflect the high number of patients seen by the OT service in the IPU, SFH Blanchardstown. Occupational Therapy will continue to allocate resources to the areas of highest priority.

What's New in 2016

Department Reconfiguration – With the doubling of referrals to OT from SFHB IPU in one year, the OT department was reconfigured, to bring department workload closer in line with other hospices in Ireland. In July 2016, OT ceased cover of OPD and HDC non cancer programme and commenced provision of a service to our 43 beds only. This led to a greater emphasis, clinically, on specialist seating, and discharge / hours out facilitation as well as symptom management programmes, particularly occupational dysfunction in relation to fatigue, anxiety and breathlessness.

Complementary Therapy

Complementary Therapy is used alongside conventional healthcare in the treatment of patients' symptoms. In SFHD, Aromatherapy Massage, Reflexology, M Technique Massage and Indian Head Massage are used. There are 2 full-time therapists and 3 part-time therapists employed by SFHD. We also have 7 complementary therapy volunteers. This team of therapists covers Outpatients, Inpatient Unit and Hospice Day Care in Raheny and Blanchardstown. The complementary therapists liaise with nursing staff in all departments regarding patients' needs and preferences and treatments are adapted to suit these needs.

The complementary therapists also treat patients at home who are children, or are too unwell or physically unable to attend outside services. These visits are requested in these exceptional circumstances by the CPC teams and sanctioned by the Director of Nursing.

A total of 3,730 Complementary Therapy treatments were given to patients in all Departments of SFHD in 2016. Approximately 1,000 of these were provided to patients in OPD Raheny, which saw an increased referral rate in 2016. The increased bed capacity in IPU Blanchardstown had a significant bearing on the Complementary Therapy workload.

A Relaxation Group run by the Complementary Therapy Department takes place every Monday afternoon in Hospice Day Care Raheny. The uptake from patients for this group is very good.

Lymphoedema Treatment

Lymphoedema (swelling) occurs when lymph flow is impaired. Dysfunction of the lymphatic system can be caused by damage to, obstruction of or absence of vessels. This can result in the accumulation and stagnation of lymph in the tissues. Patients suffering from lymphoedema often have swollen and distorted limbs as well as swelling in other parts of the body. This can result in heaviness, pain, discomfort and impairment of movement. Most often limbs are affected, but lymphoedema can also occur in the face, neck, abdomen or genitals. Tissues with lymphoedema are at risk of infection and susceptible to progression. Lymphoedema is a treatable and manageable condition.

Manual Lymph Drainage is a gentle, light but specific massage used to encourage natural drainage of the lymph system and to redirect fluid from affected areas to unaffected areas of the body in patients who have been diagnosed with lymphoedema as a side effect of their cancer treatment and illness. This treatment often includes wearing of compression garments and results in improvement to the patient's quality of life. The technique was pioneered by Doctor Emil Vodder in the 1930s and St. Francis Hospice has 1 Clinic Nurse Specialist and 2 qualified MLD Therapists who are all trained in the Vodder Technique.

In SFHD our 3 qualified lymphoedema therapists provide lymphoedema treatment to all departments. As well as providing treatment for palliative patients, the lymphoedema department provides a service to some oncology patients who have been referred in by acute hospitals in our catchment area.

In 2016 lymphoedema therapists in both the Mater and Beaumont Hospitals started treating upper limb patients. This allowed SFHD to discharge stable upper limb oncology lymphoedema patients back to both of these hospitals to continue their yearly follow-ups with them. A total of 50 patients were discharged back to these Hospitals.

There was an increase in demand from IPU Blanchardstown due to its increase in bed capacity.

Education and Research

Education and research are core components of palliative care. St. Francis Hospice Dublin offers education in a number of ways:

Education

Third level education – We partner University of Dublin Trinity College to offer an interdisciplinary MSc in Palliative Care. In 2016, there were 17 students progressing through year 1 and year 2 of the programme. Additionally, theoretical input was provided by staff from the Education Department to undergraduate and post graduate nursing programmes in University College, Dublin, Trinity College Dublin and Dublin City University. The physiotherapy department provided a foundation year lecture to RCSI physiotherapy students. Research supervision to Masters and Doctorate level is provided.

All medical students from the RCSI, during their GP attachment, attend St Francis Hospice for two half days for lectures and small group teaching. Other medical students complete a longer placement at the hospice.

Clinical Placements – We provided clinical placements for 50 people from a variety of disciplines and clinical specialties in 2016.

Courses and study days – Staff from all departments of the hospice contribute their knowledge and clinical experience to teach on our courses. In 2016, 210 people from a variety of work settings attended 11 courses and study days at St. Francis Hospice.

In-service and journal clubs – In 2016, there were 721 attendances by staff at in-service training. Journal clubs are organised locally by various departments and contribute to the professional development of staff throughout SFHD.

Community outreach – In 2016, a member of the Education Team or Community Palliative Care Team visited 16 secondary schools and spoke with more than 1,100 students about hospice/palliative care.

Off-site education was provided in a number of organisations, including Central Remedial Clinic, Clontarf Hospital and the Federation of Catholic Voluntary Nursing Homes. E-learning programmes were devised and made available through the All Ireland Institute of Hospice and Palliative Care (www.palliativelearning.com).

What's New in 2016

Collaborative placement – In conjunction with the Co-ordinator of Volunteer Services and the Social Work team, a student from the European Academy of Palliative Care Leadership Programme was facilitated on an observation week in St. Francis Hospice Dublin.

Multidisciplinary outreach – The Occupational Therapy team expanded its participation in educational activity, delivering a national study day for OTs.

Research

There is an active culture of research in St. Francis Hospice, overseen by the Research Ethics Committee. It approved five research applications in 2016:

- Pilot Testing the European Association for Palliative Care (EAPC) Basic Dataset, Dr. Siobhan Ma, Palliative Medicine Registrar, St. Francis Hospice Dublin, approved April 2016.
- What are the clinical effectiveness and cost-effectiveness of different organisational models of community specialist palliative care (CSPC) provision?, Prof. Charles Normand, Edward Kennedy Chair of Health Policy and Management, Trinity College, Dublin, approved June 2016.
- A retrospective cross-sectional review of Community Palliative Care patients to describe the profile of patients attending Specialist Palliative Care Outpatient Physiotherapy: An exploratory study, Fiona Cahill, Senior Physiotherapist, St Francis Hospice Dublin, approved October 2016.
- Exhale: A palliative exercise programme for patients with advanced lung disease: An evaluation study, Barry Elliott, Physiotherapist, St Francis Hospice Dublin, approved October 2016.
- How do specialist palliative care nurses identify and manage patients with existential distress?, Zara Fay, Staff Nurse, St Francis Hospice Dublin, approved October 2016.

Publications by St. Francis Hospice Dublin Staff

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Diamond, Kate and Honan, Emer, "A new initiative to support family carers at St. Francis Hospice Dublin" in Care Alliance Ireland Exchange Newsletter, Summer 2016, Issue 51.

Finucane, Niamh, Chapter: "The role of the Social Worker in Palliative Care" in *Palliative Care Nursing at a Glance* Ed by Ingelton, C. and Larkin, P. published January 2016.

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Hegarty, D., Galvin, R., McGirr, L., Cahill, F. and McQuillan, R Association of Physiotherapists in Parkinson's Disease Europe April 2016: Physiotherapy Led Palliative Exercise Programme for Parkinson's Disease Patients (PEP-PD) in a Hospice Out-Patients Setting.

MacConville U, **McQuillan R**, 2016. "Enduring Memories: Roadside memorials in Ireland" in Death and the Irish. Dublin: Wordwell.

McQuillan, R, 2016. "Symptom Management" in Oxford Textbook of Medicine.

Selman, I, Daveson, B, Smith, M, Johnston, B, Ryan, K, Morrison RS, Panell C, **McQuillan R**, de Wolf-Linder, S, et al How empowering is hospital care for older people with advanced disease? Barriers and facilitators from a cross-national ethnography in England, Ireland and the USA Age and Ageing 2016;doi: 10.1093/ageing/afw193

Tuffrey-Wijne I, McLaughlin D, Curfs L, Dusart A, Hoenger C, McEnhill L, Read S, **Ryan K**, Satge D, Straßer B, Westergård B. Defining consensus norms for palliative care of people with intellectual disabilities in Europe, using Delphi methods: A White Paper from the European Association of Palliative Care (EAPC). *Palliative Medicine* 2016, Vol. 30(5) 446–455.

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Cahill, Fiona and Elliott, Barry. Chartered Physiotherapists in Oncology and Palliative Care study day. April 2016.

Codd M, Peelo-Kilroe L, Myers K, Reaper-Reynolds S, **Ryan K**. Palliative Care Needs Assessment (PCNA) as a cornerstone to implementing an Integrated Model of Palliative Care Provision. Oral presentation, Forum for National Clinical & Integrated Care Program, Royal Hospital Kilmainham, Dublin Oct 18, 2016.

Daveson BA, Smith M, **Ryan K**, Johnston BM, Selman L, **McQuillan R**, Meier DE, Normand C, Morrison RS, Higginson IJ, on behalf of BuildCARE. Who Will Make my Decisions When I No Longer Can? A Survey Examining Hospitalised Older Adults' Preferences in Scenarios of Incapacity. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Daveson BA, Smith M, Johnston, BM, **Ryan K**, Selman L, Morrison RS, Pannell, C, **McQuillan R**, de Wolf-Linder, S, Klass L, Meier DE, Pantilat S, Normand C, Higginson IJ, on behalf of BuildCARE. Barriers and Facilitators to Accessing Specialist Palliative Care in Hospitals for Older Adults: A Multimethod Cross-national Ethnography. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

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Daveson BA, Smith M, **Ryan K**, Johnston BM, Selman L, **McQuillan R**, Meier, DE, Normand, C, Higginson, IJ, Morrison RS, on behalf of BuildCARE. Who Really Makes the Decisions? A Survey Examining Decision-making Preferences and Associated Factors in Hospitalised Older Adults. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Davis B, Mohamad MM, Leonard M, Lucey M, Twomey F, Conroy M, **Ryan K**, Meagher D. The Impact of Delirium on Cognitive Status Across Time: Short Term Observations. Oral presentation, 9th World Research Congress of the European Association for Palliative Care (EAPC), Dublin, 9-11 June 2016

Diamond, Kate and Honan, Emer, "Development of a carer support group", IAPC Conference, November 2016.

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Hegarty, David. Association of Chartered Physiotherapists in Neurology & International Neurological Physical Therapy Association International Neurotherapy Conference March 17th & 18th 2016 London.

Poster presentation “Physiotherapy Led Palliative Exercise Programme for Parkinson’s Disease Patients (PEP-PD) in a Hospice Out-Patients Setting”.

Higginson I, Daveson B, Morrison S, Yi, D, Meier D, Smith M, **Ryan K, McQuillan, R**, Selman L, Normand C, BuildCARE. Factors Associated with Preference for and Actual Place of Death among Older Patients with Advanced Disease: A Prospective Study in the UK, USA and Ireland, Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Higginson I, Daveson B, Morrison S, Yi D, Meier D, Smith M, **Ryan K, McQuillan, R**, Selman L, Normand C, BuildCARE. Are Different Factors Associated with Preferred versus Actual Place of Death in Advanced Diseases? A Three Country Comparison. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Hudson, Andrew Elias, **McQuillan, Regina. Providing Palliative Care in Hostels: A Case Series.**

Johnston BM, Tobin K, Normand C, **Ryan K, McQuillan R**, Daveson BA, Smith M, Selman, L, Meier DE, Morrison RS, Higginson IJ, on behalf of BuildCARE. Eliciting Older Patients’ Preferences for Complex Packages of Palliative Care in the Acute Hospital Setting. Oral presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Kane P, Murtagh F, **Ryan K**, Brice M, Mahon NG, McAdam B, **McQuillan R**, Tracey C, O’Gara G, Howley C, Raleigh C, Higginson, IJ, Daveson BA, on behalf of BuildCARE. Recruitment Challenges Experienced with Patients with Advanced Chronic Heart Failure. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Kiernan G, Guerin S, Courtney E, **McQuillan R, Ryan K**. Palliative Care in the Context of Services for Children with Neurodevelopmental Disabilities and Their Families: A Delphi Study. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Mohamad MM, Davis B, Leonard M, Lucey M, Twomey F, Conroy M, **Ryan K**, Meagher D. Assessing Depressive Symptoms in Palliative Care Inpatients with the Cornell Scale for Depression in Dementia (CSDD). Oral presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

O’ Farrell J, Hynes G, **Ryan K**, McCallion P, McCarron M, Equality of Care: Love, Care and Solidarity Relations for Older Adults with Intellectual Disability in Ireland at End of Life. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Ryan P, **Ryan K**, Doherty L, McIlpatrick S, **McQuillan R**, O’Leary N, Bogan C, Normand C. What are the clinical effectiveness and cost- effectiveness of different organisational models of community specialist palliative care provision? Poster presentation, 1st National Patient Safety Office conference, Dublin, Dec 7-8, 2016

Selman LE, Daveson B, Smith, M, Johnston B, **Ryan K**, Morrison RS, Tobin K, PanellC, **McQuillan R**, Ferguson T, Resion A, Pantilat SZ, Meier DE, Normand C, Higginson I. How empowering is hospital care for older adults, and what difference does palliative care make? A cross-national ethnography in England, Ireland and the USA. Oral presentation, 21st International Congress on Palliative Care, Montreal, Oct 18-21, 2016

Selman L, Daveson B, Smith, M, Johnston B, **Ryan K**, Morrison, Rolfe S, Pannell C, **McQuillan R**, de Wolf-Linder S, Klass L, Meier D.E., Pantilat S, Normand, C, Higginson IJ, BuildCARE. How Empowering is Hospital Care? Challenges and Solutions from A Cross-national Ethnography in Ireland, the UK and the USA. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Smith M, Daveson BA, Johnston BM, **Ryan K**, Selman L, **McQuillan R**, Meier DE, Normand C, Morrison R.S, Higginson IJ, on behalf of BuildCARE. Which Symptoms Are Problematic in Hospitalised Older Adults with Palliative Care Needs? A Cross-sectional Study in the UK. Poster presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016

Yi D, Higginson I, Daveson B, Morrison S, Meier D, Smith M, **Ryan K, McQuillan R**, Selman L, Normand C, BuildCARE. Comparison of Care Use in the Last Three Months of Life among the Elderly in Three Countries. Oral presentation, 9th World Research Congress of the EAPC, Dublin, 9-11 June 2016.

Volunteer Services

Since its foundation volunteers have been an integral part of St. Francis Hospice. The role of the volunteer in St. Francis Hospice is recognised and valued as an essential part of the team. The hospice would not be able to provide the level of care it achieves without the generous contribution made by the volunteers. As the hospice services have developed, so has the volunteer service. Today, 298 volunteers support 44 roles with St Francis Hospice Raheny, Blanchardstown and the Dublin North City & County community.

In November 2016 St. Francis Hospice Dublin won the “Best Public Service Excellence Award” at the Fingal Dublin Chamber of Commerce Business Excellence and Corporate Responsibility Awards. The award was in recognition of the best practice establishment and development of the volunteer service at St. Francis Hospice Blanchardstown since 2012.

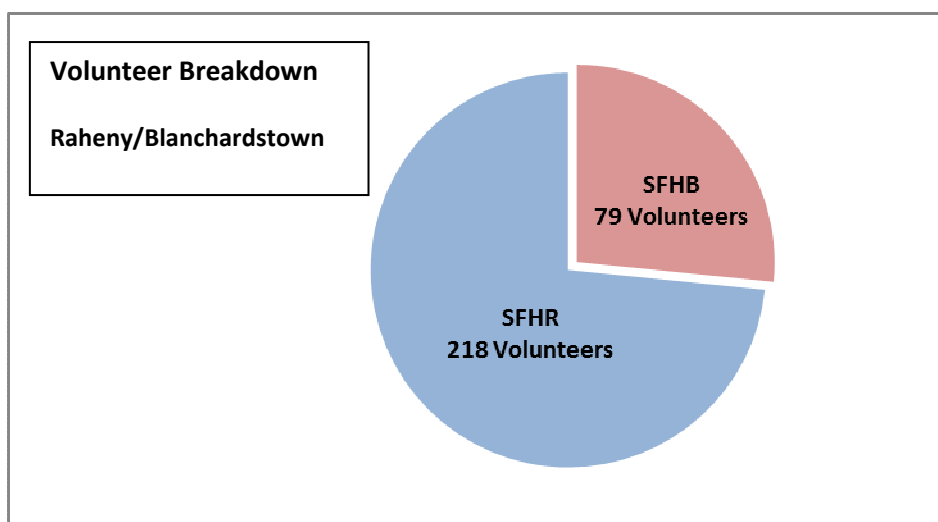
In 2016, 42 new volunteers were recruited. As the turnover of volunteers is quite low, we maintained and also improved the current services.

During the year, 36 volunteers were recognised for their long standing commitment to St Francis Hospice.

- 5 years in service – 16 Volunteers
- 10 years in service – 10 Volunteers
- 15 Years in service – 6 Volunteers
- 20 years in service – 4 volunteers



The 4 volunteers who were honoured for 20 years in service, pictured with the Leadership Team and Coordinator of Volunteer Services.



What's New in 2016

E-vetting – The introduction of the Garda e-vetting process for all new volunteers ensures that we can have volunteers vetted within 7 days.



Corporate volunteering – In October, staff of Symantec planted more than 1,000 daffodils and tulips around the grounds of St Francis Hospice Blanchardstown as a part of our corporate volunteer initiative. Symantec purchased all the bulbs and compost and also donated €15 for every hour a volunteer gave.

Fundraising

Our donors, once again, have been extraordinarily generous not only financially but also with the time that they have given to St. Francis Hospice in 2016. Their support, which comes in so many ways, ensures that the hospice can continue to provide a very high standard of care for patients and families.

Financially, this year has seen an increase in a number of our Campaigns/Projects which had fallen back significantly during the recession. This return to growth in income will give us confidence to move forward with improvements in our day to day services and capital projects, specifically, the redevelopment of St. Francis Hospice, Raheny.

Now operating from both hospices, the Fundraising Team worked diligently and enthusiastically with all our brilliant supporters to achieve the following income associated with our Campaigns, Projects and Support Events:

National Sunflower Days which was held in Shopping Centres across North Dublin City and supported by our brilliant Volunteer Co-ordinators and collectors achieved an increase on 2015 income.

VHI Women's Mini Marathon, a day when so many hospice supporters take to the streets of Dublin to walk or run in the marathon, collectively achieved an increase on 2015 income.

Ireland's Biggest Coffee Morning For Hospice together with Bewley's saw Coffee Morning hosts throughout North Dublin City and County brewing up with their families, friends, neighbours and work colleagues on the day achieving an increase on 2015 income.

Merchandise Sales grew significantly at the latter part of the year mainly due to the sponsoring of lights on our hospice Christmas tree through the hospice and online, on our virtual Christmas tree. Combined with our merchandise throughout the year sales achieved an increase on 2015 income.

Hospice Monthly Draw regular income which is so important to the hospice remained steady throughout the year and held its own due to a small mailing seeking new members for the Draw.

Mite Boxes which is another form of regular income to the hospice fell slightly but we are very grateful to our Voluntary Mite Box Co-ordinators who work tirelessly throughout the year depositing and collecting Mite Boxes located across the North side.

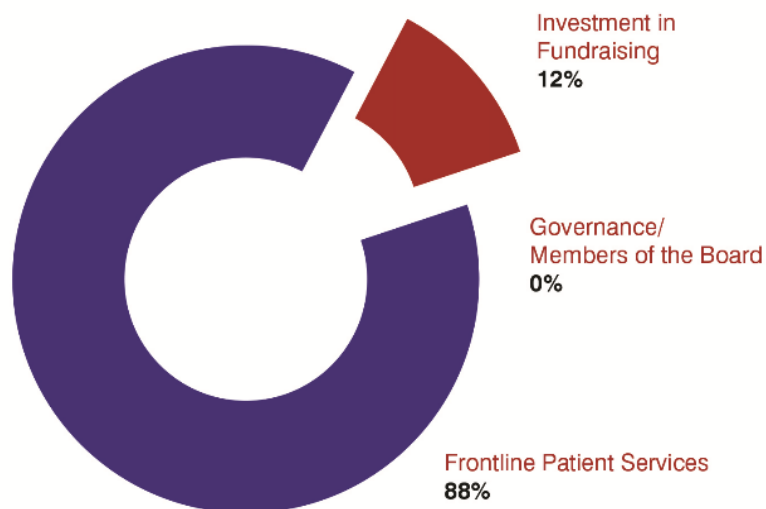
Supporter/Corporate Events showed a substantial increase thanks to the innovative, imaginative and dedicated efforts of our supporters/corporate partners who collectively held over 300 events to raise funds for the hospice achieving an increase on 2015 income.

Christmas Appeal; made up of collections held throughout shopping centres across North Dublin City and County, supported by our brilliant Volunteers. This year our Collection Co-ordinators went over and above the normal sales of Decorations and Christmas Cards also taking on the sale of lights on the hospice Christmas trees. This aspect of the collection was very well received by hospice supporters. We are so grateful to our Collection Co-ordinators who went that extra mile. We are also very grateful to the men and women of Dublin Fire Brigade for taking to the city centre with their Annual Collection. The total proceeds achieved from all collections throughout the Christmas appeal represented an increase on 2015 income.

Blanchardstown Centre Oratory Group continues to support the hospice by holding two major events annually and also acts as a huge advocate for the hospice within the local community. This year the Blanchardstown Centre Oratory Group in tandem with the community raised the very generous amount of €244,483.

Unsolicited Income through Donations, Donations in Memory, Standing Orders and Wills once again represented an extraordinary show of support from our hugely generous donors, resulting in an increase on 2015 income.

Where Your Money Goes



For every €100 raised €88 goes towards patient services.

Thank you for your support!

In 2017 we look forward to working closely together with all hospice supporters. The mission and goal of the Fundraising Team is to achieve as much as we possibly can; the more money we can raise the more we can do to ensure that all in our care are treated with the utmost dignity, respect and compassion.

**ST. FRANCIS HOSPICE DUBLIN
(COMPANY LIMITED BY GUARANTEE)**

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2016**

	2016	2016	2016	2015	2015	2015
	Restricted	Unrestricted	Total	Restricted	Unrestricted	Total
	Funds	Funds		Funds	Funds	
	€	€	€			€
INCOME FROM:						
Donations and legacies	21,178	2,305,952	2,327,130	11,520	2,038,721	2,050,241
Charitable activities	10,712,143	68,002	10,780,145	10,405,479	65,258	10,470,737
Other activities	18,340	2,112,344	2,130,684	14,534	1,901,040	1,915,574
Investment income	-	38,099	38,099	-	38,956	38,956
Total	10,751,661	4,524,397	15,276,058	10,431,533	4,043,975	14,475,508
EXPENDITURE ON:						
Raising funds	-	538,210	538,210	-	484,461	484,461
Charitable activities	10,927,356	4,380,794	15,308,150	10,642,507	4,118,270	14,760,777
Total	10,927,356	4,919,004	15,846,360	10,642,507	4,602,731	15,245,238
Net Expenditure	(175,695)	(394,607)	(570,302)	(210,974)	(558,756)	(769,730)
Taxation	-	-	-	-	-	-
Net expenditure for the financial year	(175,695)	(394,607)	(570,302)	(210,974)	(558,756)	(769,730)
RECONCILIATION OF FUNDS						
Total funds brought forward	614,572	27,567,689	28,182,261	825,546	28,126,445	28,951,991
Total funds carried forward	438,877	27,173,082	27,611,959	614,572	27,567,689	28,182,261

There are no other recognised gains or losses other than those listed above and the net movement in funds for the financial year. All income and expenditure derives from continuing activities.

**ST. FRANCIS HOSPICE DUBLIN
(COMPANY LIMITED BY GUARANTEE)**

**BALANCE SHEET
AS AT 31 DECEMBER 2016**

	2016	2015
	€	€
Fixed Assets		
Tangible fixed assets	33,496,660	34,654,938
Financial fixed assets	100	100
	<u>33,496,760</u>	<u>34,655,038</u>
Current Assets		
Debtors	70,237	48,801
Cash at bank and in hand	2,933,519	3,049,214
	<u>3,003,756</u>	<u>3,098,015</u>
Creditors: Amounts falling due within one financial year	(1,879,980)	(1,637,712)
Net current assets	<u>1,123,776</u>	<u>1,460,303</u>
Total assets less current liabilities	<u>34,620,536</u>	<u>36,115,341</u>
Creditors: Amounts falling due after more than one financial year	(5,332,202)	(5,944,705)
Government (HSE) grant	(1,676,375)	(1,988,375)
NET ASSETS	<u>27,611,959</u>	<u>28,182,261</u>
 CAPITAL AND RESERVES		
Unrestricted reserves	27,173,082	27,567,689
Restricted reserves	438,877	614,572
	<u>27,611,959</u>	<u>28,182,261</u>

The financial statements were approved and authorised for issue by the Board of Directors on 24 May 2017 and signed on its behalf by:

Justice Peter Kelly
Director

Patrick Kenny
Director

**ST. FRANCIS HOSPICE
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Charity Number 10568

