

Respite | Rehabilitation | Resassurance



ANNUAL REPORT 2018



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WHO WE ARE

Mission Statement

Our Lady's Hospice & Care Services, founded by the Religious Sisters of Charity in 1879, continues its mission by providing, with loving care, high quality, person-centred health and social care services in the Hospice and community.

Our Core Values

Human Dignity: To respect the unique worth of every individual.

Compassion: To empathise with those who are in discomfort or suffering and to strive to understand their experience.

Justice: To consistently act with integrity, honesty, commitment and accountability.

Quality: To strive for excellence in all aspects of our work.

Advocacy: To represent the needs of those who are unable to speak for themselves.

These core values are upheld and shared by many people of diverse cultures, faiths, professions and circumstances. Daily, they serve to inspire, motivate and guide us in our work together.

What we do

Rheumatic & Musculoskeletal Disease Unit RMDU (Harold's Cross)

RMDU is unique within the Irish system, with in-patient and out-patient services to assess, treat, support and educate patients with rheumatic and musculoskeletal diseases. Our expert team works closely with patients to manage pain and symptoms and help them to achieve their best quality of life. The Unit, comprising of 40 in-patient beds and six day beds, is a teaching centre for all disciplines and has close links with several acute hospitals and University College Dublin and Trinity College Dublin.

Extended Care Unit, Anna Gaynor House (Harold's Cross)

Anna Gaynor House is a purpose-built 89 bedded residential unit providing a safe and comfortable living environment to those with high dependencies who require 24-hour nursing care. All residents benefit from working with a multi-disciplinary team, regular exercise classes and multisensory

work such as music, art therapy etc. We encourage residents to participate in whatever way they can to optimise their comfort, function and independence. Our volunteers provide a great deal of valuable support with activities and entertainment programmes.

Community Reablement Unit, CRU (Harold's Cross)

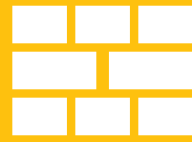
Our team works with patients to get the most out of their physical abilities, help with advance care planning and hopefully avoid hospital admissions. Each patient receives a tailor-made programme and we work with them on areas of concern e.g. pain management, optimising medication, improving balance, reducing falls, improving function and building their confidence to leave home and attend social events. The increase in demand for this service is in line with increased frailty in our community due to Ireland's ageing population.

Specialist Palliative Care (Harold's Cross & Blackrock)

We provide specialist palliative care to a catchment area of almost a million people across South Dublin and North Wicklow. Our focus is to improve the quality of life for those with a life-limiting illness. We help patients to live with comfort, dignity and peace of mind, taking an holistic approach to meet the needs of patients and their families. Palliative care involves treating symptoms and providing psychological, social and spiritual support. Most of our work involves caring for people in their own homes through our Community Palliative Care Teams. We have 36 in-patient beds in Harold's Cross and 12 in Blackrock Hospice. We also provide vital support to bereaved children and families.



2 Campuses in Harold's Cross (1879) and Blackrock (2003)



1 New 15 bed hospice opening in Wicklow in 2019/2020



4,211 Patients cared for in 2018 - a 20% increase since 2010



565 Homecare visits per Specialist Palliative Nurse in 2018



11,858 specialist palliative care visits in 2018



54% Increase in specialist palliative home care patients since 2010



276 Patients cared for in our Day Hospice in 2018



25% Increase in Palliative care admissions since 2010



600+ Medical and general staff members



330 Incredible volunteers



36 bed new palliative care unit



€5.5m+ Needed in 2018 to support our services and make up shortfall in state funding



14% Decrease in state funding since 2009



1m+ People in our catchment area of South Dublin and North Wicklow



Admission is determined solely by patients' care needs

CHAIRPERSON'S REPORT

Brian Murray

Chair of the Board of Directors

It was a pleasure to have marked the official opening of our new 36-bed, all single room, palliative care unit on the Harold's Cross campus in 2018.

It was a pleasure to have marked the official opening of our new 36-bed, all single room, palliative care unit on the Harold's Cross campus in 2018. The building work commenced in 2016 and the €13.6 million build cost was funded through the generosity of our many donors. The HSE also contributed over €1 million towards fit-out costs. The unit was officially opened by An Taoiseach, Leo Varadkar T.D. and Minister for Health Simon Harris T.D.

In keeping with the development, a new Strategic Plan was launched at the opening of the unit. The strategic plan sets out the vision of the Directors, Management and Staff for providing high quality and safe services for all of our patients, residents, clients and families and developing those services in line with best national and international practice.

Our strategic objectives are set out as follows:

- Take a leading role in providing high quality and safe services, building on our reputation and making a difference to patients and families.
- Make a commitment to developing and continually improving our clinical and corporate infrastructure and processes.
- Ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds and donations.

- Embrace a system-wide perspective, working closely with partners, patients/residents and healthcare staff to help meet growing demand.

These objectives contain a combination of immediate priorities and encompass on-going and future 'shifts' and changes that will become necessary as the wider health system evolves and transforms. They are influenced by the healthcare context in which we operate, and the factors likely to affect future demand and funding, which include, population and demographic changes, policy developments, the increasing prevalence of disease and patient preferences.

We were privileged in 2017 to be asked by the HSE to take on the governance of the planned new hospice in Wicklow. This development has been in the planning stages for a number of years and an amount of fundraising locally has now brought it to reality, with the build commencing in 2018. Our Lady's Hospice & Care Services is working in partnership with the Wicklow Hospice Foundation and the HSE on developing palliative care services to the Wicklow area and further South East.

On behalf of the Board, I would like to thank the Management of the Hospice. Audrey Houlihan, CEO, has worked very well with the support of the Management Team in giving the Board assurance on governance and compliance. Both internal and external audits in recent years have focussed on introducing tight controls in all areas,

and the Board is confident of best practice in the organisation. I would also like to thank the entire staff for their hard work and focus on providing excellent care.

As always, the primary focus of the Board, Management and staff is to provide high quality services to our patients, residents and their families in our three specialty areas. This is ably supported by our many volunteers. Being asked to govern the new Hospice in Wicklow can be seen as a validation by the HSE of delivering good quality services, and is also supported by the number of national and international requests to visit our services. The delivery of quality services will always remain our primary focus.

The Board of Directors had a number of changes to membership in 2018. I am very happy to welcome as new Directors, Ms. Carole Pollard and Mr. Pat Costello. I would like to acknowledge the contribution of Mr. Sean Benton who has left an incredible legacy during his many years as a Director and in the Chairperson role. Mr. Benton held this role for nine years and provided oversight for numerous developments at the Hospice under his exceptional leadership. I would also like to thank those who stepped down from the Board, Mr. David Strahan and Sr. Angela Kelly, for their invaluable contribution over many years.

New additions to the Board of Directors in 2018

Ms. Carole Pollard

Carole Pollard is a registered architect and past President of the Royal Institute of Architects in Ireland 2016-2017. She was a member of the RIAI Governance Review Steering Committee and as President was responsible for implementing new governance structures. Carole's practice includes teaching, writing and research work in the area of architecture and design, and she is an advocate for excellence in the built environment.

Mr. Pat Costello

Following a successful military career with the Irish Defence Forces, Pat went on to gain a range of experience in leadership roles in Ireland and internationally. Pat was CEO of Irish Tax Institute and recently retired from his role as CEO at Chartered Accountants Ireland after 13 years. He is currently on the board of the Policing Authority and has been part of the GAA Audit Committee.

Please visit olh.ie for details of all our Directors, our audited accounts and previous annual reports.



PRINCIPAL RISKS AND UNCERTAINTIES

The Directors, in conjunction with the Senior Management Team, follow a process to manage the risks to which the company is exposed. They particularly concern themselves with operational and financial risks. They are satisfied that appropriate systems are in place to mitigate against these risks, and limit exposure. Risks are identified and ranked in terms of potential impact, as well as the company's risk control measures. Major risks are those which may have an impact on operational performance, financial sustainability, achievement of aims and objectives and meeting expectations of our patients, funders and supporters.

The principal risks and uncertainties that the company faces are:

- **Clinical risks to patients under our care, either as inpatients or in their usual home environment:**

These risks are mitigated by the use of appropriately qualified and trained clinical staff, working within safe systems of care, having appropriate equipment which reduces risk, such as automated equipment to prevent human error, having appropriate policies and procedures in place and our incident reporting system which includes reporting near misses so that future incidents can be prevented. We have adequate cover in place for public and clinician liability under State Claims agency and Clinical Indemnity schemes.

- **Failure to comply with Statutory/ Regulatory Requirements:** The company is subject to stringent regulations in areas such as staff competency, staffing levels, health & safety matters and has appropriate processes in place to monitor adherence and compliance with legislation and regulations impacting on its operations.

- **Financial dependency on the HSE:** The company is dependent on the ongoing support of the HSE for funding to deliver care services. Ongoing funding at an appropriate level is fundamental to the company's ability to continue as a going concern. It is company policy to mitigate this risk by developing ongoing relationships with the HSE and agreeing annually our Service Level Agreement.

- **Lack of funding for future development of the campus:** The company has ambitious plans to

better utilise the space available on the campus and enhance patient care. There is a risk that insufficient funding will be available to complete the construction as set out in the Master Development Plan.

- **Fundraising and Reputational Risk:** The above development funding risk is linked to a general fundraising risk of potential lower donations or bequests which would impact on our ability to both carry out these developments and also to maintain the same levels of quality and service.
- **General Data Protection Regulation:** Our Lady's Hospice & Care Services continue to implement GDPR regulations in an effort to achieve compliance. Risk assessments and risk minimisation actions are put in place in the areas of non-compliance. The Board are advised annually on implementation progress and gap analysis, and, where relevant, non-compliance is listed on the organisational risk register.
- **Insufficient funds to meet pension payments:** The company is dependent on the Department of Health to continue to provide the funds required to pay current pension liabilities, under the Voluntary Hospitals Superannuation Scheme (VHSS), as they arise into the future. There have been no retirements to date from the Single Public Service Pension Scheme (SPSPS).

FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The company's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. These are disclosed in Note 26 to the financial statements.

STRUCTURE, MANAGEMENT AND ADMINISTRATION

The Directors are responsible for the management of the business of the company and for exercising their powers in pursuit of the charitable objects of the company. The Directors are committed to maintaining the highest standard of Corporate Governance and they believe that this is a key element in ensuring the proper operation of the company's activities.

DIRECTORS AND SECRETARY

The Directors and Secretary, who served at any time during the financial year except as noted, were as follows:

Directors:

Sean Benton (Chairperson until 28/05/2018) (resigned 28/05/2018)

Brian Murray (Chairperson from 28/05/2018)

David Strahan (resigned 25/06/2018)

Stephen Walsh

Dr. Brendan Clune

Mary Rose Gearty

Sean Dorgan

Helen Nolan

Kay Connolly

Dr. Terry McWade

Eugene Murray

Carole Pollard (appointed 01/01/2018)

Sr. Angela Kelly (resigned 26/03/2018)

Pat Costello (appointed 25/06/2018)

Company Secretary:

Helen Nolan

To support their governance activities the Board has established a number of Committees, who report directly to the Board. Each Committee has its own terms of reference.

The Committees of the Board are:

- The Mission Committee, Chaired by Kay Connolly
Members: OLH&CS staff.
- The Education and Research Committee, Chaired by Terry McWade. Members: Claire Corish*, Professor David Jacobsen* and OLH&CS staff.
- The The Audit & Finance Committee, Chaired by Helen Nolan. Members: Stephen Walsh, Pat Costello and Derek Staveley* and OLH&CS staff.
- The Clinical Governance Committee, Chaired by Dr. Brendan Clune. Members: Cathy Doyle*, Aidan Mahony*, Pauline Newnham* and OLH&CS staff.
- The Fundraising Committee, Chaired by Stephen Walsh. Members David Strahan and Mary Rose Gearty and OLH&CS staff.
- The Capital Committee, Chaired by Carole Pollard. Members Sean Benton and OLH&CS staff.
- The Nominations Committee, Chaired by Brian Murray. Members: all of Board of Directors.
- The Remuneration Committee, Chaired by Sean Dorgan. Members: Ian Maguire* and OLH&CS staff.

**Indicates that the committee member is not a member of the Board but has offered their time and expertise to assist the committee in its work in a voluntary capacity.*

MANAGEMENT

The senior management team is made up of our CEO - Audrey Houlihan, Head of Finance - Simon Costello, Director of Nursing, Quality & Clinical Services - Mary Flanagan, Medical Director - Dr. Joan Cunningham, Interim Head of Non Clinical Services – Tommy Beatty, Director of Education & Research - Patricia Hallahan, Head of HR - Mary Kirwan and Director of Fundraising and Communications - Eleanor Flew.

CEO'S REPORT

Audrey Houlihan
Chief Executive Officer

I am pleased to present our 2018 annual report. This report gives a sense of the many team achievements throughout the year and the impact and benefit to our residents, patients and their families.

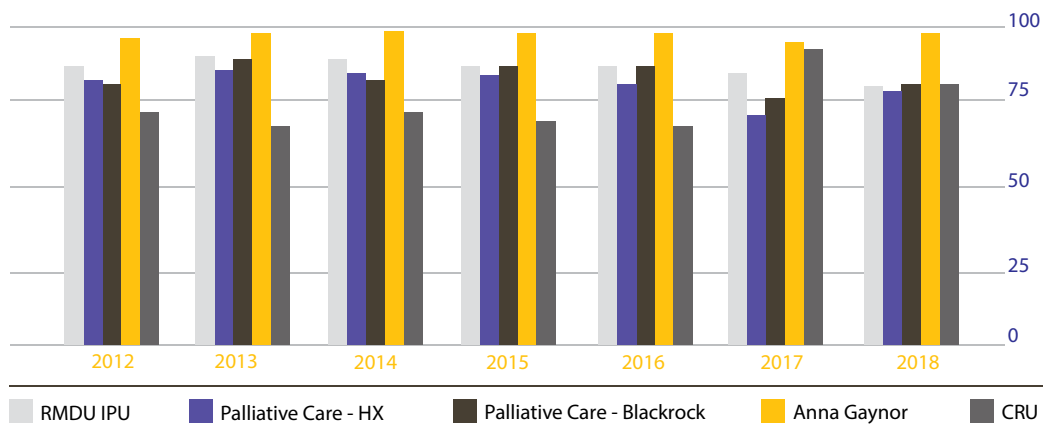
As I reflect on the year, I am pleased that we have achieved so much together in the name of excellent care. Our staff and volunteers are second to none and strive daily to further enhance our organisation. I am honoured to work with such committed colleagues and thank them most sincerely for their person-centred approach to care. Their enthusiasm not only helps us meet the needs of those in our care but is a tremendous support at a time when we are evolving to address the needs of our community and looking forward to opening Wicklow Hospice next year.

2018 was another busy year as we cared for more than 4,200 patients across our two Hospice facilities and in their homes across

South Dublin and North Wicklow, where our teams made more than 11,800 specialist palliative care visits.

We were delighted to amalgamate two important events early in the year – the opening of the new Specialist Palliative Care Unit and the launch of our new Strategic Plan. The new unit is the culmination of many years of hard work, planning and fundraising and is a very proud achievement for the management and staff. An Taoiseach, Leo Varadkar T.D. and Minister for Health Simon Harris T.D. officially opened this €15 million 36 single, ensuite bedroom unit in April 2018.

Annual Occupancy





We cared for over 4,200 patients in 2018

With the launch of our new Strategic Plan all of our services have undergone a review of models of care to meet the requirements of our local population in the future.

Changes have already commenced with the development of a dementia respite service and outpatient cognitive stimulation therapy with further developments planned for 2019 and beyond.

We always aim to provide the best possible services for all who need us and we appreciate the public support we receive, which enables us to do this. The Strategic Plan aims to ensure that we continue to look to the future and aspire to providing the most appropriate, high quality services to meet the demands of our service users and provide value to our funders and supporters.

In recent years, there have been a number of audits and evaluations across the organisation, which have provided valuable learning and highlighted areas for improvement.

A significant focus was placed on enhanced compliance including financial controls, procurement regulations, governance standards and the relevant legislation applicable to the delivery of healthcare. Following the implementation of an enhanced financial controls framework, we are assured that compliance in the organisation is robust, with all audit recommendations now implemented or with an action plan in place. Implementing GDPR has presented a significant challenge and I would like to thank all our staff for their contribution to mapping documentation and applying new processes.



Our Fundraising and Communications Department can assure all of our supporters that donations and bequests are used for their intended purpose, to enhance patient care across our two sites in Blackrock and Harold's Cross.

One issue that had a major impact on managing services in 2018 is the dramatic reduction in private insurance income. Challenges in securing patient's consent to charge their private insurance provider, along with a reduction in patients who have private health insurance, has led to a significant decrease in our ability to fund our services using this source of income.

Another challenge is the difficulty in recruiting nursing staff, which is being experienced by all healthcare providers at present. Though Our Lady's Hospice & Care Services has very good retention figures, retirements and relocation of staff is inevitable and the replacement of some professions is proving difficult.

Following a successful nationally-supported pilot in Blackrock Hospice, Schwartz Rounds also commenced in Harold's Cross in 2018. The rounds provide a place for staff to come together monthly to talk about emotional aspects of their work. Staff learn from each other and reflect on their own experiences – it is an opportunity to listen, share and support. The rounds are proven to improve well-being. Feedback from our teams shows that staff are very engaged with the rounds and find them valuable.

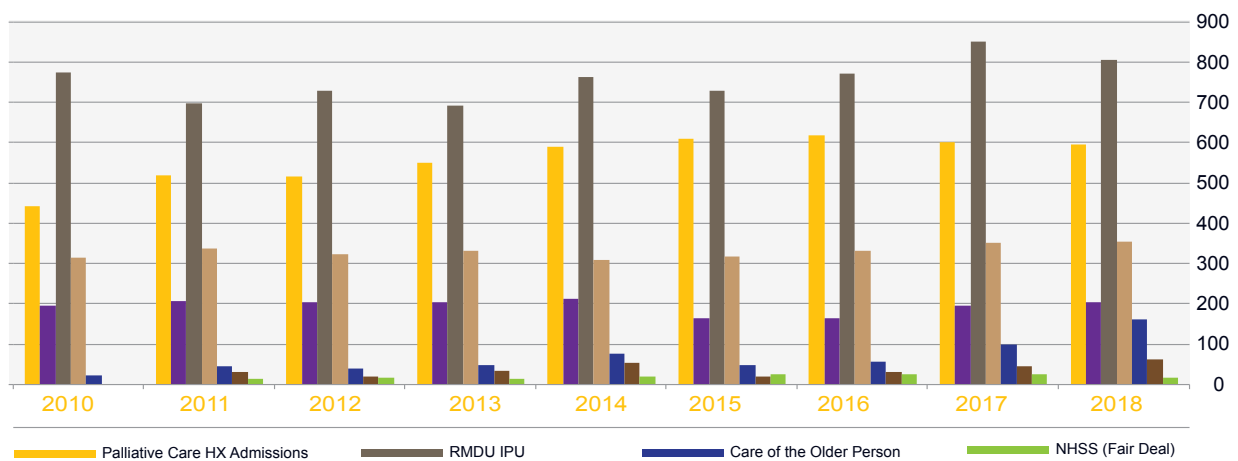
On behalf of myself, the staff, the residents, patients and their families, I would like to most sincerely thank each and every one of our 330 volunteers who give so graciously of their time. We are exceptionally fortunate to be the recipients of their dedication. Without them we could not provide the services that impact so positively on our residents, patients and their families. They continue to inspire us and we are humbled by their commitment to the organisation and its values.



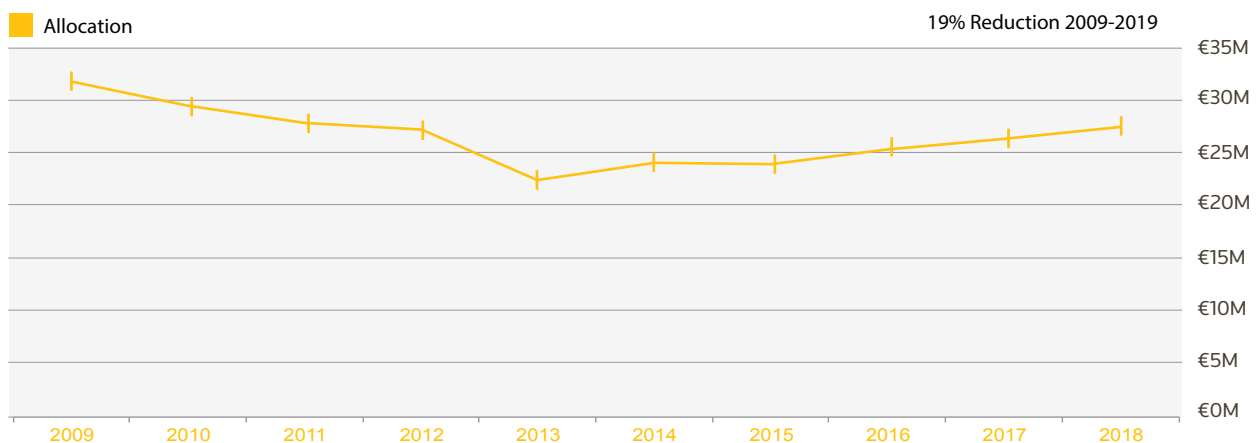
Community Palliative Care Team

	2010	2011	2012	2013	2014	2015	2016	2017	2018	
Total Patients Seen	973	1060	1047	1151	1219	1361	1449	1401	1499	54% since 2010
Number of Referrals	965	1074	1050	1149	1192	1292	1311	1278	1324	
Number of First Visits	741	825	850	962	1032	1141	1193	1151	1215	
% of Non-Malignant (Cancer)	16%	21%	21%	26%	28%	32%	30%	32%	35%	
Total Number of Visits	9954	10843	10435	11147	11536	11204	12374	10718	11858	Over 19.6% increase in number of visits

In-Patient Statistics



Core HSE Funding



I also want to express my thanks to my colleagues on the Management Team and to our current Board of Directors for their immense support during the year. During 2018, Dr Joan Cunningham's term as Medical Director came to an end after three years. We are so grateful to Joan for her leadership and contributions. Dr Stephen Higgins, Palliative Care Consultant, takes on this role in 2019.

Our Board of Directors, Senior Management team, along with all the staff and volunteers in the organisation continue to ensure that our reputation is strong. Together we will continue to make the delivery of quality care to our patients and residents our top priority.





NURSING, QUALITY AND CLINICAL SERVICES REPORT

Mary Flanagan

Director of Nursing, Quality and Clinical Services

As Director of Nursing, Quality and Clinical Services I am continually reminded of the contribution made by the nursing and clinical staff who give selflessly of themselves to provide professional and compassionate care to improve the quality of life for our patients, residents and their families.

Nursing

Throughout 2018 the nursing team worked in close partnership with colleagues responding to the increasing demands and growth in services. There were a few unprecedented challenges with a significant flu outbreak and severe weather event, which demonstrated the ability of the teams to be responsive, flexible and patient-focussed.

Innovation and improvement is a continuous journey and the nursing team was engaged in many activities during the year including supporting the introduction of peer flu vaccinations and improvements in efficiency with point of care testing, implementing the Productive Ward programme, and collaborating with the introduction of palliative care outcomes measures (PCOC).

In 2018, a number of new initiatives commenced to support nurses in their work. These included working with Human Resources to develop a mentoring programme, introducing motivational interviewing training and collaborating with nurse tutors to support knowledge to improve clinical care. We are committed to ensuring that clinical areas continue to provide a positive learning environment when facilitating student

placements and ensuring that our staff have the competence to deliver safe quality care.

The nursing team presented at national and international conferences submitting posters and giving oral presentations. A special mention to Clinical Nurse Specialist (CNS) Kim Hayden for winning a prize at the American Society for Radiation Oncology (ASTRO) and (CNS) Lorraine Clancy who won a poster presentation closer to home at the Irish Association of Palliative Care. In Blackrock, Geraldine Treacy, the Assistant Director of Nursing established "Operation Integration" to promote increased awareness in the local community to Hospice and palliative care.

Building on last year's successful application for Advanced Nurse Practitioners in RMDU, we have now developed new care pathways for complex case management, reproductive medicine management and gout management. In addition, we were pleased to appoint an Advanced Nurse Practitioner in palliative care who has worked with the clinical team to pilot a Multidisciplinary Breathlessness Support Service for patients, who are experiencing chronic refractory breathlessness, and their carers.

Nursing continued to play a key role in leading the Schwartz Rounds in Blackrock and establishing this valuable programme in Harold's Cross with some of the team involved in the organising committee of the first Schwartz Conference in Dublin Castle.

Quality & Safety Committee (Q&S)

The Quality & Safety Committee (Q&S) is made up of a number of a cross representation of staff within OLH&CS. It has oversight of: Local Risk Registers; Healthcare Associated Infections Monthly Surveillance Report; Tissue Viability Surveillance Report; Monthly Incident Analysis and Mandatory Training Reports.

A number of committees report into Q&S and those engaged in quality improvement initiatives were invited to present their work including the Food Services Group, Occupational Health and Pharmacy.

The committee had 12 meetings with lessons learned shared throughout the organisation e.g. influenza outbreak and reviewing our response to severe weather events.

During 2018 the committee discussed the impact of changes to HIQA Health and Social Care Standards, Infection Control Standards and the updated Civil Liability Amendment Act 2017 (open disclosure). Quality and Safety walkabouts were introduced in 2018.

Clinical Services

Health & Social Care professions are key players in the delivery of high quality services to all patients and resident of OLH&CS. The services of Physiotherapy, Occupational Therapy, Social Work, Psychology, Complementary & Creative Arts Therapies, Pharmacy, Chaplaincy, Phlebotomy, Podiatry and Radiography provided on site contribute significantly to the overall care of our service users.

Clinical services play a central role in ensuring that every patient and resident experiences holistic, accessible and person-centred care. The teams participate in a wide range of organisational activities and committees that contribute to ensuring an excellent experience for patients, residents and their families.

Physiotherapy

Two staff members completed exchange rotations with St James' Hospital, a practice that assists with improved awareness of services in both organisations. Physiotherapy staff from CRU joined other members of the multidisciplinary team in assessing patients in St James Hospital.

The department facilitated 27 student placements during the year including overseas students. Physiotherapy clinical staff continue to provide sessions on aquatic physiotherapy to all three Dublin Schools of Physiotherapy and are involved at committee level on Clinical Interest Groups in the Irish Society of Chartered Physiotherapists.

Staff are involved in a number of organisational groups including the Health and Wellbeing Group, Compassionate End of Life (CEOL), Dementia Champions Group and the Falls Prevention Working Group. An audit of documentation was initiated in 2018 and the PCU service received ethical approval to commence a study to examine attitudes and engagement practices of palliative care Clinical Nurse Specialists with patients, regarding physical activity participation.

CORU (professional health regulator) registration for physiotherapists commenced in 2018 which entailed a lot of preparatory work for all staff. The department underwent training in professional supervision and this process will be implemented in 2019.

Pharmacy

Supplying medicines is the team's core function and in 2018 the dispensary issued a similar number of medicines to 2017.

As we continue with the Patient's Own Drugs initiative, an increasing proportion of those medicines require individualised instructions and warning labels. Clinical pharmacists also continued to provide a high quality service to all inpatients across the services, checking prescriptions, providing education, answering questions and participating in multidisciplinary team meetings.

The OLH&CS Palliative Medicines Information Service answered 703 specialist medicines queries in 2018, an



increase of 15% on 2017. Approximately half of these queries came from sources external to OLH&CS.

Significant time has been spent preparing for the challenges of the future. An EU-wide Falsified Medicines Directive to prevent counterfeit medicines entering the supply chain comes into effect in February 2019. This requires new technological solutions to check our medicines against a European database to ensure they are genuine and have not been tampered with. The pharmacy has also been preparing for the potential impacts of Brexit, which will take place on a backdrop of globally-increasing medicine prices and more frequent supply shortages.

A research project in Anna Gaynor House, as part of a Masters degree, examined its clinical pharmacy service and illustrated its usefulness to residents and the multidisciplinary team. Further research in CRU is planned in 2019.

In conjunction with the Education & Research Centre, the Pharmacy also ran a highly successful course on Medicines Management in Palliative Care in November, which this year had a special focus on patients with dementia. This involved developing eight hours of online course content and an on-site full day programme of lectures and workshops. In recent years the medicines management course has opened up to include attendees from nursing, medicine and pharmacy and we hope it will continue to go from strength to strength in the future.

Psychology

In 2018, the Psychology service provided an assessment and treatment service for mental health difficulties for patients in the Blackrock and Harold's Cross palliative care service.

Trainee clinical placements were facilitated for the Doctoral in Clinical and Counselling programmes in Dublin. The service continues to offer Mindfulness program with sessions for staff, carers, volunteers and patients. In addition, the eight week mindfulness training programme has now trained 52 staff.

Working with the Clinical Audit Committee the psychology staff designed and completed a review of

the barriers and facilitators to audit within OLH&CS, this was presented at a national conference on quality and audit in Limerick.

Dietetic Service

Demand on the service continued to grow with an increase from 595 direct contacts in 2017 to 848 direct contacts in 2018. This was reflected in the increased number of patients seen requiring artificial nutrition in particular in our specialist palliative care unit. To meet this, the department expanded with additional resources.

In conjunction with the clinical demands, the department continued to fulfil its commitment to education and training, providing ongoing input into the Falls Prevention study day and Dementia study day. 2018 saw the first of the Nutrition and Hydration study days which is now a rolling event providing practical and theoretical information to improve the nutritional care of our patients and residents. The dietetic department facilitated two further UCD MSc Clinical Nutrition & Dietetics students in completing their practice placement and for the first time, completing their catering placement in OLH&CS. The department was represented as a panel member at Schwarz Rounds and also presented on a case study at Grand Rounds during the year.

The department continues to work closely with colleagues in catering to build on improvements in the food we provide service users. One key development was the report produced by the MSc Dietetic students analysing the nutritional value of the food we provide. Plans are underway to build on this report especially in the area of texture modified diets where work to date needs to be expanded.

External links continue to be developed and enhanced with the Department represented on the CHO 7 Dietitians in Management group, Older Person and Dementia Interest Group of the INDI, National Malnutrition Group and the Dietitian's in Palliative Care subgroup of the INDI. Presentations on the work of the department have been made to these groups in order to spread the word on the varied work of OLH&CS to the new dietetic audience.



Elizabeth Coyte
Healthcare Change

Human equity • Compassion • Justice • Quality • Accountability

Speech and Language Therapy

The Speech & Language Therapy service continued to expand across the Specialist Palliative Care Unit and Anna Gaynor House in 2018. Referrals increased by approximately 30% from the previous twelve months. This was due to the increasing complexity of patient needs, as well as the expanding profile of the service. Increased staffing in 2018 has enabled a more efficient, effective and holistic service.

2018 provided an opportunity to develop a stock of augmentative and alternative communication technology. These support individuals with severe communication impairments to participate in conversation until the end of life. It has made a significant difference to the quality of life of patients and their families, whilst also supporting staff in their daily work.

A new initiative was introduced on one ward in Anna Gaynor House, with the development of individualised communication profiles for residents with dementia.

An audit of thickened fluid practice was carried out across Anna Gaynor House. Ward based thickened fluid training was subsequently provided to improve clinical practice for residents with swallowing impairments.

Speech and Language Therapy representation in the Food Services Group continued in 2018. A key achievement was the development of a comprehensive multidisciplinary Nutrition Hydration Study Day, in which dysphagia management was a central topic. The department was also involved in delivering staff education and an information evening for families of people with dementia, as part of the Dementia Champions Group.

The Senior Speech and Language Therapist completed a Postgraduate Diploma in Palliative Care in Trinity College Dublin in 2018, and is undertaking a Masters in this area.

Complementary & Creative Art Therapies

Aromatherapy, Massage, Reflexology, Music and Art Therapy are provided to palliative care patients and residents of Anna Gaynor House. Our patients, residents

and their families use these services as that extra dimension to their physical, emotional and spiritual care and wellbeing. The availability of these services and the comfort they bring is often referenced by relatives in their letters and feedback and viewed as having provided welcome respite from illness and disability. There is so much demand for these services that it can be a challenge to limit and prioritise those in most need.

The new Palliative Care build with all single rooms is very welcome; however as a team we are conscious of the risk of isolation for some patients. To alleviate this a room has been assigned and equipped as a creative art space. At present it is used for art and music therapy sessions and there are plans to expand on its use in 2019.

Members of the team continue to contribute to post graduate education through lectures, workshops and placements and are active members of the dementia champions group, CEOL and Schwartz Rounds.

Social Work Department

OLH&CS social workers provide psychosocial support to patients, residents and their families during the course of illness and in bereavement. This year the department focused on integrated working to create improved experiences and outcomes for our clients.

Being mindful of resources and expanding our service in an evidence-based and sustainable manner, we focused on areas where clients indicated the need for increased psychosocial support. Arising from this, therapeutic psychoeducational groups were facilitated for carers whose relative was residing in Anna Gaynor and for parents of bereaved children. These were well received by participants and who would recommended them to others.

Parenting grieving children poses particular challenges for parents and guardians. This is an area where social workers provide significant support. Arising from our commitment to understanding the needs of different groups and generating new knowledge to contribute to improvements in practice, a member of the social work department is undertaking research in this area.

Research to inform 'resilience planning' within palliative

care settings was also completed by a member of the department in 2018.

Embracing difference and diversity is integral to the mission of OLH&CS. In order to facilitate staff and volunteers in exploring how different cultural and belief systems can impact on how we support clients and work with colleagues from various faith and cultural backgrounds. This year one of the team devised and delivered diversity training.

Social workers also supported the ongoing education of professional social workers through provision of supervised social work placements and organisation of national training events.

Tusla continued to support our bereavement work this year though their annual grant.

Chaplaincy

The privacy afforded to patients by the redeveloped Palliative Care Facility in Harold's Cross improves our interaction with our patients. When we go into the patient's "space", it is a more personal encounter. We are increasingly finding that visits now take longer and there is an "intimacy", even if there are other family members present.

Inis, the new Reflection Room in Harold's Cross opened for families and patients. It is a cosy, warm and welcoming room available 24/7 for patients and families as a quiet space for reflection. It may also be used by family members keen to take some time out. It is open to residents and patients from across all our services.

The Relics of Saints Louis & Zelie Martin and their daughter Saint Therese were in Ireland for the World Meeting of Families and visited Blackrock Hospice, which is named after these two saints. Staff, volunteers, patients and their families, as well as invited guests, attended the special occasion.

Occupational Therapy Service

2018 was a vibrant year for the Occupational Therapy Service, which focused on a number of quality improvement initiatives including: clinical competency frameworks and splinting SOPs to standardise practice and optimise patient safety. A Cognitive Impairment Pathway provide guidance and timelines for assessment/intervention.

Clinical audits were a service-wide goal, with the following audits completed: Cognitive Impairment Pathway Compliance, Clinical Competency Based Frameworks for Seating and Upper Limb Management/ Splinting compliance and Professional Supervision Standard Operating Procedure.

Clinical research was a visible output for the service. A PhD student examined 'Cancer survivors experience of OptiMal, a 6-week, occupation-based, self-management intervention'. The RMDU team commenced a research evaluation of the 'Lifestyle Management for Arthritis Group' ethical approval was attained and data collection was completed. The RMDU team also participated in a six month retrospective chart review "Addressing Employment": A Profile of the Demographics and Work-Related Status of Working-Aged Clients Referred to Rheumatology Occupational Therapy Services in Ireland". This data will influence the future of occupational therapy intervention for patients with vocational/work-related needs and at risk of work instability.

Integrated partnerships with our colleagues in primary care and in acute hospitals was a key driver. The palliative care team completed the final phase of a palliative care education project with LHO Dublin South City and LHO Dun Laoghaire Occupational Therapy Services. The RMDU team commenced peer supervision with the rheumatology occupational therapy team in St Vincent's University Hospital. This has enabled therapist dual learning, upskilling and has created a more streamlined journey for our shared patients.

The service contributed to developments in the Older Persons Service with involvement in the Geriatrician Clinic in St. James's Hospital and the development of an outpatient dementia service.

PALLIATIVE CARE REPORT

Dr Stephen Higgins

Medical Director, Consultant in Palliative Medicine

Any review of our specialist palliative care services in 2018 must start with our new build in Harold's Cross. 1993 saw the opening of "Caritas" to house our specialist palliative care unit - this was a landmark building and is still referenced in reviews of the evolution of hospice design.

Twenty-five years later, we fully opened its successor. This modern 36 single-bedded unit is the product of many years of learning, of listening to what patients and their families told us and showed us, and of then progressing to detailed discussions, debates and revisions.

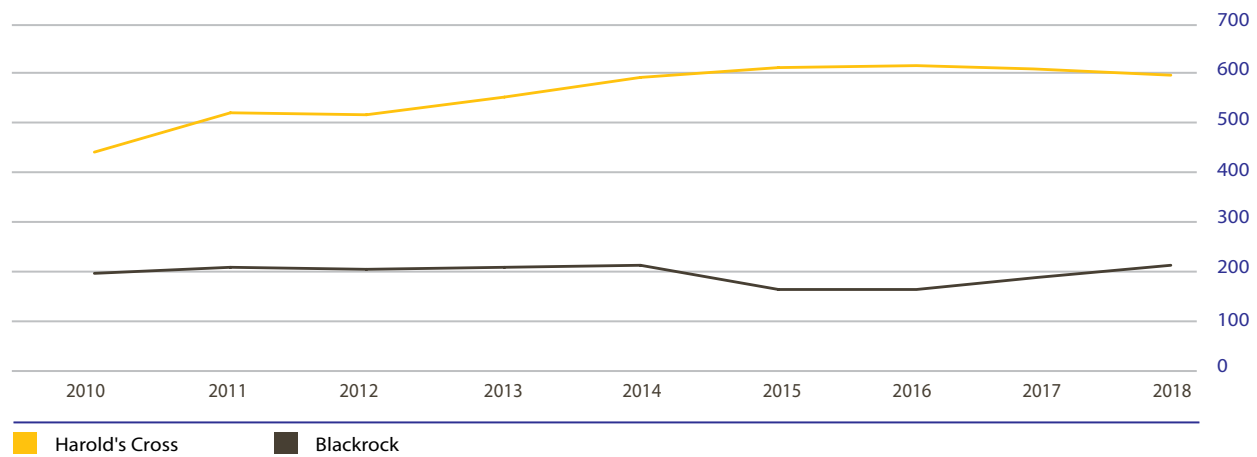
Our goal was to design a building which would provide all single rooms but not feel solitary. It had to meet or exceed the innumerable standards related to infection control and broader health and safety; it had to provide the services of a modern medical facility, be built within budget and with the potential to allow for changes that surely will come with time. It had to be all these things but also a warm and welcoming space; one that allowed for patients and families to feel safe and

comfortable; it had to be different, and in so many ways more, than what they might have been used to in hospitals.

We also needed external spaces that encouraged interaction – be that just opening curtains or maybe stepping outside. We needed shared areas that would allow those who wanted to feel the cheeriness of a coffee shop or the quiet of a reflection room. We wanted somewhere less clinical, less intimidating, more child friendly and more flexible. Supported by our donors and funders and driven by our patients, we unapologetically sought the very best.

No building is perfect, no plan this bold can be fully attained, but the building we have is

Annual Admissions to Palliative Care Units 2010-2018



wonderful. A year in, patients, families and staff are fulsome in their praise. We have been enabled to do more, the building facilitates us to provide better care. It reflects our team approach, and is a statement of quality and ambition. It is the backdrop and the facilitator for the human interactions that make palliative care what it is.

To our patients and their families, to our staff, our architects and builders, to our gardening team, to our many supporters in recent times and over the years – well done and thank you so much. The benefits of what we have built will accrue for many years and for many people.

Inspired by what we have achieved in Harold’s Cross we have looked afresh at the Blackrock Hospice building and plans are afoot to update and improve it in the next 12 to 24 months. Blackrock, for so long the flagship of our two hospices, will want to at least match its bigger sibling!

A theme throughout 2018 has been the difficulty in recruiting and retaining the right staff. We work hard to support and retain staff but factors beyond our control – house prices, childcare costs etc – have made it increasingly hard to recruit, in particular, the nurses we need. At times we have had to cut back on the services we can offer and this is a source of great concern to us. We know that being a centre of excellence, delivering on a tradition of being a leader in our area, valuing and supporting our staff – these are how we attract

and retain the best of staff – so we continue to work on this and to be creative in looking for solutions.

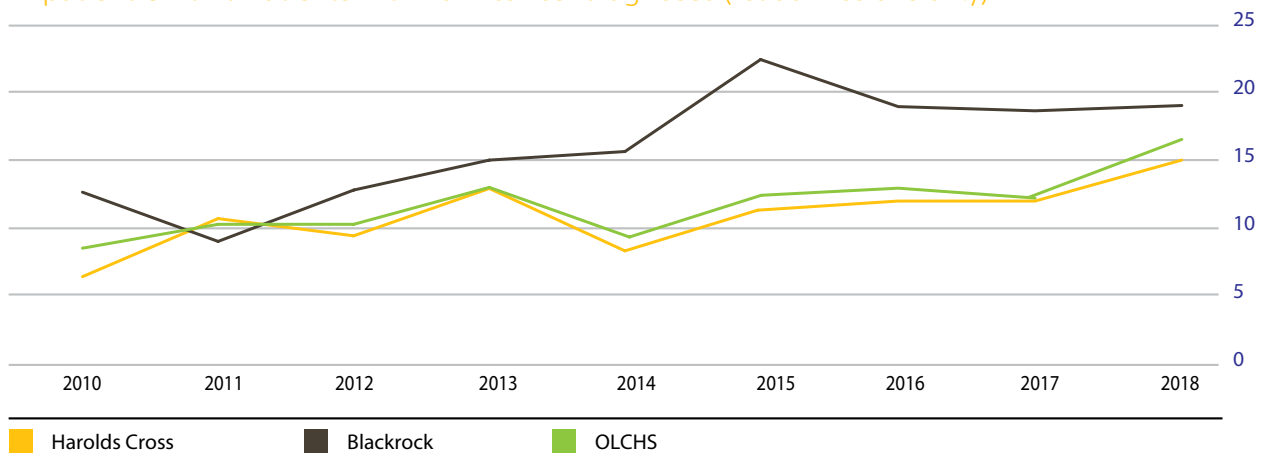
Demand for our specialist palliative community services continues to increase and remains where we see most patients. From our bases in Blackrock and Harold’s Cross we carried out almost 12,000 home visits in 2018 and saw over 1,200 new patients.

Towards the end of life, a hugely important concern for patients and families, is where they or their loved one will receive care. We work closely with patients to help them be where they most want to be – with almost 80% of our patients dying in their home, or nursing home, or under our specialist care in the hospice and only 20% in an acute hospital setting.

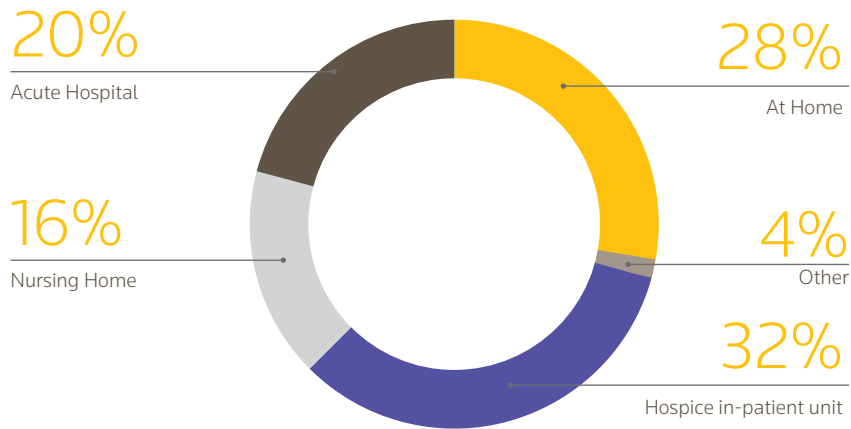
We are constantly re-evaluating the service we offer. As patient numbers and commuting times increase and as the needs and diagnoses of our patients change (e.g. more patients with diagnoses other than cancer) we must to respond and adapt. We believe that offering more services on site – such as consultant or nurse-led clinics - may suit some patients better and help us meet the ever-increasing demand. Demographics tell us that more and more patients will need our care. Simply doing more of the same will not work and we are advancing our efforts to reconfigure our community service.

% of admissions with a non-cancer diagnosis

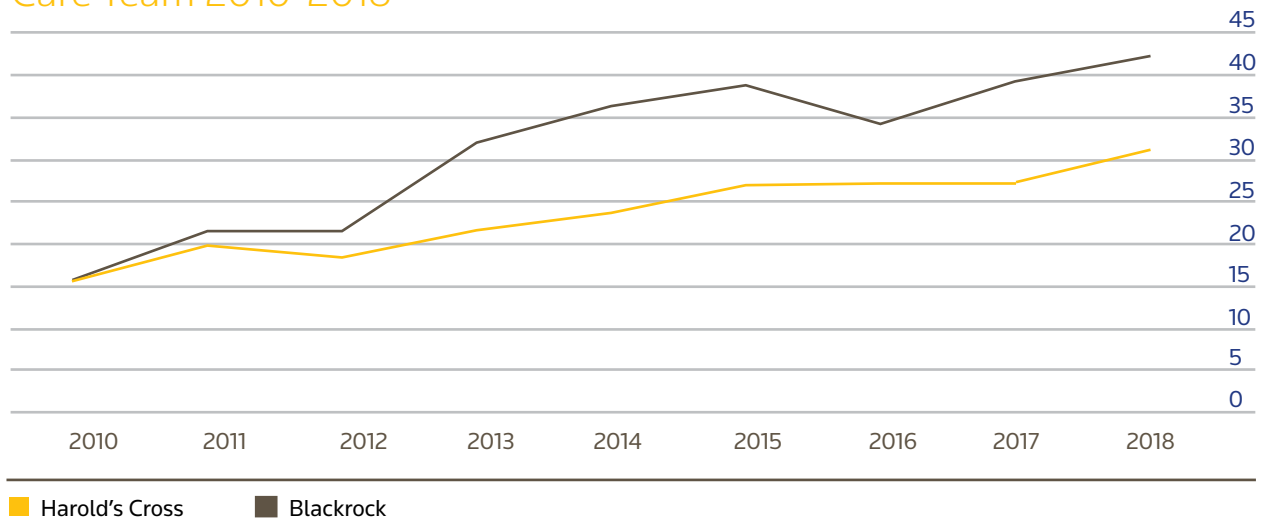
In-patient Unit % Patients with non- cancer diagnoses (1st admissions only)



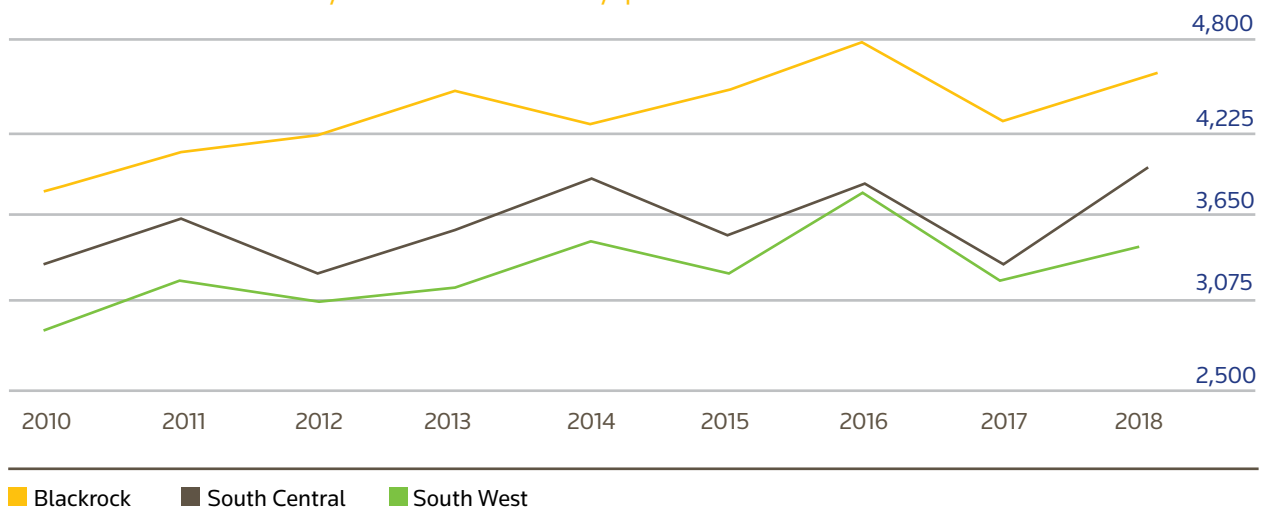
Place of death of patients under the care of our specialist community team



% of patients with non-cancer diagnosis in the Community Palliative Care Team 2010-2018



Number of visits by the community palliative care teams 2010-2018



We have strong linkages with our local teaching hospitals and continue to work closely with their palliative care teams. The much vaunted “seamless service” is still an aspiration rather than a reality but our shared consultant posts and our ability, almost always, to facilitate timely transfers from hospital to hospice is at times a critically important part of the care we provide.

The current focus is to assure quality in the provision of palliative care and find ways to benchmark against other hospices nationally and internationally. It sounds simple but is not straightforward as many of the conventional markers of healthcare quality don’t translate to a palliative setting.

To this end, OLH&CS is now one of a small number of hospices in Ireland implementing Palliative Care Outcomes Collaboration (PCOC)- a suite of quality measures initially developed in Australia. This represents a significant change to our practice but we strongly feel it represents the next generation of key performance indicators in palliative care and are keen to be at the forefront of its implementation.

We continue to work with the team in the Education & Research Centre because without

research palliative care will struggle to advance. We have found that both staff and, in particular, patients are usually keen to participate in studies.

In 2018, we also bade a fond farewell to ward manager Carol Lynam and her famous four-legged golden retriever Rian, a very popular character amongst patients, families, visitors, volunteers and staff. Rian, who lives with Carol and worked the same shifts, spent four years in the palliative care unit in Harold’s Cross. His presence was a welcome distraction and brought a sense of comfort and company to those who were anxious and stressed. There are many heart-warming stories from around the wards of the joy he brought to patients and families. We wish Carol, and Rian, the very best in their new adventures together.

For both Blackrock and Harold’s Cross, 2018 has been another busy year with notable achievements. Again we thank our patients and their families. It is their encouragement, more than anything else, that spurs us on. Looking ahead into 2019 and beyond it is exciting to think of the opening of Wicklow hospice and all that that will bring. “The Hospice” never stands still.



RHEUMATIC AND MUSCULOSKELETAL DISEASE UNIT REPORT

Professor Douglas Veale

Professor of Medicine and Consultant Rheumatologist

The Rheumatic and Musculoskeletal Disease Unit (RMDU) endeavours to provide a high quality, state-of-the-art and evidence-based service to patients with arthritis and rheumatic disease. The RMDU is a unique unit within Irish healthcare as it caters for in-patients, day cases and outpatients. It assesses, treats and educates patients with rheumatic and musculoskeletal diseases.

In 2018, activity levels remained high overall although there was a slight drop in total numbers of patients assessed and managed through the unit; the total number was 930 including inpatients (806) and day cases (124).

This reflects the trend of a steady activity over the past seven years, at a time when the number of staff providing the service has not increased significantly. This demonstrates an increase in productivity and efficiency of the multidisciplinary team members in order to meet this demand.

There has also been a further increase in out-patient attendances of complex RMDU patients, reviewed both by our registered Advanced Nurse Practitioners, candidate

Advanced Nurse Practitioner and Clinical Nurse Specialist.

The numbers of referrals, from outside our immediate catchment area, and traditional referral base, also increased since 2016, so waiting lists for admission have grown. This reflects the increased demand for services and the increasing complexity of patients' needs.

2017 saw the retirement of Professor Oliver FitzGerald who has been a stalwart of the service for over 30 years. I would like to thank Oliver for his many years of dedicated service and all the staff of the RMDU wish him a very happy and healthy retirement.

	12	13	14	15	16	17	18
RMDU IPU admissions	731	694	764	730	772	851	806
RMDU Day Case admissions	123	148	142	129	155	140	124
Total	854	842	906	859	927	991	930

Note on RMDU: The decline in IPU Admissions in IPU is off set from 2011 with the introduction of the new Day Case Service

The medical staff remain extremely busy managing the high level of admissions/discharges and the assessment and management of increasingly complex case-mix.

The new national programme for development of candidate Advanced Nurse Practitioners is developing at pace. One of the team was registered during 2018 and another has submitted an application. In addition, we welcomed a new Clinical Nurse to the team. In developing these roles there is close collaboration St. Vincent's University Hospital (SVUH). This has created a very positive momentum for further development of rheumatology nursing, not only on the individual sites but in collaboration across the sites too.

The Rheumatology Obstetric Service (ROSE) in the National Maternity Hospital continues to expand to meet patient needs, while ensuring safe practice and a learning environment. This is a truly multidisciplinary service with rheumatology and obstetric consultants, specialist registrars, rheumatology RANP, maternal medicine midwives and a dedicated pharmacist present

at the clinic with referrals to other team members facilitated as required.

Capability continues to grow within the rheumatology nursing team as nurses continued to undertake a range further education and role development programmes during 2018.

Eleven UCD students undertook a rheumatic diseases module with most of the teaching delivered on site at OLH&CS. A rheumatology nursing preceptorship programme was designed and delivered by our ANPs to 10 registered nurses from the United Arab Emirates in December.

Demand for land-based gym and water-based aquatic physiotherapy programmes programmes remains strong. We continue to provide an aquatic physiotherapy service to patients from Our Lady's Children's Hospital Crumlin. A trial project to create a role for rehabilitation assistant to streamline services, communications and assist patients with complex needs is proving a successful initiative.

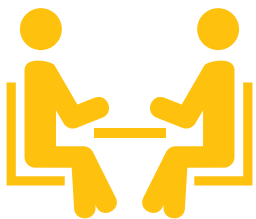


The Occupational Therapy team engaged with a number of research projects to improve services to patients and to create a business case for more roles nationally to support working-aged clients. Work with SVUH on improving patient journeys is also providing opportunities to sharing learning and upskill both teams.

The number of items dispensed by the pharmacy to RMDU in 2018 was comparable with previous years with over 100 biologic and cytotoxic infusions managed.

The social work service continued to experience high demand in 2018, with over 300 referrals received.

A poster was presented at the Irish Society of Rheumatologists' autumn meeting "Social Work in Rheumatology: What are the referrals telling us?"



629

face-to-face reviews in
the outpatient clinic



13%

increase in patients
treated since 2012



CARE OF OLDER PEOPLE REPORT

Dr Róisín Purcell
Consultant Geriatrician

The Community Reablement Unit (CRU) has been in operation for the last 15 years. It provides multidisciplinary input to frail people who are living in the community.

The work of CRU is focused on optimising function and independence and exploring advance care planning. Where possible, interventions are made to avoid acute hospital attendances.

Following a comprehensive geriatric assessment (CGA), a tailor-made programme is planned to meet the needs of each individual. Most patients stay for two or three weeks depending on need.

During the stay, we focus on areas of concern e.g. pain management, medication optimisation, improving balance, reducing

falls, improving function and confidence in the use of public transport or in leaving the home and participating in social events.

We admit frail older people with a range of conditions including parkinsonism, falls, chronic lung disease, osteoarthritis, cognitive impairment and others.

We work closely with colleagues in the RMDU to help improve function with intra-articular injections and hydrotherapy for selected patients. We also liaise regularly with the geriatric and psychiatry departments in St James's Hospital (SJH) to optimise outcomes,





15% increase in admissions to Anna Gaynor House, residential unit

improve communication between services, for advance care planning and to promote teaching and research.

During 2018, we developed our assessment and intervention pathways. We established audit and research meetings to continue the journey of learning and service development. Clinical governance was supported with regular meetings to discuss issues and share learning. The Trinity College and Military GP scheme included CRU as a training post in 2018 and our first GP trainee started in July.

In line with the National Dementia Strategy, we explored how to improve post diagnostic support for people with the condition. We also designed a new pilot service that provides Cognitive Stimulation Therapy for people with dementia and a support service for their carers.

We admitted 356 people to CRU in 2018, which was a small increase (0.8%) on 2017. Patients seeking our support recently have been more frail and with greater need.

We started a new pathway with the acute hospital by taking patients directly from SJH'S Home First team. We have also built up links with community colleagues, the Robert Mayne Day Hospital, Neurology services and Tallaght University Hospital.

A new multidisciplinary CRU clinic started in SJH in 2018. All patients that were referred by their GP had an initial assessment there by the CRU team to determine their suitability or to link them with other resources in the community. We reviewed 234 patients in the clinic in 2018.

Our intention is to continue engaging with community providers and acute hospital services to support better integrated care in our community and help avoid unnecessary admissions to hospital.

Our residential unit, Anna Gaynor House, is an 89 bedded unit that is designed and staffed for people over 65 years of age. It also accommodates some residents below that age if they are suitable based on frailty and particular care needs.



Residents enter the unit via the nursing home support scheme (Fair Deal) or the palliative care support scheme. All residents receive multidisciplinary input with regular exercise classes, multisensory work, music, art therapy etc. We encourage residents to participate in whatever way they can to optimise their comfort, function and independence. This includes exploring areas such as seating and powered mobility.

The multidisciplinary team is a dedicated one of nurses, care assistants, doctors, occupational therapists, physiotherapists, speech and language therapists, dieticians, social workers, complementary therapists, pharmacists, chaplains and others, all working closely together to provide excellence in care. Regular ward rounds and multidisciplinary meetings support the provision of this care.

Our volunteers provide a great deal of valuable support to residents and help maintain activities in the unit.

The two week in-patient respite service for people with dementia and their carers continued throughout 2018. Following their stay in AGH, they return to the care they receive at home. There were 81 admissions through this service in 2018 (up from 29 in 2017 when the service commenced). Feedback to date has been positive and demand for this valuable service is increasing. It helps support those with dementia to live at home for longer. In recognition of the growing need for services in dementia care, we have established regular training for our staff in this area.

In 2018, 82 new residents were admitted to Anna Gaynor House, this represents an increase of 15% from 2017. They came from home, the palliative care in-patient unit and acute hospitals. We aim to continue to review and develop our services to meet the needs of the frail older people in our community.



RESIDENTS' FORUM REPORT

Carolyn Roe

Volunteer Co-ordinator

In 2017 it was decided to replace the decade old Anna Gaynor House (AGH) Resident's Committee with a Residents' Forum. With its less formal structure and voluntary attendance, the hope is that this new approach will both encourage and facilitate greater participation amongst residents.

The forum is open to all residents and they can choose if they would like to attend. It provides a voice for them to improve their experience by taking up issues of concern, offering suggestions for development and/or change and bring these matters to the attention of staff and management.

The Forum, led by a volunteer, met nine times during 2018 with 20 individual residents attending. Several attended six or more meetings. All meetings were documented and minutes for each session were submitted to the Assistant Director of Nursing.

A wide range of topics was discussed e.g. changes to the Hospice shop, delivery of newspapers, film evenings, summer outings, a garden party and the introduction of board games in AGH on Monday afternoons and action was taken in several areas to address issues raised by the forum.

In addition, one of the residents and the facilitator attended three of the OLH&CS Mission Committee meetings to progress the Forum's request to update the audio/visual equipment in AGH. Fundraised income was provided and the work was completed in

December. This has made a very real difference to the film evenings, thanks to its much improved sound and picture quality and the organisation's support for this project is greatly appreciated.

During the year, we were delighted to welcome range of speakers from across OLH&CS who addressed the group to discuss several topics including: changes to the shop; the reading corner in Anna Gaynor House; positive ageing week, the role of chapel volunteers and fundraising projects including Ireland's Biggest Coffee Morning Together with Bewley's and Light Up A Life. Thank you all for your contributions.

Sincerest thanks also to all our residents for their generous participation and support with this initiative.



EDUCATION, RESEARCH AND TRAINING REPORT

Patricia Hallahan

Director, Education, Research and Training

The Education and Research Centre aims to ensure that Our Lady's Hospice & Care Services is recognised locally, nationally and internationally for the quality of our education and research and the learning environment that we provide for our staff and volunteers.

Meetings of the Education and Research Committee took place in March and September. During the year, 12 research proposals, including one application for research funding, were considered.

2018 was a year in which much was achieved.

- Programmes were provided to 2,291 participants with a total of 3,755 person days of education delivered via 20 different programmes.
- 4,368 person days of undergraduate education and clinical placements for University College Dublin (UCD) and Trinity College Dublin (TCD) were provided in medicine, nursing, physiotherapy and occupational therapy.
- Ten papers published in peer reviewed journals, five oral presentations and 20 poster presentations delivered at international fora by E&RC staff.
- 123 OLH&CS staff publications or presentations were recorded in Palliative Care, Rheumatology and Gerontology.
- The annual graduation ceremony was attended by students and their families. The Sr. Frances Rose O'Flynn Medal for Academic Achievement was awarded to Dr Alanna Byrne by UCD for outstanding achievement in the Graduate Diploma in Palliative Care.
- A new clinical skills lab opened in the centre.

- 21 Years of Palliative Care Education at OLH&CS and UCD was celebrated with a symposium in UCD.

Strategic Implementation Plan

In response to the Strategic Plan 2018-2022, a strategic implementation plan for Education, Research and Training was devised. A key element was to develop a robust structure to ensure internal integration and external positioning of education, training, research, quality and cost recovery over the coming years.

Education and Training

Many different education programmes were delivered this year in a variety of formats including class room and on-line.

We moved to a new system of analysing our statistics to give a more accurate reflection of our overall reach.

A total of 2,291 participants engaged in education programmes with 3,755 person hours of education delivered.

In addition, 4,368 person days of clinical placements were organised by the E&RC and facilitated by clinical staff across in Blackrock and Harold's Cross. These included undergraduate and postgraduate students from UCD and TCD and the QQI Level 5 Health

Care Assistants course. The breakdown by professions is detailed below.

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

32 students completed the Major Award and two completed modules for Minor Awards in the QQI Level 5 Health Service Skills Programme. 31 participants registered for the new academic year in September. Milford Care Centre (MCC) delivered the QQI Palliative Care Support module for eight of its staff under our auspices. In March, we developed a new initiative to upskill OLH&CS Healthcare Assistants and 12 staff undertook the Nursing, Theory and Practice Module.

13 students undertook modules of the UCD Graduate Diploma / Certificate in Palliative Care programme. The 2018-2019 programme started in September with 14 students enrolled. 11 students completed the UCD Certificate in Pathophysiology of Rheumatic Disease in December.

A new eight-week distance learning programme for healthcare workers was delivered to three participants

in November. This programme was renamed the Northern Ireland Hospice Certificate (formerly European Certificate) in Holistic Dementia Care and although numbers were low, participant feedback was positive.

Two syringe pump workshops were delivered with 31 students in attendance.

We co-ordinated the development and delivery of a new four-part Palliative Care Symptom Management Workshop series. OLH&CS clinical staff addressed the needs of healthcare staff new to palliative care as well as those external to the organisation.

The cross-organisational Interdisciplinary Staff Training & Education Programme (INSTEP) provided five expert talks on anticipating death, the experience of having a stroke, using death reviews, assisted decision making and difficult conversations. We also collaborated with the All Ireland Institute for Hospice and Palliative Care (AIHPC) to host the Cecily Saunders Lecture.

Manual Handling Training was provided to 189 staff throughout the year. In addition, training was provided to 25 QQI students.





Philip Larkin, Professor of Clinical Nursing (Palliative Care) provided expertise through support to senior nurse managers and clinical staff in the first half of the year. He left in June to take up the position of Professor of Palliative Care, Academic Director, Institute for Training and Research at the University of Lausanne in Switzerland.

The second of the two year programme of the Sacred Art of Living and Dying continued in 2018. The two-year Anamčara Apprenticeship programme concluded in June. Bursaries were provided for two palliative care nurses to attend. Professor Groves also facilitated a 'Spirit of the Enneagram' workshop in October which was highly evaluated.

In March, over a hundred participants attended our 24th Annual International Moving Points in Palliative Care Conference. The theme was building resilience. Through the expert hands of Dr. Michael Kearney and Dr. Radhule Weininger, conference participants had a unique experience exploring the nurturing triad of mindfulness, self-compassion and nature connection.

20 undergraduate nursing students from TCD and UCD were facilitated for four week Gerontology placements in the Extended Care Unit and/or the CRU. 25 undergraduate nursing students from TCD and UCD were facilitated in the RMDU for one or two week placements. The teaching commitment included orientation on arrival, reflective practice and the pastoral care of students.

40 undergraduate nursing students from UCD were facilitated in the Palliative Care Unit for one-week community placements. This was the second year of this initiative with UCD.

External clinical placements were facilitated this year for both national and international students. These included six post graduate diploma in Palliative Care students from NUIG and a nurse from Spain.

To enable and support all clinical placements, a preceptorship training workshop was conducted and attended by 20 of our registered nurses.

A policy to cover academic and clinical placements was launched in February. This year we processed 21 applications for visits and most were accommodated - one was withdrawn. Nine applications were from visitors

from Ireland and 12 were from other countries including England, USA, Greece, Spain, Portugal, Lithuania, Slovenia, Poland and Dubai.

Physiotherapy

27 students were facilitated in completing physiotherapy clinical education modules this year with placements varying in length from one to six weeks. The majority were UCD undergraduates and we also facilitated two students from Singapore via the TCD overseas degree programme. There were four transition year students on observational placements throughout the year.

Teaching commitments with UCD included 12 weeks of lectures / practical sessions, revision sessions in musculoskeletal physiotherapy Level II and engagement in practical examinations. Workshops on reflective practice and problem based learning sessions on professionalism for clinical education preparation were delivered for third year students.

The physiotherapy and OT practice tutors ran a joint Practice Education information session for staff, which was very well received. Another is planned for 2019.

The physiotherapy tutor collaborated with two physiotherapy practice tutors in St. Vincent's University Hospital to roll out a more practical clinical application of the evidenced based practice cycle.

We continue to develop our clinical resources area for staff and students. Service development projects continued with a focus on key performance indicators, documentation audit, professional supervision and quality initiatives.

A physiotherapy tutor attended training in professional supervision and is part of the physiotherapy committee for the set-up and monitoring of the practice of professional supervision.

Occupational Therapy

Nine TCD undergraduate occupational therapy (OT) students completed practice education placements ranging from two to 11 weeks over the course of 2018. Pre-placement workshops were delivered to all TCD undergraduates. A mid-placement college return day was facilitated in addition to a Practice Education Study Day for TCD.

15 Singaporean Occupational Therapy Students visited OLH&CS as part of their one year degree programme co-ordinated between TCD and Singapore Institute of Technology (SIT).

Involvement with the National OT Practice Education Network continued this year with attendance at two education meetings. Development of an OT Supervision policy and audit of same was carried out to improve supervision practices and continuous professional development within the OT team.

Medicine

All final year TCD medical undergraduate students received two hours of palliative medicine lectures. OLH&CS consultants delivered tutorials on key topics. Staff contributed questions for the final year medical examination.

Lectures were delivered to second year Trinity College Dublin Radiotherapy Students on pain and palliative care (two hours) and to third year students on symptom management and end of life care (two hours).

233 University College Dublin medical undergraduate students availed of small group seminars facilitated by the clinical lecturers and senior medical staff from OLH&CS and associated sites. 20 small group seminars took place, facilitated by 14 clinicians including a tour of the site. Students also received a series of lectures with materials provided for the UCD online learning platform. Assessments were set by the OLH&CS/UCD lecturer.

There were 43 Palliative Medicine Grand Rounds physician-oriented education meetings in Education and Research Centre in 2018. It is attended by consultants and non-consultant hospital doctors (NCHDs) working in OLH&CS and affiliated teaching hospitals and hospices, in addition to other clinical colleagues. Affiliated sites this year included Milford Care Centre, Limerick, Wicklow Community Palliative Care team (via video link), Naas General Hospital, St Brigid's Hospice, St James's Hospital, St Luke's Hospital, St Vincent's University Hospital and Tallaght University Hospital.

The Clinical Lecturers coordinated Physician input to the European Certificate in Essential Palliative Care in April and November and provided support to student learning and examination processes. They provided 12

hours of 1:1 or 1:2 teaching to OLH&CS Senior House Officers in relation to palliative care and pharmacology.

Pharmacy

The Medicines Management in Palliative Care course returned in 2018 with a focus on dementia. The online programme and the study day were availed by a total of 116 participants and was well evaluated.

Dietetics

Students from the UCD MSc in Clinical Nutrition and Dietetics programme undertook three weeks of practice placement education, reviewing the catering system and producing a very comprehensive report.

The Senior Dietitian lectured on the role of Nutrition in Palliative Care to both the MSc students in UCD and to the BSc Human Nutrition and Dietetics in DIT.

The 'Nutrition and Hydration' study days in April, September and November took place in the ERC. Feedback was positive and this course is now an integral part of training for staff in OLH&CS.

Learning, Training and Development

In March, a cross-organisational working group was set up by the Director of Education, Research and Training and by the Head of HR to develop a work plan so that each staff member and volunteer can "excel in their role and seek to continually improve so that the expectations of our patients, residents, service users, students, colleagues and donors etc. are consistently exceeded." Fifteen key areas were identified that need to be addressed. Significant progress was made in terms of Training Needs Analysis, Mentors' programme and setting up of a new learning hub in Harold's Cross.

RESEARCH

Academic Department of Palliative Medicine Research (ADPM)

Research discussion groups provide a forum for research education and the development of research projects and 37 weekly meetings were held this year. The Cancer Malnutrition Research Group continued to recruit to the multi-site study entitled "Dietary Advice Following Solid Tumour Diagnosis."

Undergraduate and Postgraduate Research

The ADPM team supervised three groups of 3rd year TCD medical undergraduate students who undertook three evidence-based medicine projects.

Two ADPM PhD candidates submitted their theses during the year.

Awards, Grants and Bursaries

The evidence-based medicine project entitled "What is the evidence for the pharmacological management of nausea and vomiting in inoperable malignant bowel obstruction?" supervised by Dr Helena Myles was awarded first prize at the third year Evidence-Based Medicine presentations in November in Tallaght University Hospital.

A Best Poster Presentation Prize was awarded to Alice Black (ADPM dietetic student project 2017) at the 8th International Seminar of the European Palliative Care Research Centre and European Association for Palliative Care Research Network (PRC & EAPC RN).

Michelle Barrett, Research Nurse, received a travel bursary from the Irish Hospice Foundation to attend the Inaugural Supportive and Palliative Care Indicators Tool (SPICT) conference in University of Edinburgh in February and an Irish Research Nurse Network bursary to attend the Annual Assembly of American Association of Hospice and Palliative Medicine in Boston in March.

External collaboration

Links were maintained or developed this year with UCD, TCD, UCC, St James's Hospital, St Luke's Hospital, Sangar Health and Vascular Institute, North Carolina, USA, St Vincent's University Hospital, Tallaght University Hospital, DIT, The Irish Cancer Society, Beacon Hospital, DCU, Nualtra, QUB and TILDA.

Senior Fellows supported by Atlantic Philanthropies who worked with us this year included Dr Karen Ryan, Dr Brian Creedon, Dr Mike Lucey and Dr Eoin Tiernan.

Declan Walsh served on the Board of Directors of MASCC and the Board of Trustees for Marie Curie Cancer Care, London UK. Bernadette Brady, Des McMahon and Patricia Hallahan served on the Education and Research Forum of the Irish Association for Palliative Care. Cliona Lorton served on the Steering Committee of the AIIHPC.

Education & Research Committee Research Approvals

The Education and Research Committee approved the following 11 projects.

Other Research Activity

The nurse tutor ran a pilot programme of four academic writing retreats for seven nursing staff to enhance writing for research, theses etc. All achieved their writing goals including the completion of a Master's degree thesis, a PhD application and a journal article. Work on the OT 'education and research committee' was progressed, including the fortnightly OT 'clinical practice and research circle' education sessions.

Library and Education Technology

The library continued to support initiatives and to develop its extensive collection of print and electronic resources. Training was provided on an individual basis and small group basis to library users.

The librarian carried out literature searches for different departments and 189 articles were provided to clinical areas.

A poster by the OLH&CS Clinical Audit Committee entitled "*Barriers and facilitators to conducting audit within a healthcare setting*" was presented by the librarian at the Nursing and Midwifery Planning and Development Unit, Dublin South, Kildare and Wicklow, Annual Regional Conference, Tallaght University Hospital.

The library received notification of 42 presentations and 81 publications completed by OLH&CS staff this year - this total of 123 representing a 21% increase in activity from the previous year.

OLIVE, our virtual learning environment, was fully integrated into training for all staff and students this year. Over 732 training courses were completed (excluding HSELand) and the platform had 1,200 registered users.

Facility

The ERC hosted 1,615 events this year, with 855 external and 760 internal events. This represents a 22% increase in external events and a 4% increase overall. The increase in external clients resulted in an increase of 14% in income from external clients.

A client satisfaction survey in June and showed that 100% of the respondents would recommend hiring space/rooms in the ERC to an associate.

E&RC Committee Research Proposals Approved in 2018	
Afolabi, Jide	Physical Activity and Life Limiting Conditions in Ireland: A Survey of Specialist Nurses
Brownlee, Jane	Evaluation of a Lifestyle Management for Arthritis Group for people with Inflammatory and Degenerative Arthritis
Corry, Margarita	Evaluation of the initial introduction of Schwartz Rounds in Ireland
Holly, Katie	Pilot project to examine the effectiveness and patient's experience of multidisciplinary goal setting in a specialist palliative care day hospice setting
Kavanagh, Claire	An evaluation of the provision of a clinical pharmacist service to a residential care setting
Kelly, Catherine	Optimising an Integrated Team Approach for Older People in a Reablement Unit
McMahon, Des	The Pharmacological Management of Cancer Pain in the Specialist Palliative Care Inpatient Unit.
O'Keefe, Sorcha	Compassion satisfaction, compassion fatigue and burnout: prevalence among health care workers in a palliative care setting
Shannon, David	Experience of mindfulness in relation to symptom burden in palliative care – an interpretative phenomenological study.
Synnott, Aoife	A profile of the demographics and work-related status of working-aged clients referred to Rheumatology Occupational Therapy Services in Ireland
Tracey, Ger	Operation Integration

Conferences, oral presentations and posters

Summary of ADPM Conference and Oral presentations ¹		
Conference	Oral	Poster
Irish Association for Palliative Care (IAPC), Dublin, Feb.	1	5
Irish Association of Speech and Language Therapists (IASLT) Conference, Dublin, May.	1	
American Society of Clinical Oncology (ASCO) Chicago, Jun.		1
Multinational Association of Supportive Care in Cancer (MASCC) Conference Vienna, Jun.		8
40 th European Society for Parenteral and Enteral Nutrition (ESPEN) Conference, Madrid, Sep.		2
Society for Swallowing Disorders (SWD) Conference, Dublin, Sep.	2	
Irish Research Nurse Network (IRNN) Annual Conference, Dublin, Nov.		1
7 th International Seminar European Palliative Care Research Centre & European Association for Palliative Care Research (PRC & EAPCRN), Edinburgh, Dec.	1	3
Total 2018	5	20

Journal Publications

Summary of ADPM publications		
Journal / Publication	Published	Submitted for Publication
Annals of Oncology	1	3
Journal of Dietary Supplements	1	
Dysphagia	1	
Journal of Human Nutrition and Dietetics	1	
Supportive Care in Cancer	3	
PLoS One	1	
Trinity Student Medical Journal	1	
Pain Management Nursing	1	
BMJ Supportive and Palliative Care	1	
Total 2018 (of which 10 in Peer reviewed Journals)	11	

Summary of OLH&CS staff publications & presentations 2018					
	Presented		Published		Total
	Oral	Poster	Journal ²	Thesis / Book chapter	
Palliative Care	7	24	28	1	60
Rheumatology		3	46	2	51
Gerontology / Mixed	5	3	3	1	12
TOTAL 2018		42		81	123

PATIENT STORY

Pat Holohan

Last autumn, Blackrock Hospice patient, Pat Holohan wrote this letter to help OLH&CS to appeal for funds from our supporters. We're so grateful to Pat and his family, their generosity and bravery helped us to raise more than €50,800 for our services.

"There's no getting away from it. Facing your own mortality is tough. I've had to do that recently and it brought me to a dark place.

But when hospice care came into my life, a new positive world opened up. I've seen both the absolute need – and the incredible benefits – for people facing chronic illness and end of life. That's why I'm making this very important appeal to you in my name.

So, thank you for reading this – it means a lot to me.

I don't know if I can ever find the words to do justice in describing how extraordinary hospice care is and why they so badly need

your kindness and generosity. But I'll do my best.

I should first tell you a little about myself. My name is Pat Holohan. In health terms, the odds are stacked against me. Firstly, I'm 68 years old. I have a number of cancers that will soon end my life. I have Multiple Myeloma in my blood which can cause intense bone pain. More recently, I got bowel cancer and I have lesions on my liver and lung.

When your prognosis is as stark as mine, it's hard to find hope. But that is what's great about the Hospice. It takes away the fear, the anxiety, the desolation.



Hospice care turns everything on its head. Stress becomes calm. Pain becomes relief. Fatigue becomes energy. Death becomes life.

Ironically really, because when the Palliative Care Nurse suggested I should come here, I was shocked. I had always thought of the hospice as a place you go to die. I couldn't have been more wrong. It's actually a place for living. A place to thrive. To find new meaning and purpose.

I can find the words to describe my illness and my feelings around life and death. But honestly, I'm lost for words, when it comes to properly describing the amazing care and attention and support the nurses and doctors give you.

They are experts. You will search the world before you find people who are better at caring for you medically at end of life.

Then there's the human dimension – and I can only describe the people here as amazing – the nurses, the doctors, the therapists, the volunteers and all the workers. Caring for people at end of life must be one of the most difficult jobs in the world but they do it with such empathy, with a smile on their face, and understanding in their heart.

Then there's the place itself, the building and facilities. It is truly a healing, life-affirming environment.

I can testify that during my time here, I've been able to avail of life-changing services – you couldn't put a price on their value. I've had access to group and individual counselling, a range of therapies, medical consultations and checks, pain relief, solutions to chronic fatigue – and simple chats with some of the most interesting people you'll ever meet.

But most of all, they've helped me emotionally and psychologically.

I never thought I'd hear myself say 'I'm not afraid to die'. I've been through the mill over the last eight years swinging from rock bottom to hope to elation – and then crashing down again. But now, because of the bright, loving and expert care I've received here in the hospice, my entire attitude has changed. I'm content and prepared. I'm living life to the full.

This is a precious gift they have given me.



So now, I'm asking you to give the same wonderful gift to the thousands of other patients like me who will need the hospice in the future – by supporting my Hospice Appeal.

Will you please help by being as generous as you possibly can? I know first-hand that every gift, modest or large, is hugely appreciated – and, most importantly, will be put to the very best use.

I'm realistic. Most likely, I won't be around to see these improvements for myself but I'll be so thrilled and fulfilled to know that – with your generosity and concern – we together raised the funds to achieve it!

Our hospices, through their amazing ethos, place us – all patients and families – firmly at the centre.

But I personally believe our hospices are a crucial asset for Ireland. They are the caring heart of our communities."

Pat died on Sunday 6th January 2019 under the care of the Blackrock Hospice team.



€5,789,789

raised in 2018 – the second highest amount ever raised in Fundraising

FUNDRAISING AND COMMUNICATIONS REPORT

Eleanor Flew

Director of Fundraising and Communications

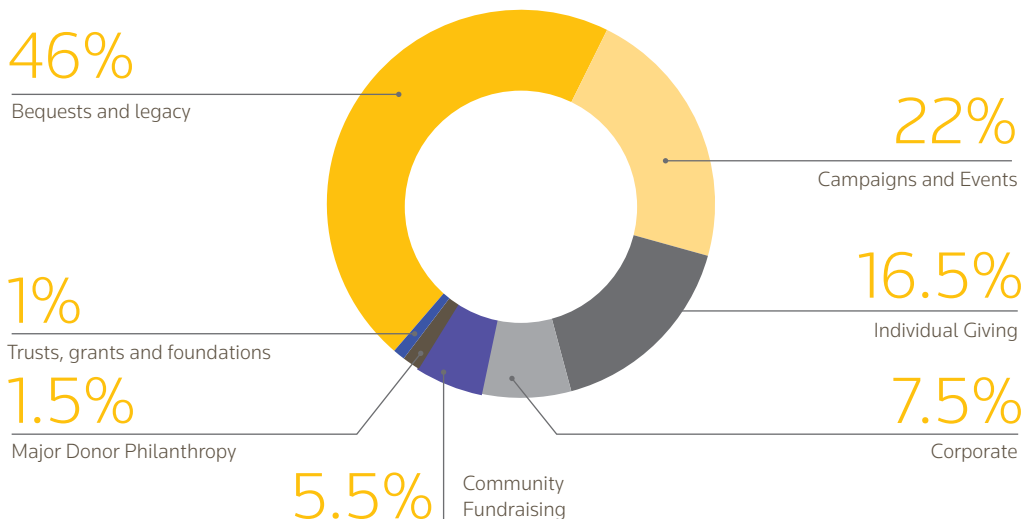
Our Lady's Hospice & Care Services raise funds from individuals, companies, schools and the local community. Thanks to your compassion, commitment and generosity, we cared for over 4,200 patients, residents and their families in 2018 as well as providing over 11,800 specialist palliative homecare visits to those in their own homes.

We also officially opened our new state-of-the-art specialist palliative care unit in Harold's Cross, 100% of the building costs or €13,600,000 were funded through Fundraising. On behalf of all those who use Our Lady's Hospice & Care Services, we would like to extend our most grateful thanks to everyone who supported us throughout 2018. It made an incredible difference to so many and for that we are truly grateful.

2018 was yet another incredibly busy year for the Fundraising and Communications Department and thanks to the support of our donors we raised €5,789,789, which is the second most successful year in our organisation's history after 2017 (€6,191,838).

We directly raised €3,109,265 while €2,680,524 was generated from those who kindly remembered us in their wills. (Please note that our financial statements list income

How we raised funds in 2018



from donations and legacies as €6,685,420 in 2018 – this is due to the timing of legacy cash receipts and the accrued legacy income amount in the financial statements which is not on a cash receipt basis, in line with Charities SORP (Statement of Recommended Practice).

Unrestricted income for greatest impact

During 2018, 10% of our fundraising was restricted by donors to be used on specific programmes or activities. When our donors place no restriction on how we allocate funds, this flexibility allows us put their gifts to use quickly in the areas of greatest need and priority.

We thank our donors for trusting us to make the greatest impact and we endeavour to always spend your funds wisely, transparently and to communicate the impact that these generous gifts achieve.

Campaigns and Events

With the support of the public, 2018 was another successful year across our many campaigns and events. We raised €1,274,962, slightly down on the previous year.

Our first key event of the year was the annual ‘Hospice Spring Raffle’, which raised over €150,000. Shortly after this, 370 women walked, ran or jogged the

‘Women’s Mini Marathon’ raising over €70,000. Special thanks to our Mini Marathon ambassador Dr Ciara Kelly.

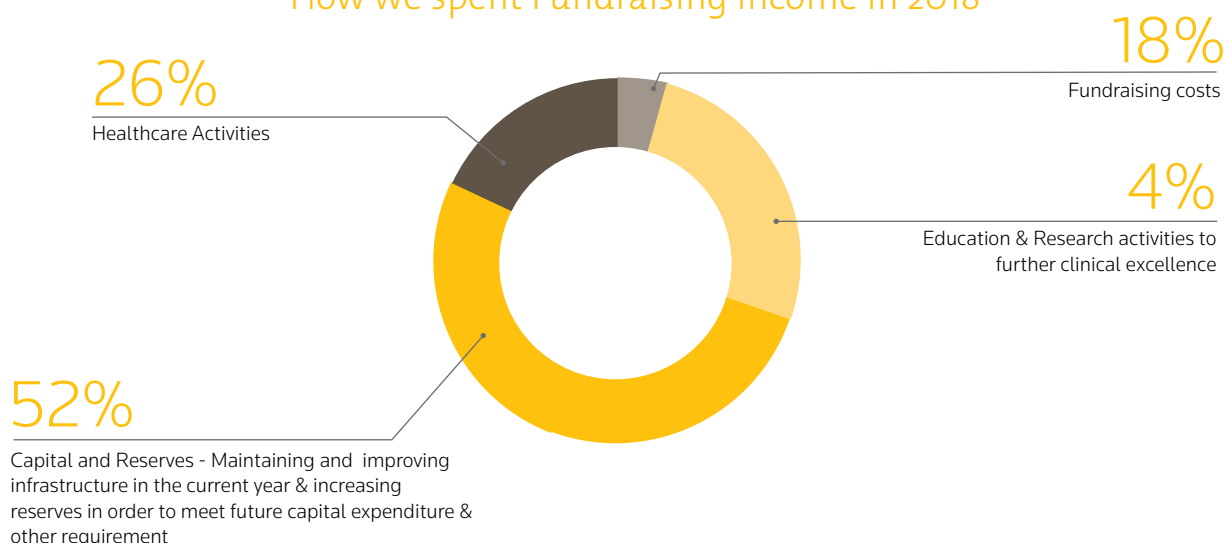
In June, over €100,000 was raised from our annual flag day ‘Hospice Sunflower Days.’ Special thanks to the national ‘Hospice Sunflower Days’ ambassador Mary Kennedy. Congratulations to our fantastic volunteer Josephine Herlihy who won a Sunflower Days Hospice Hero Award from Mary Kennedy for her tireless commitment to this campaign.

Our Blackrock Hospice annual in memory event, ‘Little Flower of Life,’ raised over €40,000.

In September, over 850 coffee mornings took place as part of Ireland’s biggest Coffee Morning for Hospice Together with Bewley’s raising over €405,000, slightly up on the previous year. Our most sincere thanks to our campaign ambassadors Mario Rosenstock and Maia Dunphy who were wonderful hosts. We especially thank Bewley’s, whose dedication, generosity and commitment to hospice care has resulted in a 26 year partnership that has raised over €35,000,000 for hospice care nationally.

In October, we hosted a fantastic trek to Sicily and the Ionian islands with our hikers raising over €105,000.

How we spent Fundraising income in 2018



Towards the end of the year, our flagship event, 'Light Up A Life,' raised over €448,000 and over 27,000 loved ones were remembered through the sponsorship of lights on our Christmas tree. We were also delighted to welcome over 12,000 people on site for this annual remembrance event with Jim Gavin as our Guest of Honour, supported by RTE's Marty Morrissey and Joanne Cantwell as well as members of the men's and ladies 2018 All Ireland winning GAA football teams. Our heartfelt thanks to Aviva, one of Ireland's most established life assurance companies, who were our Title Sponsor for a second year in a row. Every step in the journey to progress our urgent goals is only made possible with the great generosity our partners and we are very grateful to all the team at Aviva.

Community Fundraising

2018 was also a busy year for fundraising amongst our supporters in the community and over €333,000 was raised in schools, clubs and in people's own homes.

Our supporters organised 276 individual activities in aid of our work and we are truly grateful for their passion,

energies and on-going commitment. Special mention must be given to the UCD Medical Society who raised over €27,000 from their Strictly Come Dancing event. We would also like to pay tribute to some annual activities lovingly organised by long-standing supporters without whom we would not be able to provide the levels of care that we do. These include:

- 'Speaking for Hospice', celebrated its 24th year in 2018 raising over €10,000. Special thanks to Paul Ellis and the fundraising committee for their dedication. Since it began, the event has raised over €200,000.
- William Tilly's spectacular Christmas lights display raised over €16,000 in 2018. They have delighted passers-by every since 2005 and have raised more than €120,000.
- Special thanks to Alma McArdle, her daughter Rachael, and their wonderful fundraising committee and loyal supporters who have hosted a coffee morning in Elm Park Golf Club for 18 years, raising more than €90,000, with over €6,000 raised in 2018 alone.



- Special thanks also to the Whitehead family, who, through tireless dedication, have raised almost €170,000 in memory of Martin Whitehead through a number of events since 2010.

Individual Giving

Our regular giving programme is comprised of those who generously donate to us regularly through direct debits, which raised over €165,000. This type of giving is extremely important to us and we are most grateful to all who choose it. These regular donations enable us to forecast and plan our activities.

Donations by individuals and 'In Memory' donations raised over €540,000. A heartfelt thanks to all who honour a loved one by supporting our work. Special thanks to Pat Holahan and Michael McAuley, both of whom kindly shared their personal stories to help us raise funds during 2018. Over €70,000 was raised through these appeals and we are truly grateful to Pat and Michael for their generosity.

Corporate Supporters

We are fortunate to have many generous corporate supporters who we thank once again for their great generosity throughout 2018. There are many ways you and your company can support our patients and their families, from financial donations to event sponsorship, to developing innovative partnerships which will involve your staff through fundraising, volunteering and support for our campaigns and events.

Whether you partnered with us for the first time in 2018, or are celebrating an anniversary of working with us, we are truly grateful for your generosity.

Special thanks to Aviva, Bewleys, BDO, PTSB, the staff at St. James's Gate, Carroll and Kinsella, Blackrock, Kiltarnan Cemetery Park and Connolly Partners for their dedicated support in 2018. A special thanks also to Big Red Cloud who generously sponsored a video to celebrate our new specialist palliative care unit in Harold's Cross. The video can be viewed on our youtube channel. Thanks also to ARC Studios for their support.



Finally, to all the organisations who work with us, publically or privately, your support and partnership enables us to provide the best in person centred and excellent care. Thank you.

Capital development programme and Founding Partnerships

In early 2018, we completed the first stage in the most ambitious fundraising project in our organisation's history: to redevelop the Palliative Care Unit in Harold's Cross to ensure privacy, dignity and professional excellence at end of life. This new unit has transformed how we deliver care.

100% of the building costs (€13,600,000) of this €14,600,000 capital investment were funded by the generosity of our donors who continue to be at the heart of all that we do. As part of this fundraising initiative, we worked closely with our Founding Partner, Massey Bros. Funeral Directors who have committed to the Hospice for a five year period. We are deeply indebted to Robert Maguire and all the team at Massey

Bros. Funeral Directors for their dedication, leadership and tireless support of our fundraising ambitions and we would like to thank them most sincerely.

Volunteers

We would like to thank all our incredible fundraising volunteers who continue to play a vital role and without whose tireless energy, passion and commitment we could not raise the levels of funds that we do. We are truly grateful for your support, your good humour and your commitment.

Communications

Throughout 2018, our communications programme continued to raise our profile nationally, strategically supported our fundraising activities, liaised with media and celebrated the stories of our patients, residents and families.

The highlight of the year was the official opening of the specialist palliative care unit in Harold's Cross on April 27th by An Taoiseach Leo Varadkar and Minister for



"At a time when we are all living longer it is vital that we provide the best support to people as they become frail or face illness. The Hospice supports people during these times and works with patients and their families to celebrate life and ensure their dignity and comfort. This new purpose-built facility, which has been developed in close consultation with patients and staff, will provide a sanctuary for those who need care and support, as well as providing a peaceful environment for their families."

An Taoiseach Leo Varadkar T.D., opening the new Specialist Palliative Care Unit in Harold's Cross, April 2018

Health Simon Harris and was a day of celebration for patients, staff and supporters alike.

A second highlight of the year was the hosting of our second annual panel conversation “Dignity in Death – Living in Life.” Moderated by RTE’s Aine Lawlor, this event featured a highly-respected and knowledgeable panel including: Alison O’Connor, Broadcaster and journalist, Dr Graham Hughes, Consultant Physician in Geriatric & General Medicine at St. Vincent’s University Hospital, Asim A. Sheikh, Barrister-at-Law specialising in Medical Law and Clinical Negligence, Dr Paul Grehan, Palliative Medicine Consultant at OLH&CS and GP, Dr Ursula Bates, Principal Clinical Psychologist OLH&CS. This engaging evening sensitively addressed aspects of aging, dying and advanced care planning.

Finally, sincere thanks to Jenny McCarthy and the team at Virgin Media who ran a truly special month long competition on Ireland AM’s Camera Club. Photographer and presenter Jenny McCarthy challenged viewers to submit photographic entries themed ‘Serenity’ and picked 36 stunning winning images, each of which was framed and hung in one of our 36 new palliative care bedrooms in the new unit. In addition, she generously donated her annual ‘Wear A Smile’ photography event in Dundrum Shopping Centre to OLH&CS. Both projects were inspired by her much-loved sister-in-law Mags.





NATIONAL HOSPICE FUNDRAISING CAMPAIGNS

2018 was an exciting year for specialist hospice units and community services' groups across Ireland working together under the umbrella of 'Support your Local Hospice' as it was the first year that both national fundraising campaigns, Hospice Sunflower Days and Ireland's Biggest Coffee Morning for Hospice Together with Bewley's, were centrally coordinated by these groups directly following the transition of coordination from the Irish Hospice Foundation.

In addition, both events and all corresponding 'Support your Local Hospice' activities were coordinated by a National Projects Manager based at Our Lady's Hospice & Care Services as host site.

Nationally, Hospice Sunflower Days raised over €680,000 representing a 1.8% uplift from 2017 and Ireland's Biggest Coffee Morning for Hospice Together with Bewley's raised over €1,825,000 from over 4,200 coffee mornings held nationally in aid of hospice care, up 7% year on year.

On behalf of all specialist palliative care providers and support groups, we would like to thank our long-standing sponsor Bewley's for their generous and dedicated commitment to hospice care across Ireland.

Profit and Loss Report for the period January to December 2018.

Support your local Hospice Profit and Loss Account 2018		€	€
Income	Additional Bewley's income	€ 1,547.06	
	Text to Donate	€ 2,787.34	
	Bewley's Sponsorship	€ 45,000.00	
	Advertising Contributions	€ 6,014.70	
	Hospice Contributions	€ 171,706.70	
	Media and PR Contributions	€ 27,000.00	
	Refund	€ 5,546.00	€ 259,601.80
Expenditure	Creative/Digital	€ 16,260.96	
	Printing and Fulfilment	€ 81,317.43	
	Media and PR	€ 89,261.70	
	Campaign Management	€ 51,087.68	
	Advertising	€ 5,345.53	
	Campaign Sundries	€ 1,599.91	€ 244,873.21
Profit/Loss			€ 14,728.59

TOGETHER WITH *Bewley's*
1840

TAKE YOUR
FREE BREAK
UNIT





Little Flower Life
DONOR
POWER

Blackrock Hospice

Black

Blackrock Hospice

Blackrock Hospice

VOLUNTEER REPORT

Margot Kenny/Jimmy Scurry/Mary Brien
Volunteer Co-Ordinators

The formal volunteer programme at OLH&CS began in 1992 with six volunteers. Today, there are 280 regular patient care volunteers; 80 regular fundraising volunteers, growing to up to 380 volunteers for fundraising events; 20 Bereavement Support volunteers, other specialist care volunteers and approximately 130 Transition Year and other students volunteering each year.

We are immensely grateful that so many people freely offer their valuable time, energy and skills to the hospice. We would not be the place we are without their valuable contribution!

During 2018 a new volunteer-led social event for residents and patients was introduced every second Wednesday evening. Film screenings and live music are provided at Anna Gaynor Hall for residents in the Extended Care Unit, Community Reablement Unit and patients at the Palliative Care Unit and RMDU who are assisted to attend by a team of volunteers. The event has proved very popular, bringing together service users from across the hospice who may not otherwise have many opportunities to socialise together.

In our residential Care of the Older Person Unit, Anna Gaynor House, the Sonas Programme of therapeutic activity for those with dementia went from strength to strength. Uniquely, at OLH&CS the programme is led by volunteers not staff.

Seven groups of volunteers also lead activities such as bingo, skittles, art, music and board games and provide hand care, computer

training, reading and escort wheelchair residents around the grounds.

At Blackrock Hospice, we welcomed our first batch of third level student volunteers. Three American interns assisted with patient care and fundraising and two Irish students helped in the ward and restaurant.

During the summer the volunteer programme welcomed thirteen volunteers from the University of Texas at El Paso School of Pharmacy.

As always, volunteers played a vital role in helping deliver a successful year of fundraising. We had fantastic support across all of our campaigns, from the Hospice Spring Raffle to Light Up A Life at Christmas (with over 180 volunteers on the day, a truly phenomenal show of support).

Not only did volunteers help with administration every day, not only did they prepare orders for Christmas, coffee morning, welcome and registration packs but they also hand delivered packages, separated raffle tickets and did it all with wonderful humour and good grace.

Each one is passionate about the hospice, and shows this in how tirelessly and selflessly they support all the work that we do. When we need a helping hand, whether that be shaking a bucket on the street (even if it's cold and damp outside!) or making phone calls or data entry or stock counts, a volunteer will always, always be there to support us. We couldn't do what we do without our volunteers, and for that we'll be forever grateful.

OLH&CS marked International Volunteer Day on December 5th with a celebration at the Volunteer Office, which brought together staff and volunteers. The theme was "Volunteers build Resilient Communities" and this informal event created a space to recognise the huge contribution volunteers make to our hospice community through the donation of their time, energy, personal skills and enthusiasm.

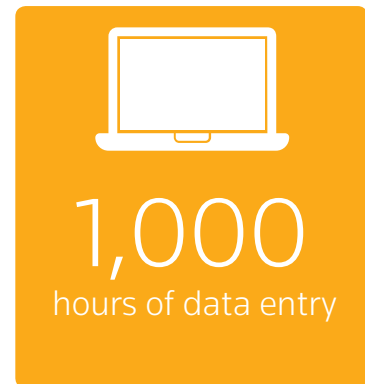
If you are interested in volunteering at OLH&CS, please contact one of the following volunteer co-ordinators or visit our website olh.ie/volunteering for more information.

- **For volunteering in patient care or bereavement services, contact Margot Kenny on Tel: 01 406 8822 / 406 8898 or by email at mkenny@olh.ie**
- **For volunteering in the fundraising department, contact Mary Brien on Tel: 01 4911072 or mbrien@olh.ie**





The difference our Volunteers made in 2018





VOLUNTEER VOICE

DOLORES CAMPION

Bereavement Support Volunteer

Three years ago, Dolores spotted a notice seeking candidates for a training programme in bereavement support, with a view to becoming a volunteer at Our Lady's Hospice & Care Services.

Having completed a very thorough interview and the necessary checks and clearances, she attended weekend training sessions over the course of a year.

Dolores explains that she found the programme, run by Ann D'Arcy, Senior Social Worker and Bereavement Co-Ordinator, both enlightening and enriching.

"We were encouraged to process and evaluate our own coping skills. The challenge was to reflect on the significant losses in our own lives and how we managed them.

"We were also introduced to a variety of bereavement theories to help us understand that people grieve in different ways. The training was comprehensive but also supportive and ensured that each of us was ready to undertake the important work of bereavement support," she said.

Training for this role enabled Dolores to explore her own skills and experience, gained from many years working with children and families. She has degree in Early Childhood Studies, runs her own Early Childcare Service and also has four adult children.

"Friendliness, openness, empathy and being available when someone needs to share a worry, concern or fear. These are attributes that I have learned to bring to my work at the hospice."

Having completed her training, Dolores began her volunteer work and comes in weekly

to meet with clients. She describes some common themes that arise among those who are bereaved.

"There can be loneliness, sadness, anger, even guilt. Sometimes, these emotions are tangible in the room and although the normal reaction is to want to make it better, I know that I can't do that, but I can sit with that person in their pain. Sometimes words aren't necessary. It humbles me and I feel privileged to be allowed to share that space."

Dolores explains that listening to a person's story helps her to support them.

"Their story, however, does not belong to me. I listen to it but when I leave to go home I need to be mindful of myself. Sometimes, that's as simple as turning on Lyric FM in the car.

"Loss is unchangeable and moving on is not the goal for someone who is grieving. Finding ways to remember a loved one and adjusting to life in a way that incorporates those memories is more helpful."

Clients have different needs. Some may attend for bereavement support over a six week period of one-hour sessions, but others may need or want more support.

There is no right or wrong in either how a person grieves or for how long. Some sessions can be more challenging than others, but Dolores explains that Ann is always available for debriefing, support and suggestions after a session.

Dolores describes monthly Group Supervision is a more structured session for the bereavement volunteers.

"These sessions are invaluable and add to our knowledge and practical skills. They are also a great way to check in with other volunteers."

Dolores also takes part in the annual Children's Bereavement Weekend, where participants range from six to twelve years of age, all having experienced the death of a significant adult in their life.

With insight and sensitivity, she talks about what it means to work with these children over the course of this weekend.

"The objective is to show that other children have experienced something similar. No two children have the same story but they will know that they are not alone in how they are feeling and that everything that

they are going through is normal. Their worries and concerns are given a voice. The weekend is a blend of activity, sharing, listening, talking and we try to mix that with some fun, affection and memory making of their loved ones."

Dolores says she relies both on her training and her growing experience to inform her work in Bereavement Support.

"I am so grateful to be part of this team. I have developed an insight into the value of bereavement support, how it helps those who are grieving, those who need to be heard and understood.

"Yes, it demands a huge amount of personal investment, but the satisfaction is immense, the professional support I receive is wonderful. It is indeed a privilege to be involved with this particular element of volunteer work at Our Lady's Hospice & Care Services.."



HUMAN RESOURCES SERVICE

Mary Kirwan
Director of HR

The Human Resources Service contributes to the success of Our Lady’s Hospice & Care Services and its employees by developing and facilitating an environment that values people, efficiency and delivers excellent care.

We support employees throughout their employment life cycle. This starts at the hiring process, continues through employment and on into retirement.





By December 31st 2018, there were 626 staff (524.59 Whole Time Equivalent or WTE) and 189 people receiving pensions.

We truly appreciate that all employees contribute directly to the success of our organisation and we are committed to ensuring our staff have the best possible experience while working at OLH&CS. We also acknowledge and are grateful for the

diversity of cultures of our staff who hail from 20 different countries and bring with them a wealth of professional skills and experience.

People join the OLH&CS team for a range of reasons including our culture, career opportunities, personal development opportunities and unique work environment.

In 2018, we were delighted to welcome 50 staff on-board and 44 staff left our employment. We continue to seek feedback from our staff through questionnaires when they join and leave, which helps us review our practice.

Culture	Career	Benefits	Environment
			
Defined mission & and core values	Progression opportunities and career development	Pension	Proactive approach to health & wellness
Strong heritage	Leadership training	Employee Assistance Programme (EAP)	Friendly environment
Patient-centred not-for-profit organisation	Career development	Support for education	Diversity committee
Defined organisation strategy	Continuous professional development (CPD)	Free on-site parking	Employee Wellbeing Committee
Staff recognition awards	Education & training	Subsidised meals	Staff Council
High staff retention	Succession planning	Cycle to work scheme	Residents’ Forum
Employee engagement	Mentor programme	Central location – on several bus routes	Landscaped gardens & grounds
		Tax saver scheme for public transport	

Despite a moderate turnover of 7.2%, attracting and retaining talent continued to be a challenge in 2018, which was a direct result of a tighter labour market and was experienced in line with increased economic activity. 69 competitions were managed during the year.

OLH&CS is committed to the growth of our staff. 85 staff attended our People Management training programme and our bi-monthly HR information sessions on items of interest such as conflict management, pensions, communications, competency-based interviews and GDPR. 59 staff attended our staff orientation programme.

During 2018, 20 of our existing staff successfully interviewed for permanent roles or promotions. In line with our Strategic Plan 2017 – 2022, a cross-organisational review of Learning, Training and Development was initiated by HR and Education with a view to enhancing and developing a culture that prioritises learning. This has led to us developing a mentoring programme, refining our Training Needs Analysis approach and beginning to consolidate all training on to one platform.

The organisation is committed to resolving workplace grievances in a timely manner. During 2018, 12 grievances were submitted and closed out, with five being referred on to a third party.

Our Mission Committee ensures that our mission and our core values of human dignity, compassion, justice quality and advocacy are translated into every aspect of the organisation.

The Mission Committee is supported by four subcommittees who are represented at its meetings: Staff Council, Employee Wellbeing Group, Diversity Group and Residents' Forum.

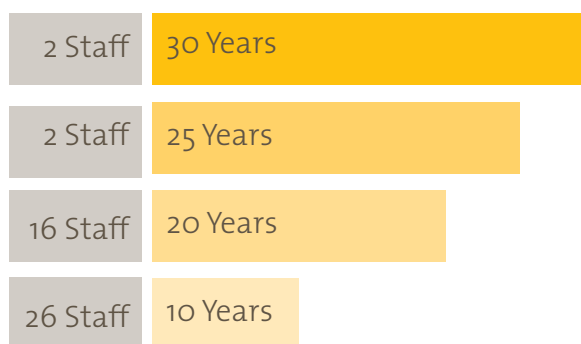
Many wonderful initiatives took place during the year to promote and integrate health and well-being across the organisation. We were delighted to be awarded the Irish Heart Foundation's Gold Standard Active@Work Award once again in recognition of these efforts.

Our Diversity Group worked to demonstrate our commitment to valuing individuals and promoting diversity through many initiatives and by inviting external speakers to address relevant issues with the intention of facilitating change through education, collaboration and vigilance.

Alongside the work of our Employee Wellbeing Group, we have an Employee Assistance Programme. This confidential counselling and advisory service is available to employees and their families. In 2018, 35 EAP files were opened with a case manager providing support or information as requested.

Our Staff Council and our Residents' Forum also played an important role in organising a range of enjoyable activities and empowering voices within our organisation.

At our 2018 Annual General Meeting we proudly thanked 46 colleagues who reached significant service milestones.



Our annual Mission Hero Awards, acknowledge individuals and teams who, in addition to doing an excellent job, demonstrate an exceptional commitment to our Mission and Core Values. In 2018, there were six very deserving winners of this award.

- Seamus Healy, Staff Nurse, Blackrock Hospice
- The Grounds & Gardening Team
- Vivienne Purcell, CNS, Community Palliative Care Team, Harold's Cross
- The staff of St. Catherine's Ward, Harold's Cross
- Patricia Boland, Ward Manager, Mary Aikenhead Ward, Anna Gaynor House
- The Catering Team in Main Kitchen in Harold's Cross

There was one additional award made in 2018 to our very generous and supportive friend broadcaster Ian Dempsey who has been master of ceremonies at our annual Light Up A Life event for eight years.

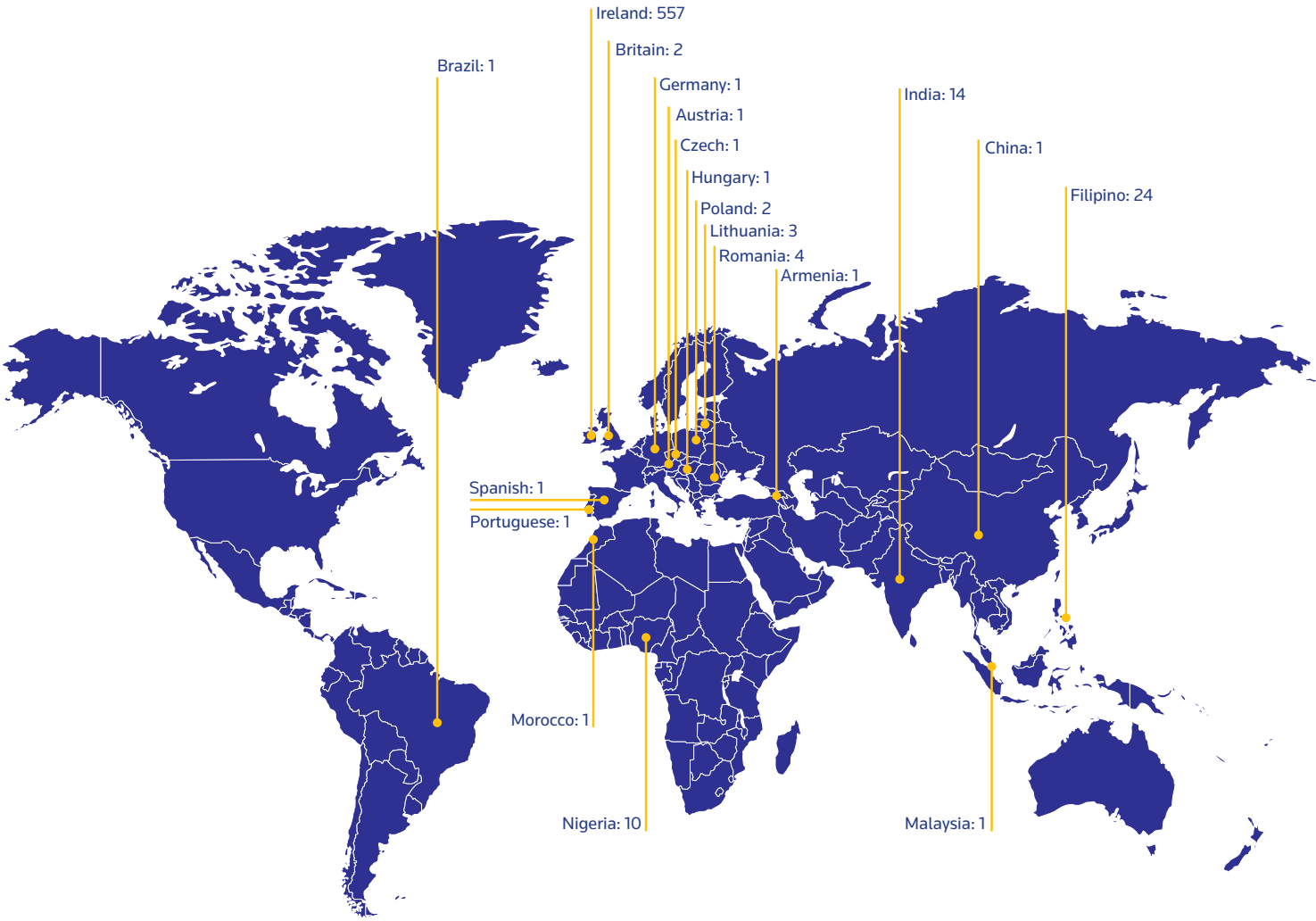
We are committed to building strong partnerships and providing best practice advice and support to all. Our philosophy is that all employees contribute to the success of our organisation and we are committed to ensuring that staff have the best possible experience while working for OLH&CS.


OUR PEOPLE

Our Lady's Hospice & Care services acknowledges and is grateful for the diversity of cultures of our staff.

We employ over 600 staff from 20 different countries each of whom brings with them a wealth of professional skills and experience.

We are honoured to have more than 330 volunteers who generously give their time and energy to help us create a special experience for residents, patients and their families. They too bring a range of knowledge from occupations, different cultures and valuable life experience.




626
Employees


189
Pensioners



FINANCE REPORT

Simon Costello
Head of Finance

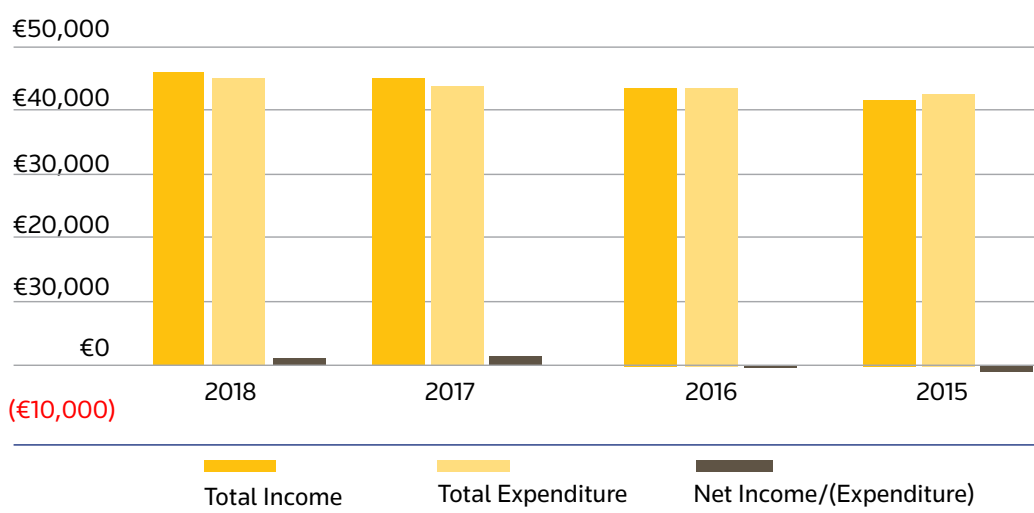
Our Lady's Hospice & Care Services recorded an overall surplus of €1,005,646 in the year to 31st December 2018, compared to a surplus of €1,216,167 in the previous year. This surplus is largely attributable to high legacy income in the year of €3.6m. This offsets a deficit of €0.4m on HSE funded service arrangements. Separately, the company received a once-off HSE capital grant income of €204,664 in relation to fit-out of the new specialist Palliative Care unit and capital works for Blackrock.

The Statement of Financial Assets highlights the results between restricted and unrestricted activities. Restricted activities relate to all HSE funded healthcare activities along with restricted income and expenditure from the public in line with donor wishes. Fundraising activities generated income of €6.7m of which €1.7m was paid in respect of pay and non-pay expenditure for healthcare activities in order to maintain the same level of care and services to patients as previous years. During the year €0.4m (2017: €4.3m) was paid in relation to the construction of

the New Palliative Care Unit which includes expenditure of a once-off grant of €114,664 that was received from the HSE towards fit-out costs as mentioned above. The majority of the remainder of monies raised went to cash reserves. The cash inflow from operating activities for the financial year was €3.4m.

The company had €6.7m of cash at bank at the financial year end of which €2m relates to an offset account for the bank overdraft and €147k related to investment cash. These cash balances together with the

Financial History, in €'000



investment portfolio of €0.3m are available for the future development of the healthcare facilities and to maintain the level of services at the current levels for the foreseeable future (at least twelve months). The company had an overdraft on its HSE funded healthcare activities at 31 December 2018 of €2.9m.

In 2007, the trading account for healthcare activities required the implementation of this €2m overdraft facility in order to fund healthcare deficits where the HSE were only in a position to provide partial funding and we required additional funding to ensure delivery of high quality care. This facility, from Bank of Ireland, required that €2m of fundraised monies were placed on deposit as a lien on the overdraft. In 2018, €1.8m of funds were transferred from unrestricted (fundraising) funds to restricted (HSE) funds. The cash transfer took place in March 2019, thereby allowing the cessation of the overdraft facility and the corresponding lien from the bank of €2m. For the 10 year period up to 2015, Fundraising has already covered €2.9m of earlier HSE deficits in addition to this €1.8m. This is outside of pay costs and capital expenditure funded by Fundraising.

Income Analysis

- HSE Grants for patient care have increased in line with pay restoration agreements over the last four years.
- Patient Income is primarily made up of patient private health insurance income which has seen a strong downward trend in the last two years of €1.2m. This reduction in 2018 led to an overall deficit

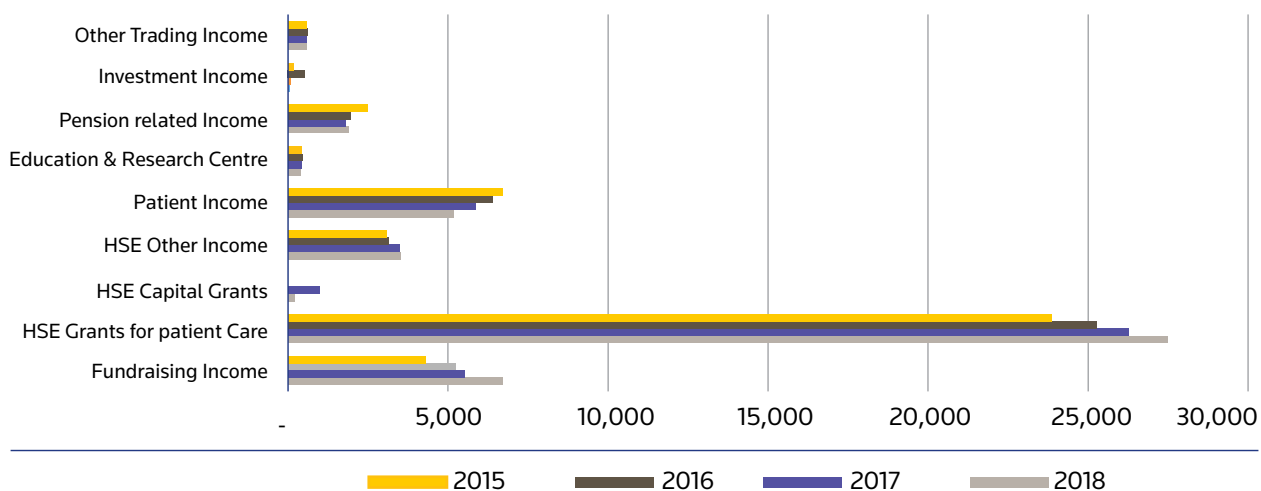
on HSE funded activities, despite achieving savings in pay.

- Private health insurance income plays a vital role in assisting with the day to day running of the organisation and provides much needed funding towards our high quality services that benefit so many and of which we are so proud.
- Fundraising income increased substantially in 2018 primarily due to some large legacies.

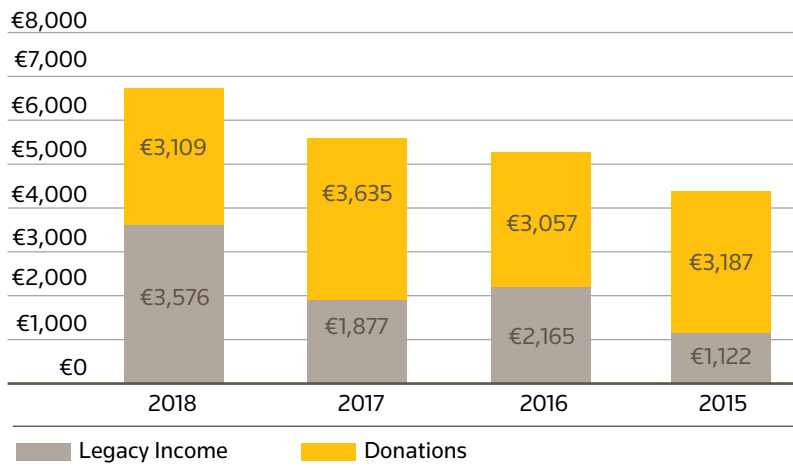
Expenditure

- Fundraising costs for 2018 were at €1.2m, being a year-on-year reduction of over €100k due to the non-recurrence of strategic development costs that were incurred in 2017. Fundraising costs account for 18% of the income raised from legacies and donations.
- Expenditure on Charitable Activities for the year was €42.8m, being an increase from 2017 of €1.3m. €0.9m of this was due to the implementation of various national pay restoration agreements. €0.3m relates to increased depreciation charges. Pensions and Lump sum costs increased by a further €0.2m on the prior year. Charitable Activities represent specialist Palliative Care, Community Reablement Unit (CRU), Care of Older Persons, Rheumatic & Musculoskeletal Disease Unit (RMDU) and Education & Research.
- Similar to last year, payroll costs accounted for 81% of total expenditure.
- Non-Pay expenditure was €8.1m (19% of total), which is consistent with the 2017 spend.

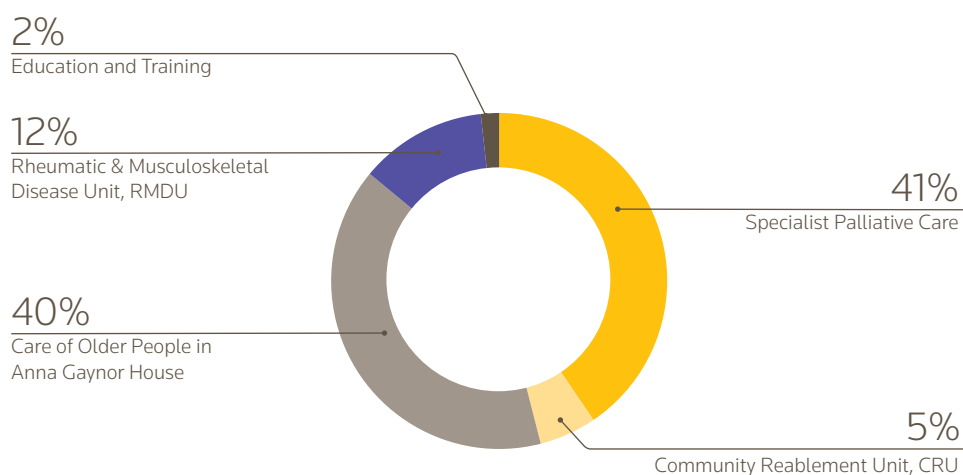
Income split, in €'000



Fundraising Income Split, in €'000



2018 Expenditure on Charitable Activities, in €'000



Administration details

Our Lady's Hospice & Care Services, Harold's Cross Rd, Harold's Cross, Dublin 6W, D6W RY72

Company Registration Number 352404

Charity Number 1144

Charity Registration Number RCN 20001827

Auditors

Deloitte Chartered Accountants and Statutory Audit Firm, Deloitte & Touche House, Earlsfort Terrace, Dublin 2

Bankers

Bank of Ireland, 1 Rathfarnham Road, Terenure, Dublin 6

Solicitors

Woodcock Solicitors, 16 Clanwilliam Terrace, Grand Canal Quay, Dublin 2

Beauchamps, Riverside Two, Sir John Rogerson's Quay, Dublin 2

Statement of Financial Activities

Our Lady's Hospice & Care Services Statement of Financial Activities for the financial year ended 31 December 2018

	NOTES	UNRESTRICTED € 2018	RESTRICTED € 2018	TOTAL € 2018	UNRESTRICTED € 2017	RESTRICTED € 2017	TOTAL € 2017
Income from							
Donations & Legacies	3	5,776,347	909,073	6,685,420	4,455,214	1,057,645	5,512,859
Charitable Activities	4	380,843	38,279,264	38,660,107	430,323	38,367,837	38,798,160
Investment Income	5	47,653	-	47,653	84,688	-	84,688
Other Trading Activities	6	563,836	-	563,836	580,531	-	580,531
Total Income		6,768,679	39,188,337	45,957,016	5,550,756	39,425,483	44,976,238
Expenditure on							
Raising funds	7	1,780,867	319,072	2,099,939	1,953,243	283,582	2,236,823
Charitable Activities	8	4,003,815	38,837,136	42,840,951	4,151,074	37,349,333	41,500,407
Total Expenditure		5,784,682	39,156,208	44,940,890	6,104,315	37,632,915	43,737,230
Net income/(expenditure) before other recognised (loss)/gain		983,997	32,129	1,016,126	(553,559)	1,792,567	1,239,008
(Loss)/gain on financial assets at fair value	10	(10,480)	0	(10,480)	(22,842)	0	(22,842)
Net Expenditure before taxation	10	973,517	32,129	1,005,646	(576,401)	1,792,567	1,216,166
Taxation	12	0	0	0	0	0	0
Net Expenditure		973,517	32,129	1,005,646	(576,401)	1,792,567	1,216,166
Transfer between funds	13	(1,816,186)	1,816,186	0	(498,903)	498,903	0
Total funds at beginning of financial year		28,802,572	19,805,484	48,608,056	29,877,876	17,514,014	47,391,890
Total funds at end of financial year		27,959,903	21,653,799	49,613,702	28,802,572	19,805,484	48,608,056

Balance Sheet 2018

	Notes	2018 €	2016 €
Fixed Assets			
Tangible Assets	15	82,242,795	83,942,899
Financial Assets	16	282,424	368,710
		82,525,219	84,311,609
Current Assets			
Stocks	17	326,966	356,030
Debtors: Amounts falling due within one year	18	6,103,755	5,939,303
Investment	19	147,353	26,188
Cash at bank and on hand	20	6,856,785	4,194,137
		13,434,859	10,515,658
Creditors: (Amounts falling due within one year)	21	(7,707,588)	(7,580,423)
Net Current Assets		5,727,271	2,935,235
Net Assets		88,252,490	87,246,844
Capital and Charity Funds			
Called up share capital	22	2	2
Share premium	22	38,638,786	38,638,786
Restricted Capital Funds	28	21,829,618	21,404,633
Restricted Funds	28	(175,819)	(1,599,149)
Unrestricted Funds	28	27,959,903	28,802,572
Charity Funds		88,252,490	87,246,844



NON-CLINICAL SUPPORT SERVICES

Tommy Beatty

Capital Projects and Interim Head of Non Clinical Services

Directly and indirectly involved with patient care, the Non-Clinical Services Division plays an invaluable role in the day to day operation of the Hospice. This team provides a safe, comfortable, clean environment for patients, residents, staff and volunteers.

All services are continuously reviewed to ensure that we consistently deliver the highest quality standards. In 2018, the Gardening and Grounds team and Hotel Services team were celebrated for their work through the Mission Hero awards.

Capital Projects

The highlight of the year was the completion of the PCU new in-patient unit in Harold's Cross. This successful project, delivered on budget, was the work of many individuals and teams, and we thank you most sincerely for your input.

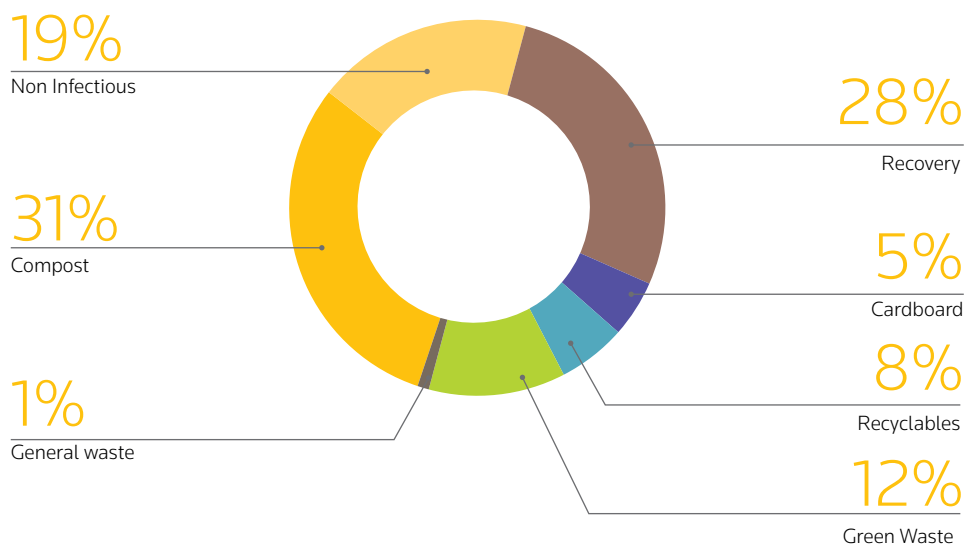
In Blackrock Hospice, work on the exterior wall is complete and has transformed its appearance

as people enter through our gates. The defined parking areas add to the overall aesthetic and assist visitors with parking. In addition, the patient and family sitting room has been refurbished and is now a bright, inviting and comfortable space.

Building Services

In 2018, this team managed a pump replacement project saving 42,000KWH of energy per year and was awarded a grant on completion. We also undertook several LED lighting upgrades saving 20,000KWH of energy, which also brings about significant cost savings.

Recycling/Recovery Rate 2018



In terms of waste disposal, we recycled/recovered almost 281 tonnes and managed the appropriate disposal of 8.9 tonnes of infectious (clinical) waste.

Garden & Grounds

The new courtyard gardens in PCU have brought nature indoors and realised the concept that access to nature as a component of sustainability assists our well-being, enhancing a healing bond with Nature.

Also, in Harold's Cross, a generous donor enabled us to upgrade the Rose Garden framework from the original timber posts to a steel structure which should last well in to the future giving longevity and a whole new look to the rose garden, which is enjoyed by residents, patients, staff and families.

Hotel Services

In March 2018, OLH&CS retained its Happy Heart Healthy Eating Award for another two years. This award celebrates healthy catering practices and promoting a range of healthy food and drink options.

We were short-listed for the National Q mark Awards and in September 2018 became a national finalist in the "Hygiene and Food Safety" category.

A revamp of menus and approaches to menus during the year has been well-received and generated lots of positive feedback.

The Food Services Group, a multi-disciplinary team which included Hotel Services, introduced dementia-friendly crockery. This has enhanced the dining experience for all of our extended care residents. This group also successfully developed and implemented an organisation-wide Nutrition & Hydration Programme, to the benefit of all patients and residents.

Information Communications Technology

To support organisational strategy ultramodern remote connectivity has been implemented to enable users to access their desktops, drives and network services and the intranet from any device. 180 new PC's have been installed across the two sites with new software improving day to day tasks for users. A new approach

has been put in place to organise data this allows for easy access to data that is standardised across all PC's. Similarly users can access floating desktops and documents folders providing the same availability at every PC.

To facilitate collaboration, meeting room upgrades have included wall-mounted PC's and flat panel screens to improve conferencing across our sites.

Major security upgrades have been made across all infrastructure to ensure data protection and to meet GDPR requirements.

A large flat panel screen has been installed in the palliative care oratory to enable patients to watch religious services online.

Reception

Every day is different for our front of house teams, who are the voice of the hospice. Reception staff deals with many visitors daily as well as hundreds of external and internal calls, including weekend calls from those in the care of our Specialist Community Palliative Care Teams. The reception team has a range of other responsibilities: fire alarms, mortuary bookings, couriers, delivery and collection of blood samples, deliveries from Blood Bikes East and taxis.

Materials Management

The team supports all departments advising on matters of procurement and is part of OGP [Office Government Procurement] and HBS [Health Business Services] of the HSE groups, with whom it engages to explore opportunities to participate in national contracts to optimise our purchasing power.



DONOR CHARTER

Our Lady's Hospice & Care Services was established in 1879. Today, as Ireland's largest hospice, we are a 200 bed facility and pride ourselves on providing specialist, excellent and person centred loving care for those with a wide range of needs from rehabilitation to end of life care.

Our core values of Human Dignity, Compassion, Justice, Quality and Advocacy, both for our patients and their families are at the heart of everything that we do.

As such, our promise is to treat all our donors with respect, honesty and openness and we are truly grateful for the generous support we receive from the local and business community. We will ensure that we are accountable and transparent in all areas so that all donors have full confidence in the way in which we run our organisation and fundraising practices.

To ensure that we meet our commitment to our donors Our Lady's Hospice & Care Services will:

- Comply with the 'Guidelines for Charitable Organisations on Fundraising from the Public' as developed by the Charities Regulator
- Treat all donors with respect and confidentiality
- Respect a donor's right to privacy and will comply with the laws relating to the use of personal data and fundraising best practice
- Ensure that our communication with our donors is honest and transparent
- Handle donations responsibly, wisely and for the appeal for which it was intended
- Remove donor details from our database upon request

All donations will be:

- Handled responsibly and to the greatest benefit of the beneficiary
- Handled with the highest level of accuracy and transparency and financial records will be kept to ensure accountability and tracking
- Acknowledged promptly. (Please note that this is not always possible if we do not have sufficient or correct contact details)
- Applied to that purpose to which they were donated. If that area has since been fully funded or the funds are not required in that area, the donor will be contacted and an alternative funding need will be suggested.
- Subjected to an annual audit by a firm of independent Auditors and our annual reports and audited annual financial statements are available from our head office in Harold's Cross or on our website at www.olh.ie.
- We prepare our financial statements in accordance with FRS102 and Charities SORP (Statement of Recommended Practice).

Our Lady's Hospice & Care Services staff will:

- Treat all donors with respect, honesty and openness
- Be transparent, accurate and honest
- Achieve the highest standards of professionalism at all times
- Seek to minimise costs relating to fundraising activities
- Inform our donors about our services, our mission, developments and the impact their donations achieve
- Provide donors with access to the procedures for making and responding to complaints. To see more please visit www.olh.ie
- Give truthful and forthright answers to questions or queries donors might have about fundraising or the organisation.

YOUR SERVICE, YOUR SAY

Complaints and Feedback

Patricia Pierce
Complaints Officer

Appropriate handling of complaints is an important aspect of improving quality and hearing what service users have to say about aspects of the service they are not satisfied with.

It is a great opportunity to learn where there are weaknesses in service delivery and to amend any mistakes, and, above all, remind us of our purpose.

our patients and residents trust that they can safely make a complaint, be listened to, and be assured that the process helps to improve aspects of the service for future users.

We always welcome the opportunity to improve where possible, and appreciate that



Complaints Statistics 2018

Category / Definition	Nos. 2016	Nos. 2017	Nos. 2018	Outcome
Access Accessibility /delays / facilities / parking / transfer issues /transport/ visiting times/other access issues	1	0	5	2 Referrals to RMDU – patients not admitted due to unsuitability for the service provided. One complaint was referred on to the HSE. 1 Group complaint from Residents Forum re rumoured relocation of shop. Closed. 1 Nursing Home complaint – admission not possible to OLH&CS due to unavailability of bed and patient transferred and passed away at SJUH. Patient’s wishes to spend last days at the Hospice. 1 Family complaint on delay in receiving Home Care – referral was not graded as urgent.
Dignity & Respect Alleged inappropriate behaviour / care delivery / discrimination / ethnicity / end-of-life care / other dignity and respect	2	2	3	1 Inappropriate staff response to a query – apology accepted and matter closed. 1 Inappropriate tone used with patients on Ward. Training and relocation of staff member. 1 complaint not upheld.
Safe & Effective Care Adequate human resources / diagnosis/ continuity of care (internal/ external) / discharge / H&S issues / healthcare records / hygiene / infection prevention & control / patient property / medication / treatment and care / other safe and effective care.	1	1	4	3 complaints from family members expressing dissatisfaction with the care their relatives received. All complaints closed to satisfaction of complainants. 1 complaint ongoing.
Communication & Information Communication skills / delay and failure to communicate / diverse needs / information / telephone calls / other communication and information.	3	3	2	Vexatious complaints re phone calls from OLH&CS and switchboard unable to give details. On looking for complainant details they hang up.
Participation Consent / parental access and consent / patients/family/relatives/other participation	0	0	0	
Privacy Confidentiality / hospital facilities (privacy) / other privacy	6	0	0	
Improving Health Empowerment / holistic care / catering /smoking policy / other improving health	1	3	0	
Accountability Patient feedback / finance / other accountability	0	0	0	
Other	1		1	Patient involvement in staff IR issues.
Clinical Judgement	0	1	3	
Complaints Withdrawn	0		1	

PATIENTS' PERSPECTIVE

"I am a patient in the Rheumatology Unit. I write to you as I am extremely surprised with the care and attending I am receiving in this unit. Everyone is extraordinarily kind and helpful. The people looking after me seem to be always in good humour and light hearted. I am very impressed. I find all the... staff have very good eye-contact and seem outgoing. They are always aware of the people around them and concerned for their wellbeing I don't know how they keep it up!

"The professionalism in their work is excellent as shown in the cleanliness of the ward, the temperature of the meals, the diverse menu and the care – everywhere I have seen in the building – is exemplary. It gives a big boost to people like me to re-affirming one's faith in the humanity of our country. So you give very multi-faceted care to your patients! It is very potent!

Anon

"The Hospice makes life easier for everyone though and that's what you want at the end of the day.

"The main reason for coming to the hospice was so we could have our six grandchildren with us, there is plenty of room, and no visiting time limits. We can meet our friends who can come and go easily. My special friends, my rocks of strength, can sit with me in the early morning, or late at night."

Dolores

"The attitude of the staff – without exception – is incredible. Everyone lets you take your time, and everything is geared towards the client. It's unbelievable.

"Any fears you have are immediately removed. Right from your entry into here, the warmth comes across. You immediately feel, oh this is nice. That's the immediate feeling you get when you come through the door."

George

"One of the most valuable and meaningful things that the Hospice did was to arrange a family meeting, at which the different disciplines came together to talk to my family about my condition, my progress and the plan for my care. It really set their minds at ease to understand what was going on, especially my daughter who had travelled home from abroad."

Michael

"The hospice is a real homey, homely place. You're not confined. You can bring your dog in, and flowers in. There's nice peace and quiet when you want it.

"They're so kind. Everyone has their own personal pain, and personal things happening to them and yet the staff here can just leave that aside and come in to the hospice and they're able to smile at 5 o'clock in the morning. They're tailor-made for the job. I've great respect for all of them."

Patricia

"When I came here, I loved it. I really took to it. I liked the atmosphere and the friendliness. People would look at you and smile.

"It was lovely to meet men and women going through similar experiences to myself. We could discuss things. You share your good or bad news and know they're not going to be shocked, and they'll help you if they can.

"The staff really know how to care, because there's a difference between caring and how to care. It can take just a few words to settle somebody – it's not just a matter of flashing lights and monitors, and all that sort of thing."

Phil



FAMILY EXPERIENCES



Niamh gave her time, to talk about the care she has experienced during her Mum's stay as an in-patient:

"We've been enjoying our time together and the staff in here have really really helped facilitate that. So I know she's happy here because she's always talking about the staff and how fantastic they are and all the Tai Chi which she absolutely loves, and the massage and she event went to a gardening class, which was just amazing because gardening is her passion and made her so happy as well.

Knowing that the staff here are providing such great care to my Mam just does it for me completely. I knew it was an environment where they could provide care that unfortunately we couldn't at home. Her mobility was decreasing and that was hard to deal with. The big impact here has been the physiotherapists and OTs. I know my Mam would rave about them because they have

really really helped her to actually be able to walk for a bit.

I think everyone kind of expected that Hospice was something quite dreary. But when I walked in here I was just amazed that it was the complete opposite. You automatically feel a sense of warmth. There's a lot going on every day that you can do.

And what's great as well is that the two of us have been going out. Yesterday we went in to town and got our nails done. And the staff were so supportive and accommodating to facilitate that. The fact that we can bring the dog in as well and she has flowers in her room. The staff have been so supportive to me, my family and my mam with everything that's going on. It's really amazing.

Niamh



www.youtube.com/watch?v=lgDqSRIBC6w



Emma also describes her mother's care:

From the moment we walked in all of us have felt so, I don't know how to describe it, loved?! That each person matters to each nurse. I think the surroundings have made my Mam more at peace with her death. We can't thank them enough from the bottom of our hearts for what they are doing for her and for us. It's the most

heartbreaking experience but knowing she is so well looked after is making this horrible experience for us a little bit better. And better for us as we're being so well looked after by everyone here as well. I don't think we could thank them for what they have done for us or my Mam and made her so at peace with her death.

Emma



www.youtube.com/watch?v=ZzYySKnHd8E&t=6s



All the CRU staff are amazing, the care and all the support they give to all their patients is just so wonderful, my mom, has got some much out of it, and our family cannot thank you enough for what you have done



"We lost our beautiful mum to cancer. For the last week of her life we nursed her at home. Our Lady's Hospice, Harold's Cross provided daily support to us for that week and we will forever be thankful for this."



My mam ... was so well looked after I minded her for four years at home. It gave me time to spend with her as a daughter not as a carer. Fabulous people all so kind and understanding people who minded me as well. Thank you all.



The care my father received whilst dying was amazing. They not only looked after my father but they looked after my Mum, my brother and me.

The names have been changed to protect the identities of our patients.





HOW YOU CAN HELP



Sell or buy tickets in our *Hospice Spring Raffle*



Be our feet on the street & sell pins for *Hospice Sunflower Days*



Get in gear on for the *Women's Mini Marathon* in June



Join the thousands involved with *Ireland's Biggest Coffee Morning for Hospice Together with Bewley's*



Sponsor a flower in memory of a loved one



Join us for our *Little Flower of Life* summer event



Celebrate loved ones with a light on our Christmas tree



Take part in our autumn annual trek



Kick-start the festive season at our *Light Up A Life* event



Join our winter trek



Run your own event – contact fundraising for ideas and help



You can give in lots of ways - an 'in memory' gift, direct debit or remember us in your will



Get your company involved

– there are lots of opportunities for corporate partnerships, charity of the year, sponsorships, donations and staff engagement programmes.

Run your own event
– contact fundraising for ideas and help

light up a life



Harold's Cross

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