

2017 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

Web: www.sfh.ie

Email: info@sfh.ie

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
- **Outpatient Service** for nursing/medical care, physiotherapy, complementary therapies, lymphoedema treatment
- **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

Care of Families and Friends

The hospice philosophy also addresses the needs of the patients' families and friends. At St. Francis Hospice Dublin:

- 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
- We encourage family and friends to share in the care of their loved one
- We offer bereavement support, 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. All make 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

Throughout 2017, St. Francis Hospice Dublin continued to provide specialist palliative care services to patients and families. These services included in-patient care, community palliative care, day care and outpatient services from its facilities in Raheny and Blanchardstown.

A sincere thank you to the 259 staff and 308 volunteers of the hospice and to my fellow Directors for the great efforts they have made during 2017 in ensuring the provision of a first class hospice service for our patients and their families.



Mr. Tom McMahon, Interim Chairman

In 2017 our Chairman, Mr. Justice Peter Kelly, resigned from the Board of Directors. Justice Kelly reflected that his work with St. Francis Hospice Dublin had been the most rewarding thing he has done in his life and he is very happy to continue to support the hospice into the future. During his eleven years as Chairman, St. Francis Hospice Blanchardstown was developed and is now providing services to patients and families. Justice Kelly extended thanks to his fellow Directors, the CEO, Medical Director and the Director of Nursing for their support and the work they do. It is appropriate to acknowledge Justice Kelly's immense contribution to St. Francis Hospice Dublin over many years. He has been an inspiring and outstanding Chairman who has shown great initiative and leadership.

The hospice is extremely grateful to all who have participated in raising funds for our two hospices during 2017. I would ask you to continue to support us with the same level of generosity in 2018. In addition to the funding from the Health Service Executive we will need to raise €4.5 million in 2018 to cover both the operational costs and the repayments on the bank loan of €5.6 million. I thank in a special way our benefactors without whom we would be unable to provide a quality hospice service.

In November 2017, Mr. Dermot McCarthy was elected to the Board of Directors with a view to his assuming the Chairmanship in 2018. I look forward with hope and confidence for the future development of the services we provide in North Dublin and its environs.

**Mr. Tom McMahon,
Interim Chairman, Board of Directors.**

CEO's Statement



Long Service Recognition Award Ceremonies

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 our care for 1,622 patients and their families. This represents a 5% increase on 2016 activity and a 13% increase on 2015 activity.

It takes great courage for our patients and their families to cross the threshold 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. Through the years the talents and efforts of our staff and volunteers have developed a health service which is amongst the most respected and valued organisations in North Dublin and beyond. Each year the hospice acknowledges the accomplishments and commitment of its staff and volunteers' work for patients and families through our long service awards.

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.

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 and beyond 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 from 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 all 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 or socio-economic status.
- 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

Dr. John Cooney
Sr. Bernadette MacMahon, DC
Mr. Thomas Joseph McMahon
Dr. Patrick Ussher
Mr. Patrick Kenny
Sr. Annette McKenna, DC (*resigned 25th January 2017*)
Mr. Justice Peter Kelly (*resigned 31st May 2017*)
Fr. Philip Baxter (*appointed 28th June 2017*)
Prof. Peter Daly (*appointed 28th June 2017*)

Directors

The Directors, who served during 2017, were as follows:

Mr. Justice Peter Kelly (Chairman) – *resigned 31st May 2017*
Sr. Bernadette MacMahon, DC (Vice Chairperson)
Dr. John Cooney
Mr. Thomas Joseph McMahon (Interim Chairperson)
Ms. Mary Hayes
Mr. James Flynn
Prof. Peter Daly
Fr. Philip Baxter, OFM Cap
Mr. Joseph Pitcher
Mr. Patrick Kenny
Dr. Carol-Ann Casey
Ms. Ita Gibney
Mr. Pdraig O’Dea
Sr. Annette McKenna, DC (*resigned 25th January 2017*)
Sr. Bridget Callaghan, DC (*resigned 25th January 2017*)
Sr. Nuala Dolan, DC (*appointed 24th May 2017*)
Sr. Claire McKiernan, DC (*appointed 24th May 2017*)
Mr. Dermot McCarthy (*appointed 29th November 2017*)

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 2017. In addition, the Annual General Meeting of Trustees/Members was held in June 2017.

Position	Name	Attendance at Board Meetings
Director / Chairperson	Mr. Justice Peter Kelly (resigned May 2017)	3/3
Director	Mr. Dermot McCarthy (appointed Nov 2017)	1/1
Director/ Vice Chair	Sr. Bernadette MacMahon	4/6
Director	Dr. John Cooney	3/6
Director / Interim Chair	Mr. Thomas Joseph McMahon	6/6
Director	Sr. Annette McKenna (resigned Jan 2017)	0/1
Director	Sr. Nuala Dolan (appointed May 2017)	1/4
Director	Ms. Mary Hayes	1/6
Director	Mr. James Flynn	5/6
Director	Prof. Peter Daly	6/6
Director	Fr. Philip Baxter	4/6
Director	Mr. Joseph Pitcher	4/6
Director	Mr. Patrick Kenny	3/6
Director	Sr. Bridget Callaghan (resigned Jan 2017)	0/1
Director	Sr. Claire McKiernan (appointed May 2017)	3/4
Director	Dr. Carol-Ann Casey	4/6
Director	Ms. Ita Gibney	6/6
Director	Mr. Pdraig O’Dea	6/6
CEO	Mr. Fintan Fagan	6/6
Company Secretary	Ms. Angela Coughlan	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 13.

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 Arrangement 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)**

The role of the Governance and Risk Committee (to include Nominations and Remuneration) is to oversee the implementation of governance & risk management in St. Francis Hospice Dublin. Four meetings were held during 2017 and the attendance by Directors is detailed below:

Governance & Risk Committee	
Members	Attendance at Meetings in 2017
Mr. Thomas Joseph McMahon (Chair – 3/3)	4/4
Mr. Pdraig O’Dea (Chair - 1/1)	4/4
Sr. Bernadette MacMahon	4/4
Prof. Peter Daly	3/4
Mr. Patrick Kenny	4/4
Mr. Joseph Pitcher	4/4
Mr. James Flynn	3/4

- **Audit**

The role of the Audit Committee is to focus principally on assisting the Board in fulfilling its duties by providing an independent and objective review of the financial status and performance of St. Francis Hospice Dublin. Four meetings were held during 2017 and the attendance by Directors is detailed below:

Audit Committee	
Members	Attendance at Meetings in 2017
Mr. Patrick Kenny (Chair)	4/4
Mr. Padraig O’Dea	4/4
Mr. Joseph Pitcher	4/4

- **Quality and Safety**

The role of the Quality and Safety Committee is to make a positive difference to the Safety, Health and Welfare of all service users, staff, volunteers and visitors in St. Francis Hospice Dublin. Four meetings were held during 2017 and the attendance by Directors is detailed below:

Quality and Safety Committee	
Members	Attendance at Meetings in 2017
Prof. Peter Daly (Chair)	4/4
Fr. Philip Baxter	3/4

- **Fundraising Advisory**

The role of the Fundraising Advisory Committee is to ensure that all fundraising is conducted in line with the Policy on Fundraising agreed by the Board of St. Francis Hospice Dublin. Four meetings were held during 2017 and the attendance by Directors is detailed below:

Fundraising Advisory Committee	
Members	Attendance at Meetings in 2017
Mr. James Flynn (Chair)	4/4
Prof. Peter Daly	3/4
Fr. Philip Baxter	3/4

- **Research Ethics**

The role of the Research Ethics Committee is to consider applications for research projects in terms of the ethical aspects of research and to determine whether or not it is appropriate to have such research projects carried out at St. Francis Hospice Dublin or by staff of St. Francis Hospice Dublin in settings where no Research Ethics Committees are available. Two meetings were held during 2017 and the attendance by Directors is detailed below:

Research Ethics Committee	
Members	Attendance at Meetings in 2017
Mr. Thomas Joseph McMahon (Chair)	2/2

The above sub-committees meet on a regular scheduled basis throughout the year. The committees are chaired by Board Directors and membership includes Board Directors, Leadership and Executive Team members, departmental managers and other key personnel.

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 adopted the Statement of Guiding Principles for Fundraising and confirms that St. Francis Hospice Dublin is committed to complying with the Statement and will 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

2017 was another successful year with a continuing increase in the provision of Hospice services. There were 10,996 nursing visits and 922 medical visits to patients at home. In Hospice Day Care, there were 183 patients with a total of 2,240 attendances. There were 642 admissions to the In-Patient Units. In addition, there were 2,210 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 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 2017 is included in this annual report. The main features are:

- A deficit of expenditure over income of €1,389,413. This is an increase of €507,111 on the deficit of €882,302 reported for the previous financial year. The increase arises mainly as a result of un-funded pay restoration awarded to staff in April 2017 and a decrease in fundraising income during the year.

Report of Objectives for 2017

The following key strategic objectives for 2017 were achieved:

- To improve access to specialist palliative care services.
- To continue the planning for the redevelopment of St. Francis Hospice Raheny.
- To develop and maintain strong / productive working relationships with the HSE (locally, nationally) to promote continuity and development of services.
- To review and update the Corporate Governance Manual and Code of Conduct for the Board of Directors.
- To develop and support the Fundraising Team to maintain and increase fundraising income.
- To conduct an in-depth ICT security and infrastructure review.

Activities and Achievements During 2017

Improved Access to Specialist Palliative Care Services

The hospice continues to perform well and improve its service provision to patients and families. In particular, St Francis Hospice is committed to improving access to our services for people with life limiting conditions. We cared for 1,622 patients and their families in 2017. This represents a 5% increase on 2016 activity and a 13% increase on 2015 activity.

In the year 2017:

- 94% of patients referred to our Community Palliative Care service received a visit within 7 days
- 93% of patients referred to our In-Patient service were admitted within 7 days

Continue 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 2017 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.

Minor Capital Developments

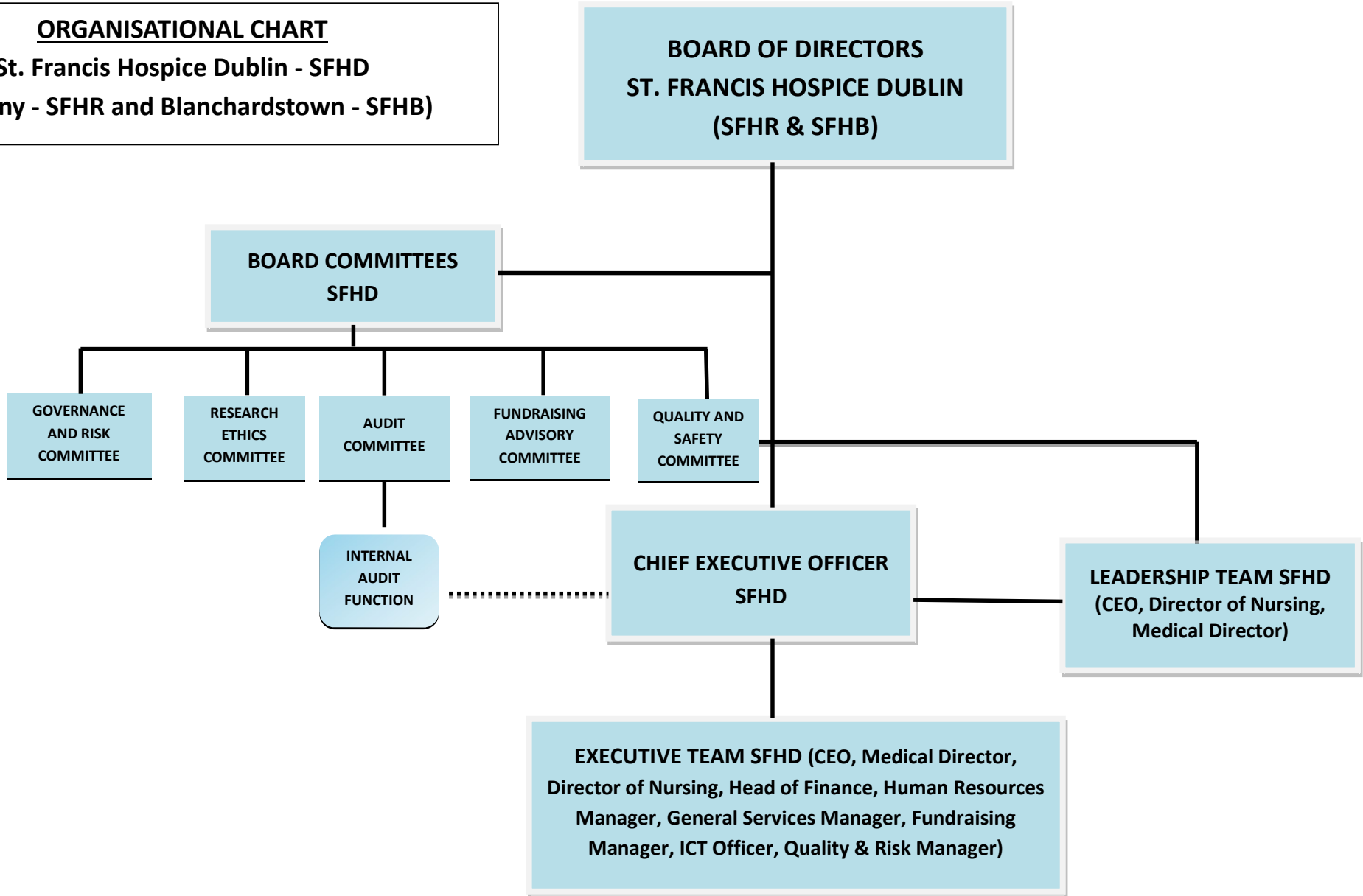
Minor capital funding of €250,000 was received from the HSE which is being used to improve patient facilities and essential infrastructure projects.

Report on Complaints for 2017

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.

St. Francis Hospice received a total of eleven complaints during 2017. These complaints were dealt with in accordance with our Complaints Policy and all are now closed. 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

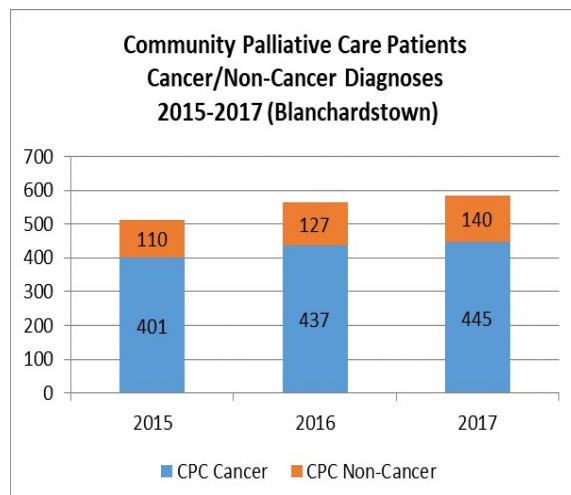
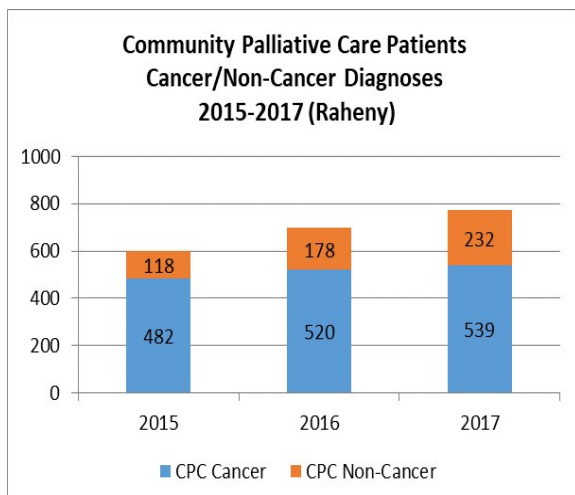
The Community Palliative Care team is made up of doctors, nurses, chaplains, social workers, volunteers and administration staff. We use our specialist knowledge and experience to support people who are living at home with a life limiting illness, and their families. Our aim is to help patients to live as well as possible for as long as possible at home through our expert knowledge in symptom control and management of psychosocial complexities. We support the patient’s GP and PHN in the delivery of palliative care.

An increasing number of referrals to the Raheny team in 2017 (745 compared with 527 in 2016) led to a review and adjustment of the existing boundary between Blanchardstown and Raheny with Swords being reallocated to the Blanchardstown Team for the foreseeable future.

The use of outpatients for nursing and medical reviews, where appropriate, has continued to increase, facilitating the prompt initial assessment of patients newly referred to CPC.

Referrals to CPC of patients with non-malignant disease

There was a 37% increase in the number of referrals to the CPC team of patients with non-malignant disease (417 referrals in 2017 compared with 305 referrals in 2016). In order to provide equity and reduce delays in assessment, the Clinical Nurse Specialists began undertaking initial assessments of these patients; these had previously been done solely by the medical team.



Nursing Homes Engagement and Project ECHO

There has been a greater demand for the community palliative care team to engage collaboratively with nursing home staff to develop their understanding and provision of palliative care. We received 159 referrals from nursing homes in 2016 and 340 in 2017. Recognising this increased demand from nursing homes, CPC identified a gap in palliative care provision. A number of meetings were held with the nursing home managers and senior staff in order to build relationships, identify learning needs, and to plan how we could support them in developing best practice and improving their knowledge. Clinical guidelines were reviewed, in order to optimise the management of symptoms at the end of life, and the use of the POLST (Physicians Orders for Life-Sustaining Treatment) form was encouraged to help staff address advance care planning with patients and their families. An on-line education programme was developed by the SFH education department for nursing home staff.

We subsequently had the opportunity to participate in Phase 2 of Project ECHO (Extension for Community Healthcare Outcomes), which was funded by the HSE and project managed by the All Ireland Institute for Hospice and Palliative Care. This is a collaborative model of clinical education and care management that empowers healthcare professionals to provide better care to more people where they are based. The objectives of this ECHO project are to increase access to specialist palliative care advice and to support nursing home staff to improve their knowledge and skills in the care and management of patients with a wide range of palliative care needs. Twenty-four nursing homes are participating and this initiative will run from March-September 2018 followed by an evaluation of the project.

Outcome Measurement:

Outcome measurement provides information used for quality improvement and audit, resource allocation, and benchmarking of services, and there is growing evidence that routine outcome measurement leads to improvements in patient care. CPC have been routinely collecting clinical data at each patient encounter since 2013, and during 2017 work progressed to ensure that this data is used in order to demonstrate the effectiveness of our care, to monitor workload, and to improve clinical handover. In addition, analysis of this data has provided greater insight into the outcomes and palliative care needs of subgroups of patients, including patients with non-malignant conditions and paediatric patients under our care.

HCI Gap Analysis: / Quality Improvement

An audit of the CPC service was carried out by an external group, Health Care Informed; the aim was to benchmark our service against the HIQA National Standards for Safer, Better Healthcare. The multidisciplinary team in CPC engaged fully with the audit process and in a positive manner have embraced the quality improvements recommendations following the audit. One example was the development of a new service wide assessment pro forma, which now follows a more streamlined approach to patient assessment.

Other examples of quality improvement initiatives in 2017 are:

- a review of the CPC medication documents;
- an overall review of the pathway of care through CPC;
- better definition of the role of CPC within the wider health and social care system;
- development of a protocol to ensure good communication between CPC and National Ambulance Service staff transporting patients from their homes into the inpatient unit.

Clinical Nurse/Midwife Specialists Professional Development Programme

The role of the Clinical Nurse Specialist (CNS) in Ireland has developed in response to service need and service demands in a flexible and innovative manner. With changing models of care delivery and changing demographics and epidemiological profile, CNS roles have developed to respond to these challenges and the more complex care needs of the population. The CNS role entails supporting the implementation of policy, addressing patient expectations, contributing to service reform along with a major clinical focus to their work. Continuous professional development is therefore essential to maintain and enhance core competencies and meet locally identified training needs.

Two nurses from the CPC team have completed the Professional Development Programme CNSp CMSp with the Health Service Executive. Two additional nurses will complete the training in 2018. Nurses have found the course very useful in terms of their professional development and developing their core competencies and leadership skills.

What's New in 2017

T34 Syringe Drivers – The CPC team converted from the Graseby syringe drivers after many years of service to the new McKinley T34 syringe drivers, which are now used nationally. This transition required additional training and education of the CPC team and development of a new patient leaflet.

Outpatient Services

The Outpatients Department Raheny celebrated its 10-year Anniversary in October 2017. Since opening we have seen the service grow and develop into an efficient and effective service working with the multidisciplinary team to provide best patient care. For some patients the Outpatient Department is the first introduction to SFHD and is often used as a stepping stone to other hospice services available to them.

Patients referred to the Outpatient Departments of SFHD can avail of the following:

- Complementary Therapies
- Physiotherapy
- Manual Lymph Drainage for treatment of Lymphoedema
- Nursing Review
- Medical Assessment and Review (Raheny – to be offered in Blanchardstown in 2018)
- Social Work
- Chaplaincy

These services can be accessed all on the same day, at pre-arranged appointment times, with no long waiting periods. Patients have expressed to outpatient staff the impact attending the outpatients for treatment has had on their lives.

One gentleman who attends would not leave his house and had become very depressed and stressed since his palliative diagnosis. He was very fearful of hospice input into his care and of attending the hospice. This had impacted greatly on his family and quality of life. After much encouragement from CPC nurses and OPD admin he now attends weekly and has reported to staff how it has given him his confidence back, improved his health and his quality of life.

The Outpatient Department in Raheny facilitated the Exhale Programme run by the Physiotherapy Department (see page 27). The support of the administrative staff and the availability of transport provided by the outpatients department added to the success of the programme.

The Outpatient Department runs the Therapeutic Programme, which is a short term programme of care for patients with life limiting illness, with specialist palliative care needs but not requiring the services of the CPC team. The treatments offered are physiotherapy and complementary therapy. Patients are discharged back to their GP after finishing the programme. Patients attending this service can also avail of hospice transport. This Therapeutic Programme has worked very well for symptom control with the patients who have completed the programme.

“Thank you to all the staff for making Outpatients such a welcoming place to come. It has helped me immensely with all that is going on and has helped to make a bad situation bearable.”

Hospice Day Care

Hospice Day Care provides Specialist Palliative Care Services in a therapeutic environment with a social aspect. It provides support for physical, psychological, spiritual and social needs through symptom management, future care planning and practical advice. It is also beneficial in providing respite for carers. We provide support for families and carers through telephone contact, meetings and facilitating support groups.

Hospice Day Care is staffed by a multidisciplinary team of nurses, health care assistants, complementary therapists, social workers, chaplains, administrative staff, household assistants and bus drivers. The service could not function without the support of our volunteers, who enhance the patient experience. Their commitment and personal contribution is very much appreciated.

ST FRANCIS HOSPICE DAY CARE SERVICE 2017		
	Hospice Day Care Blanchardstown	Hospice Day Care Raheny
Total Attendance:	741	1499
Total Patients:	60	123
New Patients:	36	86

The annual Hospice Day Care Art Exhibition was held in March. All of the work displayed was created by the patients attending the service. Many had not painted before but found a hidden talent. Family and friends came along to celebrate each person's creativity and talent. These paintings contributed to the annual St. Francis Hospice calendar.

A four week programme to support carers, developed by SFH staff in 2015, was run on four occasions during 2017 and attended by 26 carers. Plans are in place to expand the Carer Support Group for Carers who are unable to commit to a 4 week programme, to meet their needs in a flexible and innovative way.

Patients and families both benefit from Hospice Day Care, as expressed by a relative who wrote:

"It was a new lease of life for him, he made new friends and joining the art class meant so much to him. We now have his paintings to treasure. Your eagerness to help him in every way was a tremendous support to him and to us at such a difficult time and is a consolation to us now."

What's New in 2017

Go For Life - This new exercise programme, developed by the HSE, was introduced in Raheny. One Healthcare Assistant was trained to facilitate it. Go for Life is a fun activity which encourages gentle movement and flexibility.

Inpatient Care

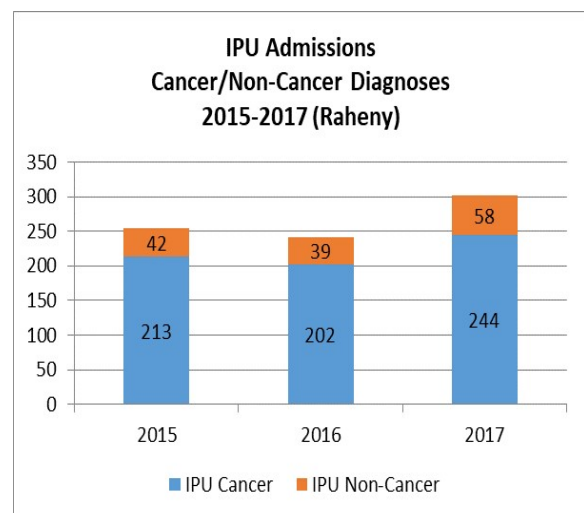
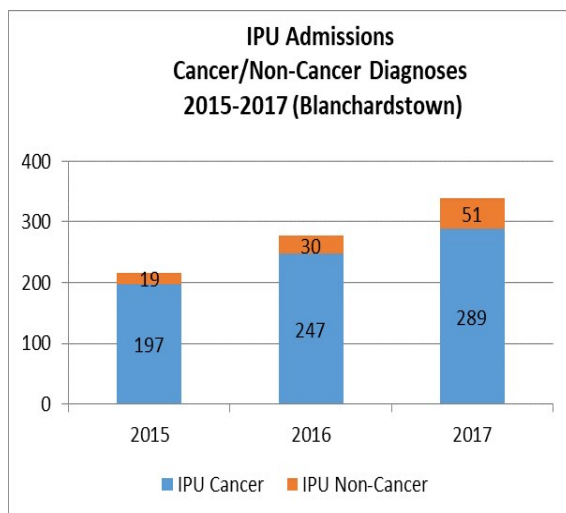
St. Anne’s Inpatient Unit, Raheny, and the Inpatient Unit, Blanchardstown, can accommodate 19 and 24 patients, respectively. All beds in Blanchardstown are in single rooms, while Raheny has 7 single rooms and 3 four-bedded rooms. Both sites have children’s playrooms, therapy rooms and rooms for the use families if they wish to stay overnight.

There are various reasons why individuals may be admitted to the Inpatient Unit. These include:

- Specialised palliative care for people with complex needs –at the end of life for patients with cancer or motor neurone disease; end stage renal, cardiac or respiratory disease.
- Patients requiring complex symptom management and psychosocial and spiritual support with a plan for discharge home.

In 2017 we recommenced our respite programme for patients receiving care from the St Francis Hospice Community Palliative Care Team, allowing planned admissions of specific duration, to relieve carers and preventing longer term crisis admissions.

IPU JANUARY to DECEMBER 2017	Raheny	Blanchardstown
Admissions:	302	340
Discharges:	46	40
Deaths:	254	299



Cuan is a Gaelic word meaning harbour and is the name of a meeting held in the Inpatient Units every month for one hour. It is a safe confidential space for staff to reflect on patients who have died in the previous month in the unit. It is recognised as a staff support and it allows staff to talk about the vulnerability of the emotional side of working in palliative care and the effects it has on each of us. We are delighted to hear that it is being launched in the Northwest Hospice in Sligo following a visit here from one of the staff to sit in and experience Cuan.

What's New in 2017

Falls Awareness – We have had a strong focus in 2017 on reducing the frequency of falls by raising awareness and reducing risk factors. We had our first annual falls awareness week in November, highlighting staff, patient and family awareness around falls prevention. We introduced new signage in the rooms and provided gripper socks to patients.

St. Francis Hospice Dublin Service Statistics 2017

St. Francis Hospice Dublin All Services	
Total Patients	1657 (73% cancer/27% non-cancer)
Deaths	1168
Place of Death	
At Home	28% (328)
Hospital	11% (125)
Nursing Home	14% (163)
Inpatient Unit	47% (554)

St. Francis Hospice Dublin Key Performance Indicators	
Admission to Inpatient Unit Raheny & Blanchardstown within one week	93%
Assessment by Community Palliative Care Raheny & Blanchardstown within one week	94%

St. Francis Hospice Raheny Annual Statistics 2017

Community Palliative Care Service Raheny	
Nursing - Home Visits	6282
Medical – Home Visits	550
New Patients	574 (3 under 18)
Total Patients	771 (70% cancer/30% non-cancer)
Hospice Day Care Raheny	
Total Attendances:	1499
New Patients (<i>included in total patients figure</i>)	86
Total Patients	123

Outpatient Department Raheny (Walmer Villa)	
Complementary Therapy	115 patients (80 new patients)/1081 attendances
Lymphoedema	26 patients (22 new patients)/93 attendances
Oncology Lymphoedema	23 patients (0 new patients)/42 attendances
Physiotherapy	104 patients (91 new patients)/510 attendances
Inpatient Unit Raheny	
Admissions	302
Discharges (to CPC Teams/Home)	46
Deaths	254

St. Francis Hospice Blanchardstown Annual Statistics 2017

Community Palliative Care Service Blanchardstown	
Nursing - Home Visits	4714
Medical – Home Visits	372
New Patients	446 (2 under 18)
Total Patients	585 (76% cancer/24% non-cancer)
Hospice Day Care Blanchardstown	
Total Attendances	741
New Patients (<i>included in total patients figure</i>)	36
Total Patients	60

Outpatient Department Blanchardstown	
Complementary Therapy	78 patients (54 new patients)/281 attendances
Lymphoedema	18 patients (18 new patients)/42 attendances
Physiotherapy	62 patients (52 new patients)/161 attendances
Inpatient Unit Blanchardstown	
Admissions	340
Discharges (to CPC Teams/Home)	40
Deaths	299

Services Provided Throughout the Hospice

Social Work & Bereavement Services

Social workers work collaboratively with members of the multidisciplinary team to support patients and their families as they adjust to the news of a life-limiting illness. Social Work support focuses on the impact of illness for both the patient and their family. This may include practical support, advocacy and counselling. It also includes helping patients and families to communicate about and adjust to the changes that are taking place, develop ways of expressing and managing strong emotions, deal with worries and conflict and to plan for the future. 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 2017, the social work department offered a service to 551 patients and 436 clients.**

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. In June 2017, two members of the Social Work team ran a two-session psycho-educational group for 16 parents on Supporting Bereaved Children. Feedback was very positive and this programme will take place annually.

The Volunteer Bereavement Support Service (VBSS) provides bereavement support on a one-to-one basis to bereaved relatives who require extra support. There are 15 active volunteers working under the supervision of the social workers; this includes one volunteer counsellor. In 2017, we recruited two new volunteers to VBSS, both had previous training and experience in bereavement support. The VBSS service is primarily based in Raheny. We continue to operate a limited number of appointments on Thursday afternoon in Blanchardstown.

No. of Clients who received a service in bereavement		Individual face to face Contacts (Inpatient visits, home visits, day care visit, office visit)	Family Support (2 or more people)	Phone calls
Social Work	301	685	13	609
Volunteer Support	261	541 supportive listening sessions + 146 bereavement counselling sessions with volunteer Total = 687	9 (Joint SW/vol. sessions)	205 (SW assessment for suitability of vol. service)

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. At the Bereavement Information Evenings the social workers provide a short talk about grief and there is an opportunity for bereaved relatives to talk with a Social Worker or bereavement volunteer.

	No. of Events	No. of bereaved family groups invited	Attendance
Service of Remembrance	8	1149	1,708
Bereavement Information Evening	4	1164	446

What's New in 2017

PACES – In 2017, the social work team and the nursing team in Hospice Day Care Blanchardstown introduced a new patient psychoeducational support group: PACES - Pacing & Coping Enhancing Support. This 4 session programme has been run 4 times across the year. Patients report benefits of enhanced coping strategies and reduced stress levels following completion of the group.

Videoconferencing – In 2017, using video conferencing technology, we were able to extend the Bereavement Information Evening across both sites, making it more accessible to all families, regardless of where within the catchment area they live.

Children First – In December 2017, the Children First Implementation Committee was set up and is chaired by social work. The work of this committee will continue into 2018 as we update policies and procedures within St. Francis Hospice.

Chaplaincy

'The measure of a Hospice program is in the quality of the Spiritual Care that it provides.'
(Dame Cecily Saunders)

The chaplains work as members of the multidisciplinary team providing spiritual and religious care and support to patients, family members, significant others, staff and volunteers in all areas. We are available to people of all 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 at this stage of their life's journey, as they deal with their illness. Chaplaincy often goes beyond words; 'presence' is what touches people in ways that cannot be measured.

Chaplains offer support to people who hold different beliefs and values to theirs and acknowledge what is important for them. We facilitate patients and family members to have access to spiritual care by members of their own faith tradition or worldwide view on request and where possible.

Service of Remembrance

The Service of Remembrance offers an opportunity to take some time with family and friends to remember the person who has died, and to give thanks for their life. During 2017 we had four each in Raheny (St. John the Evangelist Church, Kilbarrack) and Blanchardstown (St. Brigid's Church, Blanchardstown). The Chaplaincy Team works closely with the Social Work Team and a group of dedicated volunteers to deliver this important service for families.

Tree of Life Ceremony

Tree of Life Ceremonies with carols, reflective readings, lighting of our Christmas tree and placing of the names of people remembered by family members & friends who died during the year at our tree took place during December in Raheny and Blanchardstown. These ceremonies were Chaplaincy led and supported by members of the multidisciplinary team and group from the local community.

Visit of Papal Nuncio

Most Reverend Archbishop Jude Thaddeus Okolowas visited SFHB in November and celebrated Mass in our chapel with patients, staff and volunteers, before visiting all patients who wished to meet with him in our day care centre and our inpatient unit. There was a great sense of celebration.

Physiotherapy

Physiotherapy at St Francis Hospice involves postponing the onset of disability by maximising independence for as long as possible, minimising symptoms of illness and relieving the side effects of treatment. Physiotherapy assessment is holistic, and encompasses both body and mind, thereby promoting quality of life within the limits of the illness. Physiotherapy is an essential service in Palliative Care. Patients find it very empowering as it aims to regain control, whether that is managing pain or breathlessness or maintaining and improving their independence, thus helping them adapt to their condition. The physiotherapy team provides a service to the in-patient unit and community based patients in both Raheny and Blanchardstown.

The physiotherapy team helps to facilitate discharge home for patients whose wish is to be at home. They maximise patients' functional ability in the context of advanced disease.

Physiotherapy Statistics 2017	Patients	Attendances
In-patient Unit Raheny	147	685
In-patient Unit Blanchardstown	195	1058
Hospice Day Care Blanchardstown	5	7
Outpatients Raheny	104	510
Outpatients Blanchardstown	62	161

EXHALE Programme – This year saw the completion of a 12-month pilot phase of the Exhale programme, which is an initiative designed to provide exercise and education for patients with advanced lung disease who are severely deconditioned, breathless at rest and unsuitable for inclusion in hospital and community based pulmonary rehabilitation programmes due to the significant burden of their symptoms and poor functional status.

Exhale is the first modified pulmonary rehabilitation programme that we know of to identify and target this particular patient group. The programme is unique in that it opens a new pathway for these patients in the palliative stage of their disease. The other unique feature of the programme was the inclusion of family members in the education component. We felt this was key to the success of the programme as from experience we see a great deal of fear in family members when a patient is exercising. This can frequently be a barrier to the patient participating in exercise classes.

Following the programme, 77% of patients improved in their walking distance, 88% improved in their self-reported symptoms and 65% of demonstrated improvements in their anxiety and depression scores. With the success of Exhale, we are reviewing and modifying the programme and will provide classes in both Raheny and Blanchardstown. Our ongoing commitment to research and quality improvements will continue.

What's New in 2017

EXHALE programme shortlisted – The EXHALE programme was shortlisted for the HSE excellence awards in October 2017. These awards are to recognise staff working to deliver better services with easier access and higher quality care for patients.

Occupational Therapy

The Occupational Therapy (OT) team at St. Francis Hospice is a small team of 2.3 OTs. This allows the delivery of a priority OT service to our inpatient units. The OT service focuses on the areas of self-care, productive activities and leisure. Meaningful goals are established with the patients in these areas, within their functional abilities.

Common areas addressed include specialised seating and pressure relief, allowing fulfilment of goals such as accessing the hospice grounds and facilities. Hours out and discharge home are also facilitated by the OTs through assessment of functional status, home assessment, and modifications and adaptations, linking closely with primary care OTs.

Additionally, the OTs provide symptom management programmes, enabling the management of fatigue, breathlessness, pain and anxiety to facilitate participation in valued activities.

Occupational Therapy inpatient unit statistics 2017	SFH Raheny	SFH Blanchardstown
Number of inpatient treatment episodes	782	1071
Number of inpatients	278	342

This year saw a high and increasing demand for OT services across our 43 beds. In effect, 53% more inpatients were seen by OT in 2017, compared to 2016.

Notably a 23% greater number of inpatients were seen in Blanchardstown, compared to Raheny. Resources are being reconfigured to meet this increased demand.

In 2018, we plan to open an OT treatment room in the inpatient unit Blanchardstown.

What's New in 2017

Professional Registrations – With the opening of OT registration, all SFH OTs are now registered with CORU, the Health & Social Care Professionals Council, with ensuing continual continuous professional development (CPD) requirements.

Complementary Therapy

The Complementary Therapy team in SFHD provides service to the Inpatient units, Outpatient Department and Day Care in both sites. The therapists work as part of the multidisciplinary team to provide relief from symptoms as a result of illness.

The treatments provided are aromatherapy massage, reflexology, Indian Head massage, and M Technique. By adapting these treatments to suit each patient, symptoms such as breathlessness, constipation and fatigue can be eased. It can also ease anxiety, reduce tension, stress and discomfort. One patient commented, *"I felt so relaxed that I actually slept all night."*

The team has formulated its own aromatherapy blends using essential oils which have provided comfort and relief from various symptoms, e.g. dry and itchy skin, radiation burns. More than 500 creams were provided to patients during the year. One lady had profound relief after applying the aromatherapy cream to painful and blistered skin following radiation treatment. *"I could not believe how it healed the skin and there are no marks or pain at all."*

Guided visualisation is provided to groups in both day care areas to encourage relaxation. Visualisation is also carried out on a one to one basis in the inpatient units.

What's New in 2017

Relaxation programme for patients – As a result of the team's continuous professional development, a relaxation programme for patients called "Time for Me" was introduced. In this programme, patients are shown techniques that can be used on a daily basis to ease anxiety tension and stress. Patients have commented that is a special time just for them where they forget everything and relax. We plan to continue and expand this programme in 2018.

Lymphoedema Treatment

MLD (Manual Lymph Drainage) is the treatment offered to patients with lymphedema, which can occur due to cancer, surgery or radiation.

Following treatment patients experience a better quality of life as mobility may be improved and the reduction in fluid gives great comfort. The benefits for the improvement in patients cannot be underestimated. This treatment is offered to patients in all areas of the Hospice.

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 2017, there were 14 students progressing through year 1 and year 2 of the programme. Additionally, input was provided to undergraduate and post graduate nursing programmes in University College, Dublin, Trinity College Dublin and Dublin City University. Research supervision at Masters and Doctorate level was provided.

The physiotherapy department provided a foundation year lecture to RCSI physiotherapy students. 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 approximately 50 people from a variety of disciplines and clinical specialties in 2017.

Courses and study days – Staff from all departments of the hospice contribute their knowledge and clinical experience to teach on our courses. In 2017, 232 people from a variety of work settings attended 16 courses and study days at St. Francis Hospice.

In-service and journal clubs – In 2017, there were 558 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 2017, we visited several secondary schools in our catchment area and spoke with students about hospice/palliative care.

Kaleidoscope Conference – This 2-day event brought together nearly 250 healthcare professionals for education, discussion and networking.

Research

There is an active culture of research in St. Francis Hospice, overseen by the Research Ethics Committee. The Committee approved two research applications in 2017:

- “Staff attitudes to seasonal influenza vaccine” Principal Investigator: Eileen Doyle
- “An exploration of the beliefs of community palliative care team members with regards to specialist palliative care outpatient physiotherapy” Principal investigator: Fiona Cahill

What's New in 2017

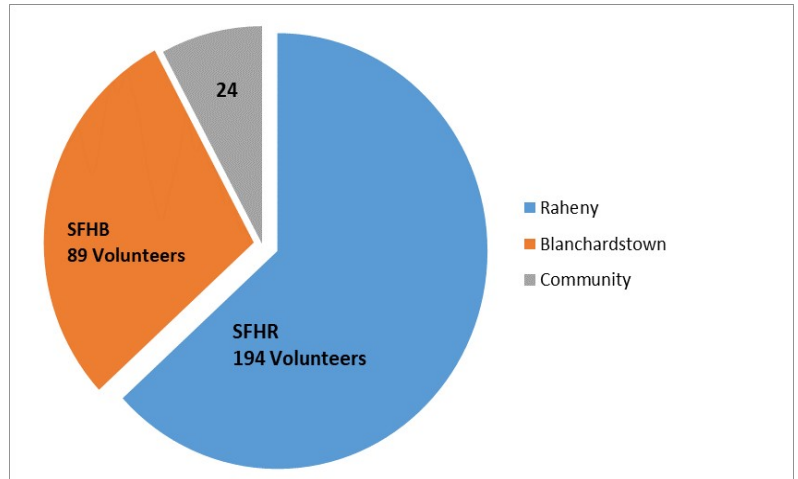
Blended Learning – The MSc in Palliative Care adopted a blended learning approach, where portions of the content were delivered online rather than face to face.

Volunteer Services

Overview – The role of the volunteer in St. Francis Hospice has always been 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.

Volunteer Programme Statistics

- Community volunteers include Home Visit volunteers & Mite Box Coordinators
- 307 volunteers support St Francis Hospice across 44 roles.
- In 2017, 37 new volunteers were recruited. As the turnover of volunteers is quite low, we maintained and also improved the current services.



Long Service – 43 volunteers were recognised this year for their Long Service commitment to St Francis Hospice, for 5, 10, 15, 20, and even 25 years in service.

Corporate volunteering – Symantec planted over 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.

Plans for 2018 – The volunteer department is working towards gaining the “Investing in Volunteers, quality standard in volunteer management” through Volunteer Ireland.

What's New in 2017

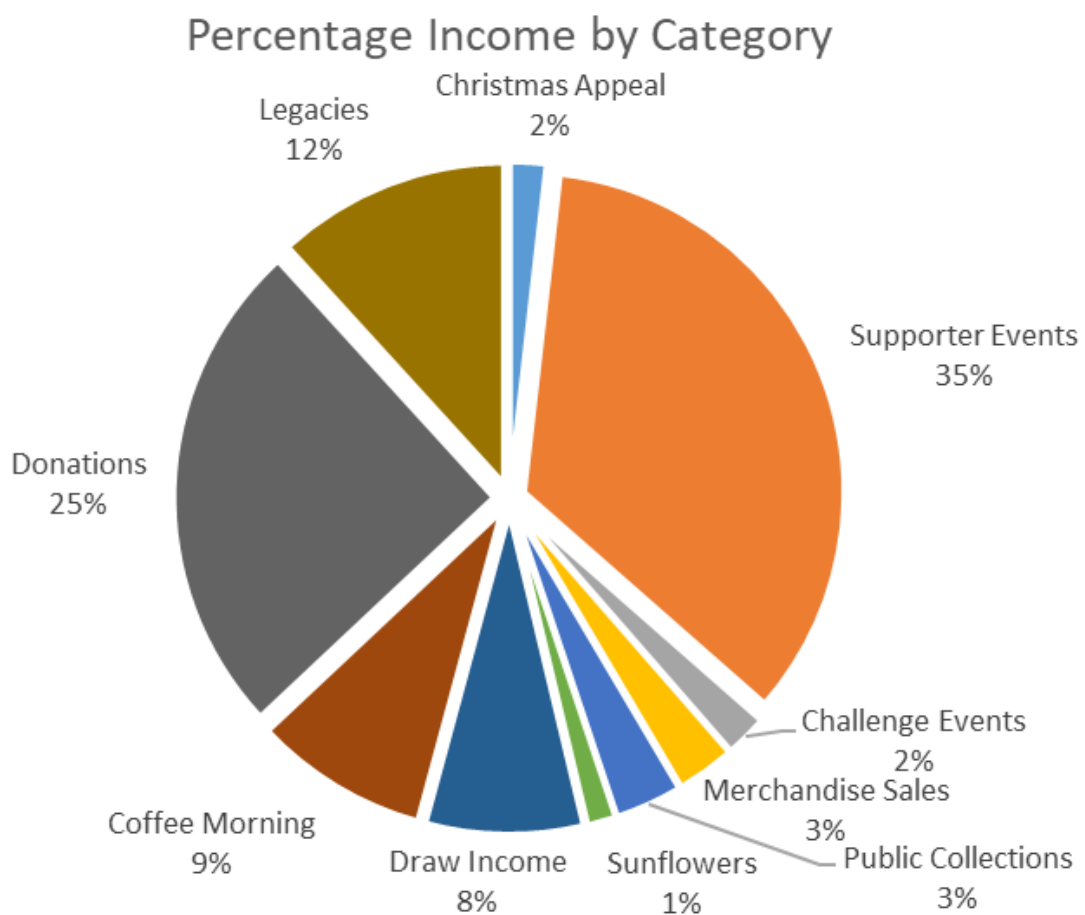
Weekend IPU Volunteers – The introduction of volunteers to the inpatient units in Raheny and Blanchardstown to help with hospitality at the weekends.

Shortlisted for Volunteer Ireland Award – A group of volunteers who have been with us for 20+ years was shortlisted for the “outstanding group” category.

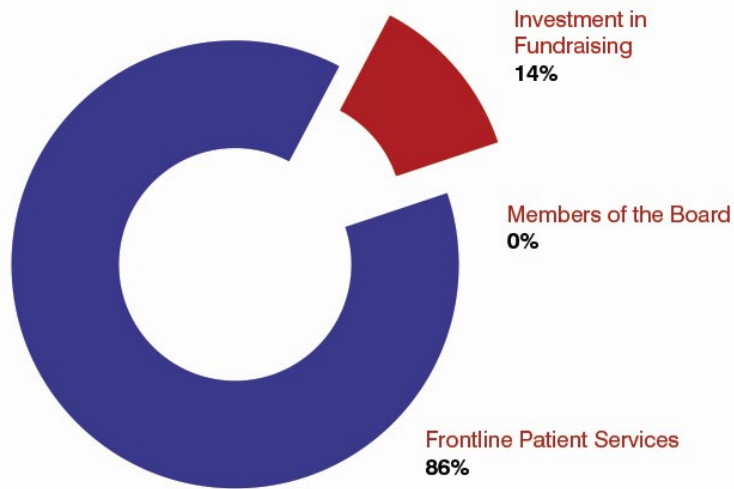
Fundraising

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 2017. 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 in 2017, a total of €4,004,708 was raised from Donations, Campaigns, Projects and Legacies and we are very grateful to our donors for their ongoing support.



Where Your Money Goes



For every €100 raised €86 goes towards patient services.

Thank you for your support!

Coffee Morning



Led by our brilliant Ambassador Brendan Gleeson, this year we celebrated our partnership with Bewley's which has spanned 25 years. We are deeply grateful for the huge personal investment by the Campbell family in the great gathering of community that is Ireland's Biggest Coffee Morning for Hospice together with Bewley's. Representing the true spirit of Corporate Social Responsibility, the Bewley's staff have been absolutely outstanding. Through our long standing partnership, we are two organisations reaching out in our own ways to assist and bring comfort the dying members of our community.

Blanchardstown Centre Oratory Group continues to support the hospice by holding two major events annually and also act as huge advocates 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 €219,584.

Looking Forward

In 2018 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 2017**

	2017 Restricted Funds €	2017 Unrestricted Funds €	2017 Total €	2016 Restricted Funds € (Restated)	2016 Unrestricted Funds € (Restated)	2016 Total € (Restated)
INCOME FROM:						
Donations and legacies	170,123	1,520,988	1,691,111	21,178	2,305,952	2,327,130
Charitable activities	11,046,782	102,446	11,149,228	10,712,143	68,002	10,780,145
Other activities	-	2,322,866	2,322,866	18,340	2,112,344	2,130,684
Investment income	-	37,709	37,709	-	38,099	38,099
Other Income	-	33,669	33,669	-	-	-
Total	11,216,905	4,017,678	15,234,583	10,751,661	4,524,397	15,276,058
EXPENDITURE ON:						
Raising funds	-	558,206	558,206	-	538,210	538,210
Charitable activities	11,491,828	4,573,962	16,065,790	11,239,356	4,380,794	15,620,150
Total	11,491,828	5,132,168	16,623,996	11,239,356	4,919,004	16,158,360
Net Expenditure	(274,923)	(1,114,490)	(1,389,413)	(487,695)	(394,607)	(882,302)
Taxation	-	-	-	-	-	-
Net expenditure for the financial year	(274,923)	(1,114,490)	(1,389,413)	(487,695)	(394,607)	(882,302)
RECONCILIATION OF FUNDS						
Total funds brought forward	2,115,252	27,173,082	29,288,334	2,602,947	27,567,689	30,170,636
Total funds carried forward	1,840,329	26,058,592	27,898,921	2,115,252	27,173,082	29,288,334

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 2017**

	2017	2016
	€	€ (Restated)
Fixed Assets		
Tangible fixed assets	32,418,613	33,496,660
Financial fixed assets	100	100
	-	
	32,418,713	33,496,760
	-	
Current Assets		
Debtors	302,795	70,237
Cash at bank and in hand	2,242,856	2,933,519
	-	
	2,545,651	3,003,756
Creditors: Amounts falling due within one financial year	(2,247,283)	(1,879,980)
	-	
Net current assets	298,368	1,123,776
	-	
Total assets less current liabilities	32,717,081	34,620,536
Creditors: Amounts falling due after more than one financial year	(4,818,160)	(5,332,202)
	-	
NET ASSETS	27,898,921	29,288,334
	=	
CAPITAL AND RESERVES		
Unrestricted reserves	26,058,592	27,173,082
Restricted reserves	1,840,329	2,115,252
	-	
	27,898,921	29,288,334
	=	

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

Dermot McCarthy
Director

Patrick Kenny
Director

**ST. FRANCIS HOSPICE
RAHENY**



Tel 01 8327535
Fax 01 8327635
info@sfh.ie

**ST. FRANCIS HOSPICE
BLANCHARDSTOWN**



Tel 01 8294000
Fax 018294099
info@sfh.ie

Company Information

St. Francis Hospice Dublin

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

Station Road, Raheny, Dublin 5, Ireland

www.sfh.ie

Registered Number 153874

Charity Number 10568

