Contents

Introduction - Report by the Board Chair, Mr Sean Benton 05
Report by CEO, Ms Audrey Houlihan 09
Quality, Nursing & Clinical Services 17
Patient Story: A Great Gift by Hugh Garvey 23
Palliative Care 27
Rheumatic and Musculoskeletal Disease Unit 31
Care of Older People 39
Residents’ Committee 43
Resident Story: When the word ‘love’ doesn’t come close by Paul Reid 45
Education, Research and Training 49
Fundraising and Communications 57
Volunteers 63
Volunteer Story: The Living Place by May Casey 67
Finance Report 71
Complaints & Feedback 77
Donor Charter 81
All of our staff and volunteers are extremely committed to providing patient-centred loving care and consistently do their utmost to deliver the best possible service. Their efforts are evidenced in the care that is delivered to all who need it.

The promotion of mission in action is central to all that we do today. Living our core values is the essential ingredient to ensuring that the Hospice remains focused on the highest quality and standard for all.

2015 was the bicentenary year of the Foundation of the Religious Sisters of Charity, and a year for celebration for all the organisations that thrive following their foundation by this visionary group, including Our Lady’s Hospice & Care Services. The Hospice came into being to meet the needs of the community and was founded with great generosity and foresight. The influence of the sisters and their goal to provide loving patient-centred care remain in the mission and ethos of the organisation and its staff. Along with the thousands of patients, residents and families who have benefited from the services provided since 1879, we owe a great debt of gratitude to the Sisters. We continue to celebrate this legacy at our annual Foundation Day every May and by recognising those who embody these values at our annual Mission Hero’s awards.
As our main service funders, Our Lady’s Hospice & Care Services reports regularly to the HSE on activity, quality and finances and in 2015 we continued to work in partnership with them to ensure that the highest standard of care was provided for all our patients, residents and families.

2015 saw the commencement of the new Specialist Palliative Care Unit capital development on-site in Harold’s Cross. When complete, this state-of-the-art development will provide a first-class environment to deliver care, in a comforting and dignified way, to all who require our services. It enables us to significantly enhance our day hospice and home care infrastructure as well as significantly enhancing patient accommodation. We are very pleased that this work has progressed at pace, and it is expected that the first patients will be admitted to the new unit during 2016. Significant time, efforts and investment are being made in fundraising to enable us to achieve the goal of providing a Hospice for future generations.

We also commenced discussion regarding the development of Hospice services in Wicklow during 2015 and are delighted that the Department of Health has endorsed the provision of a 15-bed facility at Mahermore in Brittas Bay. Our Lady’s Hospice & Care Services will operate this facility when it opens in 2018. We look forward to welcoming this new site into the family. The Board was delighted to appoint former Head of HR and Organisational Development, Audrey Houlihan as Chief Executive Officer, replacing Mo Flynn, at the beginning of the year.

Focus Ireland commenced a building project on their site adjacent to ours in Harold’s Cross and we look forward to welcoming them when the development is complete.

Board Members

Mr. Sean Benton, Chair
Mr. Michael Lyons
Dr. Brendan Clune
Ms. Teresa Harrington
Mr. David Strahan
Dr. Stephen Higgins
Sr. Angela Kelly
Mr. Stephen Walsh
Mr. Brian Murray
Ms. Mary Rose Gearly
Ms. Geraldine McSweeney

We could not achieve the high standards we do without the support of our donors, the public who continuously dig deep to assist us. We are eternally grateful for this support and thank all of you wholeheartedly for your generosity.
Strategic Plan

Initiated in 2013, has progressed very well despite staffing and financial constraints. The plan will expire at the end of this year, and we are delighted with the progress made over this period and the number of initiatives that have been completed successfully.

Annual Occupancy

Note: CRU is mainly a five-day unit with occupancy of 90% & over
Capital

Construction of the new all single-roomed Palliative Care Unit commenced at the rear of the Harold’s Cross campus and, due to the mild and dry weather up to Christmas, the building is proceeding at pace, with an expectation of Phase 1 to be opened in 2016.

Non Clinical / Support Areas Achievements

In 2015 our Catering services team achieved a Happy Heart Health Award from the Irish Heart Foundation based on the provision of low fat and healthy food choices. Not to be outdone, the Hotel Services team achieved a level 2 Sapphire Q Mark for Hygiene & Food Safety. This award marks our commitment to the highest standards of quality and excellence and we applaud the efforts of all on their successes.

ICT Technology is central to the development of our care. We have invested in solid technological foundations and focussed on behind-the-scenes server and networking infrastructure to provide improved and more reliable server and network facilities. The focus will continue to improve I.T. efficiency, and on improving Wi-Fi connections in both Blackrock and Harold’s Cross campuses. A new Contact Relationship Management (CRM) system was initiated during the year, and this will make communicating with our generous supporters and donors more efficient and will be used to manage information and events by Fundraising, the Education and Research Centre and our Volunteer office.

Mission Committee and Mission Heroes

The Mission Strategy (2011 – 2015) implemented a wide range of initiatives, such as the delivery of Diversity Education Sessions, inclusion of residents on the Mission Committee, Staff Wellbeing initiatives, and a Hardship Fund. We strive to live our core values in a practical sense every day and in 2015 we developed a Staff Priority Pledge based on the successful implementation of the Patient Priority Pledge in 2013. The pledge outlines Our Lady’s Hospice & Care Services’ commitment to staff as well as explaining the rights and responsibilities all our staff have as valued employees. It was developed through a wide consultation process in 2015 with a view to launching in 2016. Thanks to all of the staff at Our Lady’s Hospice & Care Services and the Mission Committee for the energies and commitment undertaken in progressing this exciting project.

Mission Hero Awards which celebrate those who demonstrate our mission and values were deservedly won by volunteers Gerry McDonagh and Antionette Clifford along with staff members Eithne Sheehy, Chris Gavin and Gerry Mulvaney.

2015 was a very special year for the Hospice, celebrating the 200th year of the foundation of the Religious Sisters of Charity and, for the Sisters, made more special by the founder, Mary Aikenhead, achieving Venerable status. The event was celebrated on Foundation Day, May 22nd and was attended by representatives of the many religious groups in Dublin, the Sisters, patients, residents and staff. We owe the Sisters a huge debt of thanks for establishing a wonderful organisation with an ethos and values of which we can be very proud.

CRU Admissions

Community Palliative Care Activity (Home Care)

Palliative Care Admissions Analysis
Human Resources

The national skills shortage for Nursing posed a continuing recruitment challenge during 2015. Recruitment drives were held at a national event in Croke Park and in our own Education and Research Centre over the summer to drive the level of applications we were receiving for vacancies.

The Workforce Strategy was finalised in 2015, which will see the implementation of a Competency Based Framework, Succession Planning, an on-boarding audit tool and a more robust exit interview process.

There was an increased focus on the communications strategy and promoting Employee Wellbeing initiatives as an attractive benefit for staff.

All staff and managers continue to show their support and maintain best quality care while the organisation implements the HSE national directive on pay and budget management.

In 2015 the HR Service advanced an internal review closely aligned to the HSE’s ‘People Strategy’ 2015 - 2018. The recommendations from this review will lead to an overall enhancement in the provision of professional HR Services.

During the year there were:

-  46 Permanent hires = 36.19 WTE
-  34 Temporary hires = 24.72 WTE
-  39 Permanent leavers = 30.41 WTE
-  13 Temporary leavers = 11 WTE
-  12 Retirements

Note: WTE is whole time equivalent

In-Patient Statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Palliative Care HX Admissions</th>
<th>Palliative Care BRH Admissions</th>
<th>RMDU Inpatient Unit</th>
<th>RMDU Day Case Admissions</th>
<th>CRU Admissions</th>
<th>Care of the older Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>466</td>
<td>173</td>
<td>762</td>
<td>-</td>
<td>300</td>
<td>45</td>
</tr>
<tr>
<td>2008</td>
<td>421</td>
<td>189</td>
<td>744</td>
<td>-</td>
<td>274</td>
<td>50</td>
</tr>
<tr>
<td>2009</td>
<td>423</td>
<td>199</td>
<td>806</td>
<td>-</td>
<td>302</td>
<td>34</td>
</tr>
<tr>
<td>2010</td>
<td>443</td>
<td>196</td>
<td>774</td>
<td>-</td>
<td>317</td>
<td>23</td>
</tr>
<tr>
<td>2011</td>
<td>521</td>
<td>207</td>
<td>698</td>
<td>92</td>
<td>337</td>
<td>46</td>
</tr>
<tr>
<td>2012</td>
<td>517</td>
<td>204</td>
<td>731</td>
<td>123</td>
<td>324</td>
<td>41</td>
</tr>
<tr>
<td>2013</td>
<td>551</td>
<td>206</td>
<td>694</td>
<td>148</td>
<td>334</td>
<td>50</td>
</tr>
<tr>
<td>2014</td>
<td>591</td>
<td>214</td>
<td>764</td>
<td>142</td>
<td>310</td>
<td>78</td>
</tr>
<tr>
<td>2015</td>
<td>610</td>
<td>165</td>
<td>730</td>
<td>129</td>
<td>318</td>
<td>49</td>
</tr>
</tbody>
</table>

Note: WTE is whole time equivalent

Governance

A vast amount of work was carried out in 2015 on governance structures and reporting, to meet the HSE Compliance Statement and the commitments in our service Level Agreement. A robust structure and reporting mechanism will ensure that Our Lady’s Hospice & Care Services has best practice healthcare governance in place and ensure a culture of continuous improvement for our patients and residents. A good structure for data collection and reporting, audit, evaluation and monitoring will also enable us to demonstrate our compliance with HIQA Safer Better Standards and Residential standards.

HSE

Our Lady’s Hospice & Care Services continues to have a good working relationship with the HSE. Monthly reporting meetings take place where finances/patient activity/quality reports are analysed and discussed. These are very productive meetings and the Management appreciate the support and advice provided by our HSE colleagues. We are delighted to welcome Belvilla Day Hospital on to Harold’s Cross campus pending renovation works at its home in the Meath Hospital. It remains under HSE governance during this temporarily relocation and we are happy to share our facilities for this valuable service.

Fundraising

Our generous donors continue to be at the heart of all that we do at Our Lady’s Hospice & Care Services. Thanks to their continued compassion and commitment we can continue to provide excellent, loving care to all our patients, residents and their families. Over the course of 2015 €4,288,352 was fundraised, an increase of 6.4% on 2014.

It was a busy year for the team and our supporters, who make what we do possible. All our residents, patients, their families, our staff and volunteers are grateful for the wonderful generosity of our donors who enable us to provide excellent loving care.

Funding Allocation

Note: 25% reduction from 2009 to 2015.
Management Team

There were a number of changes to the Management Team in 2015 including the appointment of Dr. Joan Cunningham as Medical Director, Mary Kirwan as the Head of HR, Deirdre Rowe as Interim Head of Clinical Services and Linda Kearns as the Interim Director of Nursing & Quality.

Volunteers

Without our army of volunteers we simply would not be able to provide such a high standard and volume services to residents, patients and their families. Their on-going commitment and dedication is humbling and one of the elements that truly makes this organisation special.

RMDU Admission Analysis

- RMDU Inpatient Unit
- RMDU Day Case New Patients

Total OLH & CS Admissions

Patients with a longer length of stay during 2015 contributed to lower admission rates across the year. Note: 16.8% increase from 2007 to 2014.
Quality, Nursing & Clinical Services

Linda Kearns | Interim Director of Nursing & Quality
Deirdre Rowe | Interim Head of Clinical Services

Quality

During 2015, the Quality & Risk Committee was renamed the Quality & Safety Committee, in line with HSE guidelines. It met monthly to review audit reports, the Patient Priority Pledge, committee briefing reports and mandatory training compliance.

Key projects for the year included the implementation of the sharps directive to prevent injuries and blood borne infections and protect staff, resident and patient safety. Training on conducting HSE investigations was also delivered for relevant staff and a process was put in place for shared learning.

We are pleased to say that Anna Gaynor House, our Care of the Older Person Unit, had its registration with HIQA renewed in January 2015. Registration lasts three years and during this time regular monitoring is conducted by the agency.

The Patient Environment Action Team (PEAT) was merged into the Health and Safety Committee in April. This Group has a wide brief relating to health and safety and the patient environment. A pilot interdisciplinary programme called ‘pressure ulcer to zero collaborative’ under the National Quality Improvement Programme was initiated to reduce the incidence and prevalence of avoidable pressure ulcers across Ireland. Cost estimates for successfully treating one resident with a grade four pressure ulcer in Ireland are around €119,000. Since its commencement onsite the ward has implemented a number of small changes and seen a drop in the number of hospice-acquired pressure ulcers.

HSE environmental audits across both sites were successfully conducted with no concerns raised.
Clinical Services

The clinical services division is made up of 14 professional disciplines including: Dietetics, Occupational Therapy, Pharmacy, Physiotherapy, Psychology, Speech & Language Therapy, Social Work, Chaplaincy, Complementary Therapy, Music Therapy, Art Therapy, Podiatry, Radiography and Phlebotomy. These disciplines are key components of the quality patient-centred care and actively contribute to the quality and safety agenda across the organisation.

Pharmacy

2015 was a year of consolidating significant changes made during 2014, when the pharmacy and its all of its clinical and procurement functions were brought on-site in Harold’s Cross and the new in-house pharmacy service was initiated in Blackrock Hospice. A successful on-line ordering system between Blackrock Hospice and the main pharmacy was launched with the help of IT which has enhanced the safety of the medicines supply process. The team made during 2014, when the pharmacy and its all of its clinical and procurement functions were brought on-site in Harold’s Cross and the new in-house pharmacy service was initiated in Blackrock Hospice. A successful on-line ordering system between Blackrock Hospice and the main pharmacy was launched with the help of IT which has enhanced the safety of the medicines supply process. The team

Physiotherapy

In the Rheumatic and Musculoskeletal Disease Unit (RMDU) an enhanced active patient rehabilitation and lifestyle modification component was added to the physiotherapy programme supplemented by a health promotion initiative which complements existing multidisciplinary inputs in this area. Physiotherapy clinical staff continue to provide an annual education session on rheumatology to University College Dublin undergraduate physiotherapy students and sessions on hydrotherapy to all three Dublin Schools of Physiotherapy (University College Dublin, Trinity College Dublin and Royal College of Surgeons in Ireland). There are also educational activities, both formal and informal, provided by all units to internal and external audiences. Team members have presented at a number of conferences including The Practical Management of Breathlessness’ multidisciplinary team presentation at the Annual Conference of the Irish Association of Palliative Care in December. This MDT presentation has been included in a module of the Pain and Symptom Management Master’s programme, co-ordinated by Professor Philip Larkin. On the research front the

Social Work Department

Four new bereavement support volunteers completed their in-house eighty hour training programme in 2015, expanding the current cohort of volunteers to sixteen. A welcome addition to the team, they enable us to expand this support service to Blackrock Hospice and to provide an additional six hours of bereavement support per week.

A formal study of the Bereavement Support Service in 2015 showed that the majority of respondents found the service helpful and would recommend it to a friend. One client said:

The benefits I found from meeting with my counsellor cannot be measured. It has had a profound effect on how I deal with problems and the impact has been lasting.

The annual children’s bereavement weekend in October had 22 participants, its highest-ever number including children referred with complex bereavements from the community by Tusla, the Child and Family Agency. A Bereavement Grant from Tusla was a very valuable support to the work of this project. As active members of the Irish Childhood Bereavement Network the team also hosted an event to raise awareness on the needs of bereaved children. Another innovation in 2015 was the development of a Spouses Support Group for partners and spouses of our long term residents in the Care of the Older Person Unit, Anna Gaynor House. A Balint group, that meets to discuss casework was introduced to support the team to reflect on its work, provide support and help to prevent burn-out.

Professional Services

Psychology

The psychology service initiated a Mindfulness project which was a clinical, staff training and research project. Individual mindfulness sessions were offered to patients and staff were invited to attend open weekly sessions.

Occupational Therapy

The Occupational Therapy team delivered a workshop at the highly successful: Breathlessness Multidisciplinary Masterclass, attended by colleagues from around the country. The team was also involved with a wide range of academic presentations and projects on non pharmacological management of palliative care symptoms and needs. This included a palliative rehabilitation study day in conjunction with the Association of Occupational Therapists of Ireland (AOTI) Palliative Care and Oncology National Advisory group.

In the Care of the Older Person residential unit, the team completed a research study on the impact of participation in a 12-week occupational therapy (OT) wellness programme in long-term care. Results showed improvements in performance and satisfaction, self-efficacy, anxiety and depression, and life satisfaction for the treatment group confirming the tangible benefits that older people living in long term care can obtain from health promoting occupation based intervention. This programme is now an integral part of the OT service for older persons. The Department also organised a well-received photography display featuring residents and their ‘Words of Wisdom’ in celebration National Positive Ageing Week. The CRU team participated in the International Association of Gerontology and Geriatrics European Region Conference presenting a poster on activity disengagement in community dwelling adults with subjective memory complaints.

Nursing

The Nursing Department received its third innovation award from the HSE’s Offices of the Nursing & Midwifery Services Director (ONMSD) in 2015 for its work on the Patient Priority Pledge.

A ward in Anna Gaynor House participated in an innovative HSE pilot programme called Stop and Watch, to assist in the detection of clinical deteriorations in older people in residential settings and determine appropriate responses.
team is facilitating a Royal College of Surgeons in Ireland multi-site physiotherapy research project entitled ‘How common are features of Central Sensitisation and Neuropathic Pain in Osteoarthritis? A cross-sectional study.’

The department also continued to engage in a range of internal organisational projects and initiatives including the Falls Prevention Working group all of which contribute to the quality of patient centred care.

Income generation activities included rental of the Hydrotherapy pool to classes for swimming groups and Arthritis Ireland.

Complementary & Creative Arts Therapy, Chaplaincy, Human Nutrition & Dietetics, Speech & Language Therapy

Other disciplines across the Clinical Service team, were engaged in ongoing service delivery and quality initiatives. The Chaplaincy team, in collaboration with the bereavement support service, organised the Annual Mass of Remembrance which moves to different parishes every year. The 2015 service in the church of Our Lady of the Assumption in Ballyfermot which was attended by approximately 600 family members of patients who had died in the care of Harold’s Cross hospice within the previous twelve month period. Blackrock Hospice hosts memorial events every quarter.

During 2015 a Speech and Language Therapy Service was introduced in Anna Gaynor House to support the dysphagia and communication needs of our residents. The dietetic service in AGH worked actively with ward staff and the catering department providing treatment, advice and education to address the nutritional needs of our residents in line with national standards and regulation.
A Great Gift

Hugh Garvey | Patient Story

It was a real lift to not feel so tired. So empty. To not have to feel ‘please, please can this be over?’ They are angels. The ethos here is like a comfort blanket being wrapped around you. From the moment you enter you know you’re safe. You know you’re in expert, loving hands.

Despite facing his life’s end Hugh Garvey powered life all around him. In an extraordinary feat, he managed to mix everyday humorous chat with astonishing bravery and insight. When you spent time in his generous company, you couldn’t imagine him not being around.

Hugh Garvey’s everyday extraordinariness must have been inherited from his parents. His dad emigrated as a young man to England, and like so many of his generation, he helped build Britain. His mother was a novitiate in a convent overseas. She changed her life path and became a nurse and later qualified through the Open University to become a third level lecturer.

“They met at a dance in London, fell in love, married and had five children. They returned to Ireland settling in Salthill in Galway. I have wonderful memories - sunny days on the beach, swimming, friendships.”

Hugh later went to Rockwell College in Tipperary which was then an all-boys boarding school.

“I had friendships there that have lasted for life. When
I left I was so independent I could have been dropped behind enemy lines and would have survived anything – with one exception – if I had met a female soldier I would have had to surrender immediately as I knew nothing about the opposite sex!”

Hugh qualified in law and a meteoric rise saw him becoming a Managing Partner at LK Shields legal practice early in his career. He was a loving father of five - the eldest is 21 and the youngest is five years old. Hugh’s illness first surfaced - quite dramatically - over St. Patrick’s weekend in 2011.

“One night I got a terrible pain in my tummy. I was doubled over, in real distress. The ambulance was called. I had some scans and they very quickly told me I had cancer. I had surgery to remove a huge tumour on my kidney.”

Despite a good recovery, two years later the cancer returned. It was a real blow for Hugh and his family. The side effects of his treatment also took a huge toll. And worse news was to come. The cancer was now in his liver and other parts of his body. After surgery it was clear that the prognosis wasn’t good. Hugh’s GP referred him to the Hospice.

“I thought ‘Oh my God, has it come to this?’ I used to fear hospice but it was the best referral I ever got. The Community Palliative Care Team were extraordinary. They came out. They chatted through everything so sensitively and practically. They changed all my meds and dosages. They linked in with the GP, with the hospital – they coordinated everything.”

Hugh went through hell and back surviving blow after blow. But there is no self pity or drama. On top of the emotional and psychological ordeal, Hugh faced two major physical challenges - pain and fatigue - and all the debilitating side effects that arise. He described the Community Palliative Care Team as his lifeline.

“When you’ve got terminal cancer, certaintly and solutions are what you’re looking for. They mightn’t be able to give you the certainty - because that’s the way life is - but they can give you solutions to most of the things that make you question your will to live and that’s a great gift to be able to give someone.

There were a number of crisis points when Hugh hit rock bottom - some of the toughest tests anyone could ever face - especially, after a phase of radiotherapy for a tumour in his neck.

“With the extreme tiredness and discomfort I got to the point where I just had nothing left. I couldn’t function. I was no good to the kids - they were very concerned. And I was at my lowest.”

The Community Palliative Care Team arranged a bed in Blackrock Hospice. Hugh is very enthusiastic in his praise for hospice care and the staff.

“It’s a vocation. I can’t imagine a tougher job than caring for people who are about to die - and that’s what they’ve chosen to do. Think about the doctors and nurses here - the character of the person for whom palliative care reinforces their belief in medicine. That’s a powerful person.”

Hugh was passionate about the value of hospice care. “It’s incredible that while demand has risen by 16% the hospice has had cuts in funding. This place needs your support. It provides the understanding, care and expertise so that people – who are too tired and in too much pain – can have comfortable, happy, worthwhile days and meaningful relationships again with their families and the world. That’s what you’re giving. Isn’t that an amazing thing?”

Hugh ended his journey in this world on 22nd April 2016 while still in the care of Our Lady’s Hospice & Care Services.
Palliative Care

Dr Joan Cunningham
Medical Director at OLH &CS and Consultant in Palliative Medicine

There is something very special about working in palliative care, especially within Our Lady’s Hospice & Care Services. We have inherited a rich heritage of pioneering work from The Venerable Mary Aikenhead and the Religious Sisters of Charity and our focus is to provide high quality, person-centred loving care.

Whilst the hospice is synonymous with death and dying, it is also a place of great joy and laughter. This can often be very surprising for people, especially if they have never been in a hospice before. The joy and laughter comes from making a patient’s day a little bit brighter, a little bit better.

Sometimes it’s when an intractable symptom is finally controlled, enabling a patient to sit out on a chair or when a patient manages to walk unaided or has the much-cherished opportunity to spend some time at home again. Achieving these small, but important goals and helping each individual patient to live actively until they die is immeasurably rewarding.
It is a genuine privilege to care for people with advancing life-limiting conditions, particularly those at the end of their lives, and their families. It can be difficult, both professionally and personally, to accompany people on their final journey as they face the last weeks, days and even hours of their life. However, there is great satisfaction in a job well done, especially when a patient has a dignified death, the type of death that we would hope for a loved one.

Specialist palliative care is best delivered using a mix of skills as no one discipline has all the skills to care for a patient. Only by working closely with our colleagues from other disciplines, can we ensure that we do the very best for our patients.

There is a collective sense of purpose as we all work together to do our very best for those in our care. It goes beyond the clinical team, to the tireless and often unseen work of our colleagues working in catering, household, security and beyond, who all contribute to the care of each patient and their family. We are also incredibly fortunate to have a wonderful team of dedicated volunteers who play a crucial part in the delivery of our services. Their contribution enriches the very essence of all we strive to do.

2015 broke all records at OLH & CS with 610 patients admitted to the specialist palliative care unit. That represents a 38% increase in admissions over the past five years.

Palliative Care Admissions Analysis

Likewise, there are increasing demands on our community palliative care team service. As the public’s awareness and understanding of our services increases, patients, families and community healthcare services look to us to support more people in the community.

At the same time, the complexity of patients’ care needs is increasing and, with increasing demand on healthcare provision both in the acute hospital settings and community, it remains an ongoing challenge to ensure that those most in need of our services are able to avail of them when and where they need it.

2015 broke all records at OLH & CS with 610 patients admitted to the specialist palliative care unit. That represents a 38% increase in admissions over the past five years.

At the same time, the complexity of patients’ care needs is increasing and, with increasing demand on healthcare provision both in the acute hospital settings and community, it remains an ongoing challenge to ensure that those most in need of our services are able to avail of them when and where they need it.

While recognising the increasing complexity of patient needs, it is imperative that we continue to support our staff in their work. Our staff are highly motivated professionals, but it is important to acknowledge that working in the palliative care setting can be both professionally and emotionally demanding. In 2015, Blackrock Hospice was chosen by the HSE to pilot “Schwartz Rounds” in Ireland, which have been proven to promote compassionate care, improved teamwork and reduce caregiver stress and isolation.

As the demands on our service grow, it has been wonderful to watch the new palliative care unit take shape in recent months. This state-of-the-art facility will allow us to continue providing excellent care to our patients and their families. The patient experience will be enhanced by the beautiful modern environment, with the very best amenities. We remain eternally grateful to all our donors whose ongoing support will make this possibility a reality.

The total number of patients seen between the three community teams increased from 1,219 in 2014 to 1,361 in 2015.

Palliative Care Admissions Analysis

<table>
<thead>
<tr>
<th>Year</th>
<th>Palliative Care HX Admissions</th>
<th>Palliative Care BRH Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>466</td>
<td>173</td>
</tr>
<tr>
<td>2008</td>
<td>421</td>
<td>189</td>
</tr>
<tr>
<td>2009</td>
<td>423</td>
<td>199</td>
</tr>
<tr>
<td>2010</td>
<td>443</td>
<td>196</td>
</tr>
<tr>
<td>2011</td>
<td>521</td>
<td>207</td>
</tr>
<tr>
<td>2012</td>
<td>517</td>
<td>204</td>
</tr>
<tr>
<td>2013</td>
<td>551</td>
<td>206</td>
</tr>
<tr>
<td>2014</td>
<td>591</td>
<td>214</td>
</tr>
<tr>
<td>2015</td>
<td>610</td>
<td>165</td>
</tr>
</tbody>
</table>
Established in 1961, the Rheumatic and Musculoskeletal Disease Unit (RMDU) service offers patients a unique programme of care delivered by a highly skilled multi-disciplinary team (MDT).

The RMDU services are overseen by consultants working at Our Lady’s Hospice & Care Services, Our Lady’s Children’s Hospital Crumlin and St. Vincent’s University Hospital, which aligns the unit to hospitals in the Ireland-East Hospital Network.
Referrals into the unit are noted in the table below. 29% of referrals to the unit are from outside the region from other rheumatologists or specialist centres. The referral split is as per HSE Local Health Offices 2015:

The RMDU has a total of 40 in-patient beds and is open five days a week, with patient care programmes delivered by the multi-disciplinary team. The Day Case service is delivered across four days with patients usually attending one or more times each week for six weeks.

The outpatient service is provided for patients whose healthcare needs are more suited to care at Our Lady’s Hospice & Care Services rather than standard out-patient care within the acute hospitals. This service is predominately led by Clinical Nurse Specialists and Advanced Nurse Practitioners, with support from allied health professionals including occupational therapists, physiotherapists, pharmacists and others.

The availability of these services provides quality in care delivery and reduces the requirement to attend standard out-patient clinics in the acute hospitals.

Annually, approximately 1,100 patients are cared for by the RMDU:

73% Accessing the in-patient unit.
15% Accessing the day case service.
5% Out-patient service
1% Accessing the hydrotherapy service (Our Lady’s Hospital Crumlin)
1% Requiring an MDT assessment - pending admission suitability
5% Including those, cancelled or on-hold or awaiting further referral information

The main challenge for the RMDU is trying to meet the demand for patient care with constraints in capacity, which contributes to lengthy waiting lists. While urgent admission requests are generally possible within a three to four week period, routine admissions are now waiting between four to six months. This is the focus of our efforts to improve service delivery as we move forward.

Medical

Consultant staff continue to lead the MDT and their efforts to provide quality care to our patients. Quarterly meetings with the CEO and other members of the senior management team help to establish the key strategic focus.

The Advancing Rheumatology Care group, comprising senior management and RMDU staff, meet monthly to further develop and implement change.

Consultant staff continue to demonstrate excellence in terms of research output and both undergraduate and postgraduate teaching. As a reflection of this effort, together with colleagues at UCD and its affiliated hospitals, the European League Against Rheumatism (EULAR) recognised the group as a EULAR Center of Excellence in 2015 (See: www.eular.org/centres_of_excellence.cfm)

Physiotherapy and Occupational Therapy

In April 2015, staff facilitated a ‘Teach the Teacher’ educational programme for our community nursing and allied health professionals was delivered by the MDT. The Occupational Therapy department presented a poster on ‘Lifestyle Management for Arthritis Programme’ at the autumn meeting of the Irish Society of Rheumatologists/ Irish Rheumatology Health Care Professionals.

Physiotherapy clinical staff continue to provide an annual education sessions on rheumatology to University College Dublin undergraduate physiotherapy students and sessions on hydrotherapy to all three Dublin Schools of Physiotherapy (University College Dublin, Trinity College Dublin and Royal College of Surgeons in Ireland). There are also educational activities, both formal and informal, provided by all units to internal and external audiences.

Medical Social Work

Medical Social Work (MSW) had another productive year, due to increasing demands, we made additional hours available to meet patient needs in September 36% of RMDU patients accessed our social work service. To help address feelings of low mood amongst patients, the MSW undertook training in suicide prevention.

Nursing

Following the successful introduction of nurse prescribing in late 2014, it has proven to be of great benefit for efficiencies in patient care management.

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients prescribed for since during 2015</td>
<td>89</td>
</tr>
<tr>
<td>Prescribing episodes</td>
<td>144</td>
</tr>
<tr>
<td>Items prescribed since during 2015</td>
<td>199</td>
</tr>
<tr>
<td>Joint injections prescribed for during 2015</td>
<td>19</td>
</tr>
</tbody>
</table>

Louise Moore (CNS), Chairperson of Irish Rheumatology Nursing Forum and Patricia Minnock (ANP) were involved in advancing the Irish Rheumatology Nursing Forum application to the
HSE for additional Advanced Nurse Practitioner and Clinical Nurse Manager roles nationwide. Finally, ANP Patricia Minnock PhD published further work on ‘Fatigue in Rheumatoid Arthritis’ in 2015 and Louise Moore CNS was co-author and the only nurse and Irish participant in the British Society Rheumatology working group on guidelines for prescribing during pregnancy.

Rheumatology Nursing Education

Undergraduate Education:
25 undergraduate nursing students were facilitated for clinical placement in RMDU from January-December 2015. These students were from Trinity College Dublin School of Nursing & Midwifery and University College Dublin School of Nursing Midwifery and Health Systems. We increased our capacity from two to three students on a trial basis and as the review was positive from students and staff, the schedule was modified for 2016. Teaching commitment included orientation on arrival, reflective practice and the provision of lectures/clinical teaching.

Post Graduate Education:
Four specialist rheumatology modules were delivered on the Graduate Diploma/Certificate in Rheumatology for University College Dublin’s School of Nursing, Midwifery & Health Systems. 15 students completed the programme bringing the total number of graduates to 49. Lectures were provided to students of the Orthopaedic Graduate Diploma and other courses for University College Dublin School of Nursing Midwifery and Health Systems.
Service Activity
In-Patient and Day Case Admission

ANP/CNS Inpatient and Day Patient Service Reviews 2015

272 Inpatient Service
30 Day Patient Service

Occupancy

RMDU Day Case Analysis

Nursing Out-Patient Analysis

Rheumatology OPS

2015 2014
Advanced Nurse Practitioner Interventions 226 233
Clinical Nurse Specialist Interventions 170 120
Clinical Nurse Specialist Reproductive Health Clinic Interventions 218 213

Note: RMDU Day Case Service was introduced from March 2011.
Care of Older People

Dr. Denis J. Donohoe | Medical Director, Care of Older People

Caring for older, frail people has been one of the pillars of Our Lady’s Hospice & Care Services.

Anna Gaynor House is a purpose built building containing 100 beds (only 89 are currently funded) to accommodate elderly people with chronic disability or life limiting illnesses. The Unit is staffed by a dedicated team of professionals including, nurses, doctors, medical social workers, physiotherapists, occupational therapists, chaplaincy, pharmacists, complementary therapists and care assistants.

The objective behind the unit is to facilitate wherever possible personal empowerment of our residents, residents have almost complete autonomy within the limits of their illness.

Those residents in our care have a broad range of illnesses including neurological diseases, eg. Motor Neurone disease, Parkinson’s Disease, Alzheimer’s disease and people have suffered severe strokes and are no longer able to live independent lives.

Additionally we have 35 beds dedicated to level II Palliative Care. These beds are occupied by residents with chronic obstructive airways disease and a wide variety of terminal cancers.

Our team meets for multi-disciplinary meetings three days a week.

49 residents were admitted to the Anna Gaynor Unit in 2015 including 25 ‘fair deal’ residents, 21 palliative care level II and three Religious Sisters of Charity. The Unit is manifestly successful and is a credit to all who work there.
Community Reablement Unit

The Community Reablement Unit is a dedicated facility for older persons, the service is now in its 12th year and is designed to assist elderly community dwellers who have substantial difficulties maintaining their independence at home.

2015 saw an increase in the number of referrals to the Unit. 316 residents were admitted to our service, this includes 177 readmissions and 142 new admissions. The male/female ratio included 215 female admissions and 101 male admissions.

The average length of stay for our residents in CRU was 3 weeks and the average age of our residents was 81.2 yrs. The total number of referrals increased by 53 on 2014 to 490 in 2015. The four main referral sources included, GP’s and Public Health Nurse at 211; St. James’s Hospital, Department of Medicine for the Elderly at 71; there were 110 self-referrals and 70 family referrals.

We were unable to accommodate 172 referrals - the main reason was that they were medically unsuitable for completing the programme; some residents declined the service when it was offered and a small number were inpatients in general hospitals at the time we were going to admit them to CRU.

The team in CRU comprises of Nurses, Doctors, Care Assistants, Consultant Geriatrician and Consultant Psychiatrist for Older Persons, additionally we have a pharmacist and medical social worker, occupational therapists, physiotherapists and clinical nurse practitioners. Our team holds a multi-disciplinary team meeting twice weekly to discuss our residents progress.

Research continues to be a priority in CRU and we are delighted to welcome Nurse Sherin Thomas, CNM 2 to assist in data gathering and patient sourcing.

Admissions Statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CRU Admissions</td>
<td>302</td>
<td>317</td>
<td>337</td>
<td>324</td>
<td>334</td>
<td>310</td>
<td>318</td>
</tr>
<tr>
<td>Care of the Older Person</td>
<td>34</td>
<td>23</td>
<td>46</td>
<td>41</td>
<td>50</td>
<td>78</td>
<td>49</td>
</tr>
<tr>
<td>Level 2 Palliative Care</td>
<td>31</td>
<td>22</td>
<td>34</td>
<td>56</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHSS (Fair Deal)</td>
<td>15</td>
<td>19</td>
<td>16</td>
<td>22</td>
<td>27</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Residents in our long term care facility, Anna Gaynor House, meet monthly to discuss issues of importance. The committee comprises 11 residents, a facilitator and volunteer who takes minutes. Staff are invited to attend specific meetings to address issues the committee wish to address. Other staff present new information or seek opinions on various topics. The committee writes to senior management to express its opinion on areas of interest.

Membership 2015
The committee welcomed new members Sr. Mary Murphy, Marie Ormond, Molly Gunning, Monica Gibson and Paul Reid. Sadly the committee lost Kate Davis, Marie Ormond and Sr. Ursula Mongey who passed away during the year. May they Rest in Peace.

March and April
The Assistant Director of Nursing, with responsibility for Anna Gaynor House, met with the committee who highlighted the need for new furniture and equipment for all the wards in Extended Care.

May
Committee members Sr. Ursula, Anne and Kathleen brought updates on Residents’ Committee activities and priorities to organisation’s Mission meetings. These are meetings that aim to ensure a focus on our mission to deliver patient-centred loving care. The team was delighted to advise that a prayer room would be relocated to a more user-friendly, visible and accessible site within the building and thank senior management team for their support.

June
The Volunteer Co-Ordinator team was invited to attend and presented with gifts in appreciation of the work that all volunteers do to enhance the quality of life of all residents and to mark Volunteer Day. The dietician met the committee to explain her role and the help she could provide to residents in respect of their dietary needs.

September
The committee met the new Interim Assistant Director of Nursing for Extended Care, who was very helpful in progressing issues regarding new equipment and furniture raised by the committee.

October
The new prayer room was opened with thanks to the Sisters of Charity for their help in the preparations and furnishing. The chaplains led the prayers at the official opening service.

November
The CEO Audrey Houlihan attended the meeting and was presented with flowers by Anne Bambrick to celebrate her appointment. She offered her ongoing support to the committee and its future work.

December
The committee met and finalised aspects of their review and recommendations regarding general notice boards.

“I very much appreciate being on the Residents’ Committee and finding that our suggestions are positively received - the new prayer room being a good example of the rapport between the Residents’ Committee and the Senior Management.”

- Sr. Mary Murphy
When the word ‘love’ doesn’t come close.

Paul Reid | Resident’s Story

You can’t say enough about the place. It’s down to the staff. Every one is so good, so friendly and so dedicated. They make it so personal to each one of us. They all love the job - and believe me, I know, it’s a tough job that they do.

Courage comes in many forms. Sometimes in moments of crisis, people discover a strength within themselves that they never knew existed. But for Paul Reid, one of our residents in Harold’s Cross, his bravery - which is obvious to anyone who meets him - to him is unremarkable. In fact he’s surprised that anyone would notice it or mention it.

Paul’s courage is born of love, protection and his engaging reflections on his ongoing life’s legacy. The love describes his relationship with his adult children and his wider family and friends. The sense of protection comes from his desire to shield his children from the worry and the serious practical challenges his progressive illness presents. And his engaging reflections on life - obviously connected to his illness - have strengthened his positive attitude and his genuine interest in, and concern for, others.

Paul’s eventful and colourful background has certainly defined him in large part. He has spent most of his working life in the glamorous world of fashion and retail. Paul is an outgoing, warm and social personality bursting with stories. But there’s another side to Paul - a quieter, more thoughtful and deeply generous side.
Paul was a leading figure in men’s fashion retail in Dublin from the 1970s until Motor Neurone Disease turned his life upside down just a few years ago. Most of his stories - and he’s a wonderful story-teller - are from the heady days of the 70s, 80s and 90s as traditional ‘men’s outfitters’ evolved into the more glamorous and colourful world of contemporary fashion and lifestyle brands. The epicentre of that movement was in the Grafton Street area. Where Paul, at different times, managed or owned a number of Dublin’s A-list stores.

Paul is a theatrical character, has a great sense of personal style and is hugely entertaining company - but he also has a modesty and sensitivity that reveals great depth and substance too.

Paul’s anecdotes come thick and fast as he deftly manoeuvres his motorised wheelchair - ‘my balmobile’ - around his room and through the friendly corridors and external walkways of Our Lady’s Hospice & Care Services.

“I’m a northside boy. My dad was a truck driver and my mother worked at home rearing us. I had a very happy childhood. The best five years of my youth were spent as an altar boy in the chapel of the Mater Hospital.”

Paul’s stories from that time describe working with wonderful priests and nuns and, of course, some hilarious altar boy pranks. The seeds of his bubbly personality and work ethic were obviously sewn early.

“I just wasn’t cut out for school. I got a job in Douglas Menswear in Wexford Street when I was sixteen. My parents didn’t even know I was going for the interview. The store was like something out of ‘Are You Being Served?’ the old TV series.”

Paul joined Adams of Duke Lane, off Grafton Street, a workplace address that would be a part of his life for decades. The shop was co-owned by Des Hickey who ran a film company. Des would bring global stars like Cliff Richard, Liz Taylor, Richard Burton and Ryan O’Neal into the shop or they would all lunch in the Hibernian Hotel nearby.

“I met my wife Phil in Daisy Byrnes pub. She was on a date and I was on a date but we clicked right away. I was footing footse with her under the table so yes, there was a strong attraction right away. We married in 1972 and had five children - four girls and a boy. I now have three gorgeous grandchildren.”

Paul managed an exclusive clothing store called Couples. It was the elite place to go at the time.

“We had a girl called Asling working there. And every evening these guys would be standing outside the shop waiting for her. I said to her, would you ever ask them to stop standing outside - it’s bad for business. Asling always said she was going to marry a rock star - and she did. She married The Edge from U2. And who were the guys standing outside her shop waiting for her? I said to her, would you ever ask them to stop standing outside? Bono and the boys!”

Eventually Paul owned and managed his own shop ‘Trevor Howard’. But the arrival of new department and chain stores - and the location of Marks and Spencer’s nearby - convinced him to leave the business.

“I had retired in 2011 when I began to have symptoms of my illness. I was helping in Louis Copeland’s shop in Dundrum when I got severe heart palpitations. After that I was getting regular bouts of dizziness and terrible cramps. I was being treated for an irregular heartbeat.”

Paul feels strongly about how insensitively the news was broken to him on the 28th March 2013, that he had a serious life-limiting illness.

“I was on my own. The consultant was so cold. She said to me: ‘What I’m going to tell you now - you really should have your family with you today. You have Motor Neurone Disease and it’s irreversible. I asked ‘where does that leave me?’ She just bluntly said ‘three to four years’. That was it.”

Paul’s family gathered. There were tears and questions and worries. But Paul says, despite having to cope with such bad news, everyone rallied around quite quickly. His family was a huge support to him and were willing to do anything to help. But it’s also clear that at this point, Paul made a key decision. He was going to protect his children as much as possible - evidence once again of his courage.

“When I was diagnosed, I decided I wasn’t going to be a burden on my girls or my son. There was no way that they were going to have to help me with all the things that come with this illness. So in a way that’s peace of mind for them - and me.”

It was a big moment for Paul and a frightening one.

“I immediately started looking at care homes. They would have taken me if I was elderly, but because I was sick, they didn’t want to know. At the end of the list was Harold’s Cross Hospice. I just thought - wrongly - this is the place where you go in one gate and come out in a box.”

But Paul says it was the best call he made. “Snead asked me to come in and she showed me around. I put my name down for a place. But in the meantime I started availing of the day care service once a week. I really looked forward to it. Because you go in, have your tea or coffee in a lovely room and meet all your friends. We all became close and had a bit of fun – even under the circumstances. Then it’s lunch. Then it’s the doctor coming in asking ‘Can I see you for 15 minutes Paul?’ Then the physio, the nurse, the volunteers.”

Paul was in the day care system for almost two years. And then last March he got a phone call that signalled another big transition. “They told me Paul, your room is ready.” In one way I was delighted. But it also meant I was moving in full time.”

Paul fulsome in his praise for the staff and the facilities. “It’s hard to find words to describe what this place means to me. The people are wonderful. The doctors, the nurses, the carers, the volunteers, the cleaners, everyone. They are so caring and so good at what they do.”

Paul has a unique sense of religion. He’s convinced the man at his shoulder, his Guardian Angel, Michael - is looking out for him. Paul lost his wife to serious illness 14 years ago but he looks forward to seeing her again. “I’m not looking for a miracle. I have what I have. If I was to pray for anything, I would pray for religion, for faith.”

Paul ends our conversation by pondering a question: “What’s the value of this place? It’s simply priceless. I saw one of the staff with an elderly patient. It was such a beautiful and moving scene. She stroked the woman’s hair and chatted to her. The word ‘love’ doesn’t come close to describing what the care is like here.”
Education, Research and Training

The Education and Research Centre at Our Lady’s Hospice & Care Services is recognised locally, nationally and internationally for the quality of its education and research and the learning environment provided for staff and volunteers.

We influence the attitudes, skills and knowledge of those working in gerontology, rheumatology, palliative and end-of-life care and those who affect policy in these areas. We do this through high quality research, education and training and by providing a collaborative learning environment which encourages reflection and innovation.

Achievements 2015

Research activity expanded significantly and we developed new eLearning methods for education. Participant numbers on education programmes expanded as did the number of events held in the Education and Research Centre.
Education

Undergraduate education programmes were delivered by our staff to medical, nursing, occupational therapy and physiotherapy students of Trinity College Dublin (TCD) and University College Dublin (UCD) both in the colleges and on our own site.

144 TCD undergraduate medical students were provided with tutorials and facilitated with placements in palliative care either on our own site or in our affiliated hospitals. 53 undergraduate nursing students from TCD and UCD undertook specialist Gerontology and Rheumatology placements. 27 UCD physiotherapy students completed clinical education modules with placements from one to six weeks. 13 undergraduate TCD occupational therapy students completed practice education placements ranging from two to 11 weeks.

Palliative Medicine Grand Rounds, a weekly postgraduate physician-oriented education meeting continued this year. Attendees included consultants and non-consultant hospital doctors and others from OLH&CS and affiliated institutions.

We provided a range of education programmes in Palliative Care, Gerontology, Rheumatology and Spirituality to address the needs of staff and volunteers as well as staff of external organisations, partner institutions and other interested individuals.

The European Certificate in Essential Palliative Care, an eight-week distance learning programme for doctors, nurses and pharmacists, was delivered twice this year in collaboration with Milford Care Centre, Limerick.

The Sr. Frances Rose O’ Flynn Medal for Academic Achievement was awarded jointly to Liam Patton and Susan McCarroll, graduates of the UCD Diploma in Palliative Care. 19 students completed the programme for which OLH&CS provided the specialist care modules. We provided the specialist palliative care modules for the new Graduate Diploma/MSc in Palliative Care with the Schools of Nursing and Medicine at UCD which started in September and was delivered on site and in UCD.

15 students completed specialist modules on the Graduate Diploma/Certificate in Rheumatology provided in conjunction with UCD. Since 2002, there have been 49 graduates from this programme, which is a significant contribution to the advancement of rheumatology education nationally.

Since 2009, OLH&CS has hosted the innovative Sacred Art of Living and Dying programme. The final part of the most recent two year programme was completed in June 2015 and a new in-take of 48 students commenced the same month.

Research

This year saw the launch of the first OLH&CS Research Strategy 2015 – 2017. The strategic objectives focus on culture and capacity building, leadership, partnership and resources. 77 initiatives were identified to progress the strategy including proposals from 29 people in 16 areas of the organisation. The Education and Research Committee considered and approved 11 research proposals during the year as follows.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>McLoughlin, Kate</td>
<td>Investigations and Therapeutic interventions in a Specialist Palliative Care Unit: A Retrospective Cohort Study</td>
</tr>
<tr>
<td>Stack, Majella</td>
<td>A pharmacist led falls prevention focused medication review in a specialist palliative care inpatient service</td>
</tr>
<tr>
<td>Moran, Deirdre</td>
<td>An exploration of how occupational therapists evaluate their practice in specialist palliative care units</td>
</tr>
<tr>
<td>O’Connor, Brenda</td>
<td>Education and Research Infrastructure</td>
</tr>
<tr>
<td>Shinners, Eileen</td>
<td>Survey of Irish Rheumatology Nurses examining clinical practice, professional behaviour, competencies and education</td>
</tr>
</tbody>
</table>
The Academic Department of Palliative Medicine was established within the Education and Research Centre under the direction of Professor Declan Walsh. One of its goals is to build Ireland’s leadership in clinical palliative care services and develop a strong palliative medicine academic infrastructure that will in turn drive research and inform policy and practice. The programme made progress in establishing two Research Fellowships, two Senior Lecturer positions and four Senior Fellowships in Palliative Medicine, which will be fully implemented during 2016.

16 Undergraduate and postgraduate research projects were undertaken by the Academic Department of Palliative Medicine with the following outcomes:

Ten abstracts were accepted for poster presentation at the annual 2015 International MASCC/ISOO Symposium, in Copenhagen and published in the official Journal of the Multinational Association of Supportive Care in Cancer including:

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleran M, Walsh D,</td>
<td>Living With Loss And Change - The Forgotten Story Of The Romantic</td>
</tr>
<tr>
<td>Mannion E, Waldron W</td>
<td>Partners Of People With Advanced Cancer</td>
</tr>
<tr>
<td>Lester L, Ui Dhubhтир P,</td>
<td>Syringe Pumps For Symptom Control: A Prospective Observational Study</td>
</tr>
<tr>
<td>Walsh D</td>
<td></td>
</tr>
<tr>
<td>O’Connor B, O’Neill C,</td>
<td>Parenteral Hydration: Review Of Prevalence And Rationale In Hospice</td>
</tr>
<tr>
<td>Mc Donnell D, Ui Dhubhтир</td>
<td>Inpatients</td>
</tr>
<tr>
<td>P, Lester L,Walsh D</td>
<td></td>
</tr>
<tr>
<td>O’Connor B, O’Neill K,</td>
<td>Nutritional Supplement Use In Hospice Inpatients. Review Of Prevalence</td>
</tr>
<tr>
<td>Mohd Azizan F, Ui Dhubhтир</td>
<td>And Rationale</td>
</tr>
<tr>
<td>P, Lester L,Walsh D</td>
<td></td>
</tr>
</tbody>
</table>

Three abstracts were selected for oral presentation and 10 abstracts were accepted for poster presentation at the 5th International Seminar of the PRC and EAPC RN in Leeds including:

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>O’Donnell M, Lorton C,</td>
<td>The Assessment Of Hydration In Advanced Cancer: The Role Of Bioelectrical Impedance Vector Analysis</td>
</tr>
<tr>
<td>O’Connor B, Ui Dhubhтир P, Balding L, Fenton A, O’Leary N, D Walsh</td>
<td></td>
</tr>
<tr>
<td>Loftus E, Lyng S, O’Halloran L, Lorton C, O’Connor B, Ui Dhubhтир P, Walsh D</td>
<td></td>
</tr>
</tbody>
</table>

Orthostatic Hypotension In The Diagnosis Of Autonomic Nervous System Dysfunction In Cancer
Symptom Assessment In Advanced Cancer
Information Technology And Cancer Patient Reported Outcomes (PROS)
Oral Supplements And Nutritional Support
Cancer Cachexia Assessment In A Specialist Palliative Care Inpatient Unit
Pilot Study Of Subjective Taste And Smell Changes In Treatment-Naive Patients With Solid Tumours
Three abstracts were accepted for poster presentation at the 8th International Conference on Cachexia, Sarcopenia and Muscle Wasting in Paris including:

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
</table>

Learning, Training & Development

Our online learning capacity and activity expanded significantly this year with the launch of programmes on the AIIHPC Learning Hub and the development of an internal virtual learning environment. A stimulating symposium to improve cross organisational staff capacity to facilitate learning was held in May.

In July we hosted a very successful visit by his holiness Ringu Tulku Rinpoche who spoke at length to staff, patients and residents on the Buddhist perspective on living and dying. Staff continued to work closely with the Quality and Practice Development team and clinical staff to meet staff educational needs. Case Reviews and education sessions requested by clinical staff were provided throughout the year.

Facility & Library

There was an increase in the number of events facilitated compared with the previous year with significantly more users from within the organisation. A number of new regular clients were recruited this year. The Library and Information Service continued to develop its collection of materials and now holds over 3,400 items including books, journals, reports, booklets and audio visual materials. 80 presentations and publications completed by staff were received and filed this year. A full list of staff publications and presentations is available to access on the website.

<table>
<thead>
<tr>
<th>Presentations</th>
<th>Publications</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>Gerontology</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Other / Mixed</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>31</td>
<td>49</td>
</tr>
</tbody>
</table>
Fundraising and Communications

Eleanor Flew | Director of Fundraising and Communications

Our generous donors are at the heart of all that we do at Our Lady’s Hospice & Care Services. Thanks to their compassion and commitment we can continue to provide excellent, specialist and patient-centred loving care to all our patients, residents and their families.

2015 was an incredibly busy year for the Fundraising and Communications team who raised €4,288,352, an increase of 6.4% on 2014. On behalf of all those who use Our Lady’s Hospice & Care Services, their families and friends we would like to extend our most grateful thanks to all our supporters. The generosity of our donors means that our patients get exactly what they need when they need it - world class, specialist and person-centred loving care in bright, calm and therapeutic surroundings.

We directly fundraised €3,151,278, a 12% increase on 2014 while €1,122,426 was generated from individuals who kindly remembered us in their wills, slightly down on the previous year.

2015 was a successful year for our campaigns and events with strong growth across all main activities. These generated €1,301,685 or 16% growth on the previous year. We witnessed strong growth and loyal support for our annual campaigns: The ‘Hospice
Spring Raffle’ had its strongest performance in over five years and raised €225,506 or growth of 29% on 2014. ‘Ireland’s Biggest Coffee Morning’ raised €407,638, up 17% on 2014. Our ‘Mini Marathon’ campaign raised €100,244 an increase of 32% on 2014. Our annual flag day event ‘Sunflower Days’ raised €101,975 or growth of 4% on 2014. Finally, the most special event in our calendar - our flagship event ‘Light up a Life’ raised €465,322 up 9% on 2014. We are incredibly grateful to all our donors, supporters and volunteers who made the above possible.

Our Blackrock Hospice specific events also achieved great success in 2015. Our ‘Little Flower of Life’ in memory event raised €45,386 or growth of 69% on 2014. Our ‘Open Gardens’ event, whereby members of the local community open their beautiful gardens in aid of Our Lady’s Hospice & Care Services, raised €20,656 or growth of 25% on the previous year.

2015 was also an incredibly busy year for community fundraising raising €306,871, slightly down on 2014. Our supporters in the local community organised 160 events in aid of Our Lady’s Hospice & Care Services and we are truly grateful for their passion, dedication and energy. Special mention must be made to some of our long-standing annual events organised by members of the local community. These include ‘Speaking for Hospice’ which celebrated its 21st year of public speaking excellence and raised €11,620 and the annual Garda Boat Club Summer ‘Wine and Cheese’ Party, which raised over €27,000. William Tilly’s spectacular Christmas lights display on Bath Avenue in Sandymount has delighted passersby for the past number of years and in 2015 he raised an incredible €15,188.

Our regular giving through direct debits programme continued its consistent performance raising €170,498, down on the previous year. Unprompted individual donations and ‘In Memory’ donations experienced a 14% increase on 2014 raising €688,775. A heartfelt thanks to all our donors who honoured a loved one by supporting our vital frontline work.

Our 2015 annual direct mail appeal was particularly special this year as it focused on a patient telling his personal story of hospice care. Hugh was so inspired by our care that he was determined to do something to highlight our need for support and the importance of hospice care. The resulting ‘Hugh’s Hospice Appeal’ has and will continue to support numerous patients and their families through purchasing of vital equipment, supporting frontline services and continuing to create awareness of our work. More importantly Hugh made a unique contribution to the health and well-being of society by easing the concerns of many other patients at a very difficult time in their lives. By year end 2015, Hugh’s appeal had raised over €124,000. We would like to express our sincere gratitude to Hugh for his bravery and generosity in sharing his personal story, and his family and friends for making this important video possible. Hugh’s video can be seen on olh.ie or our youtube channel.

We are also extremely grateful to all our corporate partners for their support throughout 2015. This was provided in a range of different ways - donations, events, volunteering and gifts-in-kind. There was excellent support for Sunflower Days this year, especially so from Bank of America Merrill Lynch in Sandyford and Vayu in the city centre. Zurich Life Assurance plc supported Blackrock Hospice by volunteering for five weeks to water our gardens and help us to prepare for our ‘Little Flower of Life’ event. As always, we had strong corporate interest in supporting through volunteering time and energies. Northern Trust, Vodafone, ACC Bank and SSE Artricity all gave much-needed support during our flagship event ‘Light up a Life.’ We were also involved in Marks & Spencer’s first ‘Spark Something Good Campaign,’ with volunteers helping out in September in both Harold’s Cross and Blackrock. Special thanks to The Travel Corporation who organised a fantastic Family Fun Day fundraiser over the summer, which generated over €8,000.

Communications

Our communications and media programme is focused on continuing to raise our profile and understanding of the work that we do every single day in Harold’s Cross and Blackrock. Communications also plays a vital role in ensuring the delivery of funds required to implement the strategic goals of the organisation through growing our awareness on both a local and a national level.

We also significantly built our media profile during the year with a number of features and interviews on national radio and TV. Our social media profile also continues to grow and we witnessed a growth of 16% to over 17,000 followers on Facebook.
Key Highlights 2015

- The annual Hospice Spring Raffle raised over €225,506 up 29% on 2014. Jason Egan won the amazing Opel Corsa, our top prize in the raffle.

- Over 500 women ran for Our Lady’s Hospice & Care Services in the annual Women’s Mini Marathon raising over €100,244 up 32% on 2014.

- Over 200 volunteers took to the streets of Dublin in their highly visible yellow Sunflower Days t-shirts raising over €101,975 up 4% on the previous year.

- Over 1,000 coffee mornings were hosted in homes, companies, schools, fire stations, garda stations, parishes and community centres as part of ‘Ireland’s Biggest Coffee Morning’ raising over €407,638 up 17% on the previous year. Mario Rosenstock and Norah Casey were our special guests of honour.

- Over 9,000 people attended our special remembrance ceremony, Light up a Life, in December, which saw our special guest Finbar Furey turn on the Christmas lights raising over €465,322, up 9% on 2014. A special thanks to all who support this important event. Light up a Life was also featured on the front page of the Irish Times.

- ‘Hugh’s Hospice Appeal’ raised over €124,000 winning two awards - ‘Best Direct Marketing Campaign’ at the annual Fundraising Ireland Excellence in Fundraising Awards and silver at the An Post Smart Marketing Awards.

- Our Lady’s Hospice & Care Services featured on RTE 1’s Nationwide with Mary Kennedy.

- The Minister for Health Leo Varadkar Fine Gael and The Lord Mayor of Dublin, Councillor Mayor Críona Ni Dhalaigh visited Our Lady’s Hospice & Care Services to meet frontline staff and learn more about the work that we do.

- Finally, we would also like to say extremely special and heartfelt thanks to all our fundraising Volunteers who continue to play a vital role in the fundraising team and without whose tireless energy and commitment we could not raise the levels of funds that we do.
For over 23 years volunteers have been an integral part of the care provided in Harold’s Cross and Blackrock. This dedicated team supports staff caring for patients and residents.

At present there are 270 patient care volunteers. They help with meals and drinks on the wards, escort patients/residents to appointments and religious services, provide handcare massages, drive patients to medical appointments, home visits, outings and collect them from their homes to attend our day hospice service.

Volunteers assist at Occupational Therapy sessions in baking, gardening, art and doing crosswords. They organise social events such as bingo, skittles and music for residents and provide entertainment in the form of a ukulele group, HUG. Volunteers also work in the coffee shop, library, reception, as Ministers of the Eucharist and preparing the chapels for services. There are 16 qualified bereavement counsellors volunteers, psychology research volunteers, SONAS therapists who work with dementia patients and Complementary and Creative Arts Therapists who provide aromatherapy and massage.

Volunteers also provide a wide range of services for the Fundraising Department, from administration activities and telefundraising to stewarding and sales for campaigns including our flagship Light Up A Life and Coffee Morning events, directly raising over €500,000 on an annual basis.

During the academic year 140 students come to Harold’s Cross for Community Care/Work Experience and/or Social Outreach.
In May, the Volunteer Committee organised showcases to celebrate the contribution of volunteers in both Harold’s Cross and Blackrock. The event culminated with the presentation of Long Service awards to those who have been with us 10 years or longer. Some have been with us for over 20 years. The Board of Directors approved our application to Volunteer Ireland for the National Quality Standard for good practice in Volunteer Management ‘Investing in Volunteers (lIV).

We are extremely grateful for the continued wonderful support and dedication volunteers show to our residents, patients and the staff of Our Lady’s Hospice & Care Services.

Volunteer Statistics

- Regular patient care volunteers give 17,000 hours a year
- 23,000 phone calls made by fundraising volunteers in 2015
- 350 holistic treatments given to patients which would not occur without 3 specialist care volunteers
- Blackrock Hospice volunteers cover over 620 reception hours per annum
- 14 patients care volunteers here over 20 years
- 3,000 drives between Blackrock Hospice and Harold’s Cross volunteer drivers - allowed patients to come to appointments without any impact on families
- 140 students completing TY and care programme for local schools during the academic year
- 190 hours a year given by one volunteer arranging flower displays in the chapel and tending plants on the wards, oratory and mortuary
- 3 Bereavement volunteers here over 23 years

If you’d like to join this team of fantastic people just contact one of our volunteer co-ordinators to find out how you can get involved. For more information volunteering in fundraising please contact Imelda on Tel: 01 4911072 or by email at imoney@olh.ie For more information volunteering in patient care please contact Carolyn, Niamh or Margot on Tel: 01 406 8822 / 406 8898 or by email at volunteers@olh.ie
The Living Place

May Casey | Fundraising Volunteer Story

Our Lady’s Hospice & Care Services is extremely privileged to have the wonderful support of almost 300 volunteers. We simply could not provide the excellent care we do without their support. Our volunteers work in all areas of the organisation from fundraising to patient care and everything in-between.

May Casey has been an essential part of that team for 18 years. What makes her so special is not just her elegance and grace but her simple, no-nonsense, practical philosophy.

“I believe that if something needs doing just go and do it, if that’s opening mail, packing coffee or anything else” May explains.

May’s “roll up your sleeves” work ethic was developed over many successful years in the tourism industry. When she moved on from this she sought a place to put her skills and time to good use.
and found Our Lady’s Hospice & Care Services in Harold’s Cross.

“When I started it coincided with the start of the Light Up a Life Christmas campaign. So that’s where I made myself useful.”

May’s business and management skills soon made her a vital part of the hospice’s hard working fundraising team. All through the year you will find her involved with events organised by Fundraising.

“There is something going on almost all the time because there are so many more campaigns”, she explains. “Initially we just had the Coffee Morning and Light Up A Life. Now we have the Spring Raffle the Mini Marathon and Sunflower Days.”

But it is May’s famous attention to detail and focus on practical solutions that make her such a valuable member of the hospice team.

“I like to think I’m fairly organised”, she says modestly.

During her time, May has seen enormous changes. The hospice itself has expanded greatly as has the financial pressure placed on its resources and fundraising is crucial to its daily work.

Each year the hospice depends on the support of its many wonderful donors, sponsors, marathon runners, hill walkers, Sunflower sellers, Coffee Morning hosts and Light Up A Life champions - to name but a few.

“The one thing that hasn’t changed in my years here”, May says, “is the wonderful atmosphere. Where everybody is smiling and everybody has that great attitude.”

So much of that atmosphere comes from the hard work and loving care of our amazing volunteers. Each one is a vital cog in the workings of the hospice. And every one can find a home for their talents - whether they are skilled carers, experienced administrators or simply good talkers. As May explains, the true nature of palliative care means that it is not just the patient’s medical needs that are tended to. Harold’s Cross hospice offers total care. Care for the whole person and their entire family.

“I think that’s so important”, May says. May’s pride in Harold’s Cross and the work that is done there is obvious when you speak to her.

She recalls a comment made at a public event,

“This woman said - ‘Oh Harold’s Cross - that’s the dying place’. And I corrected her saying ‘No. It’s the living place.’”

Then she recalls the story of a couple - a devoted husband who visited the hospice every day to sit by the bedside of his incapacitated wife. One day, he collapsed beside her. A short time later - after having been treated in hospital himself - he was brought back to Harold’s Cross so he could spend his last moments with his wife.

“Life happens here. And it makes you more tolerant. At least I hope it has made me more tolerant. Because,” she laughs, “I can be quite intolerant.”

After all her years of great service, May’s enthusiasm and commitment are still as strong and inspiring. And despite these difficult times, and the financial challenges facing us all, May remains optimistic about the hospice’s future.

“I’m very optimistic,” she says. “Because attitudes here are right and the work that is being done here is wonderful. If I need care, this is where I want to be. Absolutely! It is such a happy place.”
Our Lady’s Hospice Limited (trading as Our Lady’s Hospice & Care Services) recorded a loss of €437,835 for healthcare activities. This is in addition to a surplus of €252,749 in development activities, leading to an overall loss of €185,086 in the year to 31st December 2015, compared to a loss of €973,496 in the previous year.

Development activities include voluntary donations and similar income arising from fundraising events along with legacy/bequest income.

Five Year Financial History

- Overall, the cost of running healthcare & development activities was €40,496,715, an increase of €219,887 on the 2014 figure.
- Payroll expenditure accounted for €32,050,185 (79% of total), being an increase of €37,343 or 0.1%. A significant amount of healthcare salaries are still paid from fundraising activities in order to maintain the same level of care as previous years. High superannuation costs continued in 2015 due to the number of retirements in the year.
- Non-pay expenditure was €8,446,529 (21% of total), being an increase of €182,543 or 2.2%.
Donations and Fundraising

The fundraising receipts in 2015 show a 12% increase in donations which has been slightly offset by a 5% fall in legacy and bequest income. The net effect being that overall income from fundraising increased by €285,872 or 7% in the year to December 2015.

Analysis of Payroll Expenditure

- Pay expenditure: 79%
- Non-pay expenditure: 21%

Note: The payroll cost by department remained largely unchanged between 2015 and 2014.

Note: The relative spend within the non-pay category remained largely unchanged, while the year showed an increase in the overall non-pay costs of €182,543, which equates to just over 2% for the year.

Analysis of Fundraising Expenditure

Note: There was a 20% increase in fundraising event and staffing costs reflecting understaffing in the area during 2014 and a return to operational levels in 2015.
### Income and Expenditure Account 2015

<table>
<thead>
<tr>
<th></th>
<th>Healthcare Activities</th>
<th>Development Activities</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>33,614,349</td>
<td>4,309,087</td>
<td>37,923,436</td>
<td>36,871,975</td>
</tr>
<tr>
<td>Expenditure - Healthcare</td>
<td>(36,725,983)</td>
<td>(2,649,024)</td>
<td>(39,375,007)</td>
<td>(39,155,121)</td>
</tr>
<tr>
<td>- Fundraising</td>
<td>0</td>
<td>(1,121,707)</td>
<td>(1,121,707)</td>
<td>(1,121,707)</td>
</tr>
<tr>
<td>Other Income</td>
<td>3,058,389</td>
<td>538,356</td>
<td>(2,573,278)</td>
<td>(3,404,853)</td>
</tr>
<tr>
<td>Operating Surplus</td>
<td>(53,245)</td>
<td>967,154</td>
<td>913,908</td>
<td>10,020</td>
</tr>
<tr>
<td>Investment Income</td>
<td>0</td>
<td>150,902</td>
<td>150,902</td>
<td>405,523</td>
</tr>
<tr>
<td>Interest payable &amp; similar charges</td>
<td>(44,718)</td>
<td>(18,269)</td>
<td>(62,987)</td>
<td>(67,672)</td>
</tr>
<tr>
<td>Surplus before taxation</td>
<td>(97,963)</td>
<td>1,099,766</td>
<td>1,001,823</td>
<td>347,871</td>
</tr>
<tr>
<td>Taxation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Surplus after taxation</td>
<td>(97,963)</td>
<td>1,099,766</td>
<td>1,001,823</td>
<td>347,871</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(977,395)</td>
<td>(1,135,345)</td>
<td>(2,112,740)</td>
<td>(2,239,721)</td>
</tr>
<tr>
<td>Amortisation</td>
<td>637,523</td>
<td>0</td>
<td>637,523</td>
<td>741,400</td>
</tr>
<tr>
<td>Changes in market value of investments</td>
<td>0</td>
<td>288,307</td>
<td>288,307</td>
<td>176,954</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>(437,835)</td>
<td>252,749</td>
<td>(185,086)</td>
<td>(973,496)</td>
</tr>
</tbody>
</table>

### Balance Sheet 2015

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>75,931,669</td>
<td>75,646,675</td>
</tr>
<tr>
<td>Tangible Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>4,230,188</td>
<td>4,224,033</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>276,450</td>
<td>227,776</td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>4,325,366</td>
<td>4,811,534</td>
</tr>
<tr>
<td>Investment</td>
<td>4,397,648</td>
<td>3,314,963</td>
</tr>
<tr>
<td>Cash at bank and on hand</td>
<td>4,207,079</td>
<td>7,082,599</td>
</tr>
<tr>
<td>Creditors: (Amounts falling due within one year)</td>
<td>(7,421,945)</td>
<td>(8,594,041)</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>5,784,598</td>
<td>6,642,830</td>
</tr>
<tr>
<td>Total Assets less Current Liabilities</td>
<td>85,946,455</td>
<td>86,713,539</td>
</tr>
<tr>
<td>Creditors: (Amounts falling due after more than one year)</td>
<td>(19,169,798)</td>
<td>(19,751,795)</td>
</tr>
<tr>
<td>Net Assets</td>
<td>66,776,657</td>
<td>66,961,744</td>
</tr>
<tr>
<td>Capital and Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Called up share capital</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Share premium</td>
<td>38,638,786</td>
<td>36,638,786</td>
</tr>
<tr>
<td>Healthcare activities</td>
<td>(11,208,010)</td>
<td>(10,770,175)</td>
</tr>
<tr>
<td>Development activities</td>
<td>39,345,879</td>
<td>39,093,131</td>
</tr>
<tr>
<td>Shareholders' Funds</td>
<td>66,776,657</td>
<td>66,961,744</td>
</tr>
</tbody>
</table>
Complaints & Feedback

Perfection is an ideal we aim for at Our Lady’s Hospice & Care Services, but which is not always achievable. However, it is important that we are given the opportunity to address any failings in our service delivery in order to rectify these & to allow us to learn from our weaknesses.

Our priority is to ensure that our service users and their families/carers are comfortable with advising us of any complaints or issues they have, so that we can take the time to discuss such issues and ensure that every effort is made to correct the situation and avoid repeat incidents. The HSE Complaints procedure, “Your Service, Your Say” is applied, and this is further supported through the placement of suggestion boxes throughout the organisation, along with Satisfaction Surveys, which are carried out at regular intervals to ascertain feedback on our services. We receive many compliments on quality of care, staff compassion, standard of facilities and so on, but, without the feedback of patients, residents, their families and carers, we would be limited in our oversight and would miss the opportunity to improve our services.

Complaints Statistics 2015

<table>
<thead>
<tr>
<th>National KPI</th>
<th>January – December 2014</th>
<th>Referred for investigation (Conclude 0-30 days / update every 20 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral (Acknowledge 0-24hrs)</td>
<td>2 (100% achieved KPI target)</td>
<td>-</td>
</tr>
<tr>
<td>Written (Acknowledge 0-5 days)</td>
<td>8 (100% achieved KPI target)</td>
<td>1</td>
</tr>
</tbody>
</table>
## Complaints Category 2015

<table>
<thead>
<tr>
<th>Category / Definition</th>
<th>Nos. 2014</th>
<th>Nos. 2015</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>0</td>
<td>1</td>
<td>(Referred from Ombudsman and closed to their satisfaction)</td>
</tr>
<tr>
<td>Dignity &amp; Respect</td>
<td>9</td>
<td>3</td>
<td>1 issue resolved at local level satisfactorily to complainant.</td>
</tr>
<tr>
<td>Safe &amp; Effective Care</td>
<td>0</td>
<td>2</td>
<td>Issues resolved at local level satisfactorily to complainant.</td>
</tr>
<tr>
<td>Communication &amp; Information</td>
<td>1</td>
<td>1</td>
<td>Issue resolved at local level satisfactorily to complainant.</td>
</tr>
<tr>
<td>Participation</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Privacy</td>
<td>1</td>
<td>1</td>
<td>Anonymous complaint, unsubstantiated.</td>
</tr>
<tr>
<td>Improving Health</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Accountability</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Clinical Judgement</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Complaints withdrawn</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>
Donor Charter

Our Lady’s Hospice & Care Services, founded by the Sisters of Charity in 1879, continues in their Mission through providing with loving care high quality, person-centred health and social care services in the Hospice and in the Community.
Our pledge is to treat all our donors with respect, care, honesty and openness, in accordance with our mission statement.

- We commit to being accountable and transparent in our fundraising activities.
- We will send a prompt acknowledgement of donations.
- Our fundraisers and volunteers will observe the highest professional standards at all times.
- We will inform our donors about our services and developments and the work that donations help to support.
- We undertake to utilise donations for the purpose for which they were given.
- We will respect the right to privacy of our donors and will comply with the laws relating to fundraising and use of personal data.
- We will keep administration and fundraising costs to a minimum.
- Donations to Our Lady’s Hospice & Care Services will be handled responsibly and to the greatest advantage of the beneficiary.
- Where applicable, tax relief on donations will be claimed.
- We will ensure that funds raised in response to an appeal will be used effectively to meet the critical needs of those it was raised for. If it is not possible to expend all funds received in the particular appeal within a reasonable period, we may re-deploy the extra funds to another area of Our Lady’s Hospice work. When this occurs, we will detail it in our annual report.
- Our audited financial statements are available from our head office in Harold’s Cross and on our website.
- Any queries and complaints will be dealt with courteously and as efficiently as possible.