

# Annual Report 2014



**Jersey Hospice Care**

# Chairman's statement



In 2010 we embarked on an ambitious redevelopment project to enable the charity to care for more islanders at Mont Cochon. I was extremely proud when this ambitious project concluded during 2014, knowing that we have a modern Hospice ready to meet the future challenges of the 21st century.

A Steering Group was established in September with representation from all key stakeholders and by the end of the year, this group was looking to introduce the Gold Standards Framework island-wide. This is a national programme and 'gold standards' training scheme designed to improve the quality of care to people in the last year of life.

The scheme directly supports and empowers patients, knowing that at the end of life we have one chance to get it right by identifying, anticipating and planning the right care, for the right patient, at the right time and in the right place. Jersey Hospice Care is responsible for the introduction and promulgation of the Gold Standards Framework, throughout the island. This will help not only Hospice, but all healthcare providers across Jersey, to work together and achieve our goal of providing committed compassionate care to all those in Jersey with palliative care needs, regardless of diagnosis.

## Redevelopment of the Hospice

At the end of 2013 we had just seen the migration from the old Day Hospice to the new King Centre and the opening of the new Day Hospice facilities. This meant that in early 2014 work could start in earnest on the original Les Sillettes building with the completion of a new kitchen and the old lounge and dining room replaced with the new gym and staff dining area.

Upstairs the offices were refurbished and a further therapies room added. Migration to this new building took place in May followed by improvements to the outside areas and gardens with the much appreciated help of our corporate supporters and volunteers.

## Annual Open Day

This meant that in July, we could once again hold our annual volunteer open day, which we had been forced to suspend for the duration of the building works. Nearly one hundred and fifty, of our five hundred or so volunteers, spent a sunny afternoon viewing and enjoying the wonderful new facilities, redesigned gardens and hearing about Hospice's future plans.

## Staffing

This year saw the departure of two long-standing and extremely valued members of staff. Janine Bosio retired in September having worked for Jersey Hospice Care for eighteen years ensuring the smooth running of our administration department. We wish her well in her retirement and thank her for her continuing involvement.

In December, our Chief Executive Steve Harvey returned to England with his family, leaving Jersey Hospice Care after seeing it through probably its biggest period of change. The relationship between myself, as Chairman, and Steve in his capacity as Chief Executive has been crucial to the expanding role of Jersey Hospice Care. His commitment, hard work and diligence were second to none. In addition to his operational duties during his seven years, Steve oversaw the daily redevelopment of Hospice. I know that he too was equally as proud to see the project conclude before he left. At times, over 70 people were working on the redevelopment, each playing their own vital part and we will be eternally grateful to them for helping us build this wonderful facility which will serve the island for many years to come.

Also in December we welcomed Derek Hoddinott to the post of Chief Executive having previously been Deputy Director of Commissioning for the States of Jersey. He brings a wealth of business experience both in healthcare and the private sector.

As always, our volunteers remain the heart of Jersey Hospice Care and without their support in all areas we would not be able to operate as we do. Each year since I became the Chairman of Hospice, we have recognised the work and support of outstanding volunteers by presenting Distinguished Service Awards. This year, awards were made to three such committed volunteers, namely: Di Weber, Loraine Determeyer and Fred de la Perrelle. Each has made an outstanding contribution to the work of Jersey Hospice Care.

## Council

The Council of Trustees met 11 times in 2014 to consider policy and strategy items, as well as to receive managerial statements, including reports from the Chief Executive, Investment Committee and the boards of our Fundraising and Retail entities.

This year we said farewell to two trustees. Mr Geoff White left in September after serving for three years. His professional nursing experience and understanding of modern nursing and governance issues have been an enormous benefit to Jersey Hospice Care. Our Fundraising Chairman Diane Weber retired in December. Diane had served on Council for 15 years and helped us through the dramatic changes that have occurred in our fundraising during this time, as we have kept pace with our expanding services. We are extremely grateful to both departing Trustees for their help and support during their tenure of office. We will miss them both and wish them well in the future.

## Chairman's statement (continued)

We were pleased to welcome three new Trustees to Council in December. Steven Hunt is a marketing specialist who works for Carey Olsen. Steve has very kindly agreed to take up the position of Fundraising Chairman.

Stewart Rowney is responsible for project, programme and development management operations in the Channel Islands for Rowney Sharman and has an extensive knowledge base of commercial property development, investment and construction.

Dr Calum McClymont is a consultant in Pain Medicine and Anaesthesia employed by the State of Jersey and will be of great support to our clinical teams.

We are grateful to all of them for agreeing to join and strengthen Council as it continues to address the issues of future strategy and development.

### The Future Strategy

After the introduction of the service level agreement with Health and Social Services Department this year, Hospice opened its remit to all islanders dying with specialist palliative care needs, regardless of cause. This reflects the position of the vast majority of hospices in the British Isles and allows equitable provision of palliative care for all, regardless of their diagnosis.

The Gold Standards Framework will be introduced to all areas of health delivery in Jersey. This is a three year programme which will be supported by an island-wide education programme and lead to accreditation for Hospice Staff, GPs, Care Homes, Home Care Providers, District Nurses and the Hospital.

Jersey Hospice Care will lead this and a number of the training sessions will take place here in the new Education Suite, which has proved to be a popular facility since opening in May. Monthly masterclasses will also take place with a lead consultant from Southampton Hospital coming to the island to speak on different palliative care topics.

Opening our remit will mean caring for patients with different illnesses, increased training needs, more patients and increased costs. This year we received more referrals (224) and cared for more people at the end of their life (208) than ever. This upward trend will inevitably continue. Nevertheless, Jersey Hospice Care continues to provide its services free of charge despite increased running costs following the redevelopment. We will continually look for new ways to generate income and this will be a key priority in the immediate future.

We have accepted the challenge of providing and leading palliative care services for everyone in Jersey. I am very proud of the dedicated work of our staff and volunteers that has established our reputation over the years. However we are acutely aware that we cannot provide this committed compassionate care without the support of the people of Jersey. The generosity of the people of our island who have taken Jersey Hospice Care into their hearts, never fails to produce anything other than a sense of wonder and humility. This remarkable generosity is recognition of the committed compassionate care provided by the staff of the Hospice.

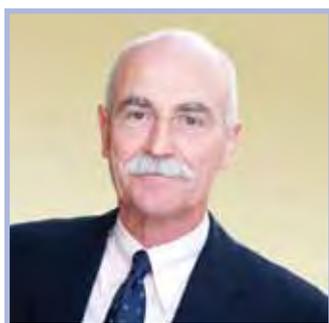
Ultimately, Jersey Hospice Care belongs to the people of Jersey who have always held it close to their hearts where it belongs. We will now provide care for more of those people than ever.

**Dr Gari Purcell-Jones**  
Chairman, Jersey Hospice Care

“ We now have a modern Hospice ready to meet the future challenges of the 21st century ”



# Honorary Treasurer's report



This will be my 25th report on the Financial Statements of Jersey Hospice Care as Honorary Treasurer. You will appreciate that over such a period of time it becomes difficult, even for an accountant, to avoid repetition whilst trying to retain the reader's

interest in the subject matter! If I have failed in my attempt please forgive me.

You will recall that in 2013 our net incoming resources were significantly enhanced by the exceptional donation to the Charity of the freehold of our leased property, Les Sillettes, at a value of £3 million. Without this gift the net incoming resources in 2013 would have been £677,118. The equivalent figure in 2014 was £857,555, an increase of £180,437 (27%). This is an outstanding outcome given the sharp but predicted increase of £593,147 (18%) in our expenses, other than trading, to £3.9 million.

Apart from the receipt of the contractual recharge in respect of the additional costs of specialist palliative care provision, the other principal factor for the uplift in reported results is the increase of £498,683 in legacy income from £1.33 to £1.83 million, offset by a decrease in cash donations and fundraising income.

The redevelopment of the facilities, the widening of our remit and our appointment as the island's specialist palliative care provider did, as foreseen, have a marked impact on our direct charitable costs which increased by £.5 million (18%) to £3.3 million.

Whilst the expenditure on management and administration increased by the same percentage it should be noted that when expressed as a percentage of our operating costs, excluding trading activities, the percentage has increased marginally from 15.55% to 15.57%.

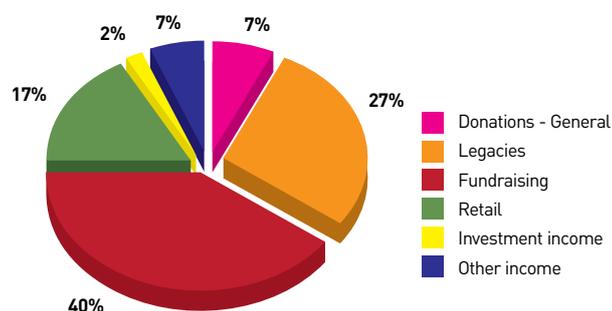
The redevelopment at Mont Cochon, which was financed by a combination of designated and general reserves, building donations (restricted reserves) and a significant legacy, was completed in 2014 following which the designated and restricted building reserves totalling £7.5 million have been closed and the total transferred to General Reserves to fund the ongoing activities of the Charity. The total capitalised cost of the redeveloped site at Mont Cochon is £15.8 million. Excluding the land value, the buildings are being depreciated over their anticipated useful life of 50 years at an annual charge of £.262 million. This charge accounts for a little over 8% of our direct charitable expenditure in 2014.

Our investments performed well again in 2014 generating a surplus of £.322 million which, combined with our net incoming resources and fund transfers has increased our unrestricted reserves by £2.01 million to £27.56 million. Following the significant investment in our infrastructure, the extension to our remit and our appointment by H&SS as the sole specialist palliative care provider in Jersey and the marked impact that this is having on our costs these reserves, together with the ongoing support of islanders, will provide a solid foundation for the Charity going forward.

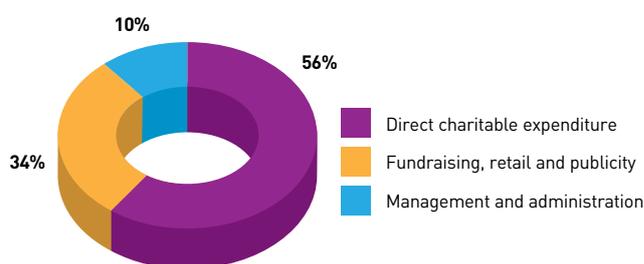
2014 has proved yet another eventful and busy year for the finance and administration team and I thank them for their hard work and the support that they give me. I also extend thanks to our Honorary Auditors for their valued contribution throughout another year.

**Ian R Richardson** FCA  
Honorary Treasurer, Jersey Hospice Care

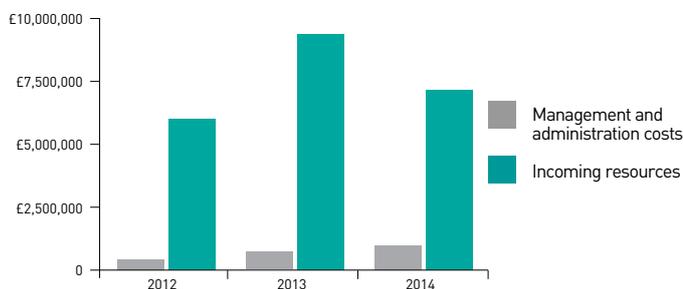
## Incoming resources 2014



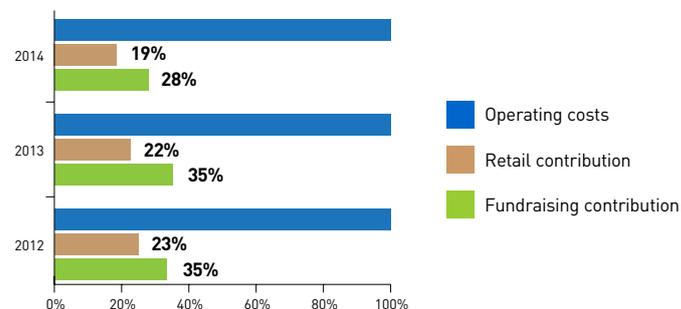
## Resources expended 2014



## Management and administration costs by comparison with incoming resources 2012/2013/2014



## Profits from fundraising and retail activities as a contribution to operating costs 2012/2013/2014



## Consolidated statement of financial activities

	Note	Total funds 2014 £	Total funds 2013 (as restated) £	% Movement
<b>Incoming resources</b>				
Donations	1	482,670	3,600,082	-86.59
Legacies		1,828,135	1,329,452	37.51
Fundraising		2,683,314	2,864,320	-6.32
Retail		1,149,514	1,080,784	6.36
Investment income		146,157	140,136	4.30
Other income		434,285	19,681	2106.62
		<b>6,724,075</b>	<b>9,034,455</b>	<b>-25.57</b>
<b>Resources expended</b>				
Direct charitable expenditure		3,292,783	2,792,479	17.92
Fundraising		1,575,441	1,691,667	-6.87
Retail		391,100	358,838	8.99
Management and administration		607,196	514,353	18.05
		<b>5,866,520</b>	<b>5,357,337</b>	<b>9.50</b>
<b>Net movement in funds before investment asset movements</b>		<b>857,555</b>	<b>3,677,118</b>	<b>-76.68</b>
Investment asset gains		321,890	411,834	-21.84
<b>Net movement in funds</b>		<b>1,179,445</b>	<b>4,088,952</b>	<b>-71.16</b>

**Note 1.** Donations in 2013 included the £3 million value of the gift of the freehold of Les Sillettes.

## Consolidated balance sheet

	2014 £	2013 (as restated) £	% Movement
<b>Net assets</b>			
Tangible fixed assets	15,679,965	15,126,115	3.66
Investments	8,572,854	7,717,554	11.08
Net current assets	3,518,048	3,747,753	-6.13
<b>Total</b>	<b>27,770,867</b>	<b>26,591,422</b>	<b>4.44</b>
<b>Funds</b>			
Unrestricted general	27,541,812	18,971,012	43.18
Unrestricted designated	0	6,554,500	-100.00
Investment revaluation reserve	20,000	25,000	-20.00
Restricted	209,055	1,040,910	-79.92
<b>Total</b>	<b>27,770,867</b>	<b>26,591,422</b>	<b>4.44</b>

This information has been extracted from the audited annual financial statements approved on 21 July 2015.

# Extracts from statistics 2012 - 2014

<b>SPECIALIST PALLIATIVE CARE (SPCT) †</b>	<b>2014</b>
Total number of visits (day and night)	
To patients homes	1,896
To patients in hospital	213
Bereavement	63
<b>TOTAL</b>	<b>2,172</b>

The SPCT team provide support 7 days a week, delivering island wide support, care, advice and symptom control to all Islanders with life limiting progressive disease and/or condition resulting in specialist palliative care needs.

<b>DAY HOSPICE</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Attendance	988	1,023	<b>885</b>
Average attendees	5.07	5.52	<b>6.06</b>

Day Hospice aims to enrich people's lives through individual and group activities. Our programme includes education and group support on managing symptoms such as pain, anxiety and breathlessness as well as nutrition, communication and advance care planning.

## OF THOSE PEOPLE WE CARED FOR IN 2014

Cared for in their preferred place	100%
Passed away in their preferred place	94%

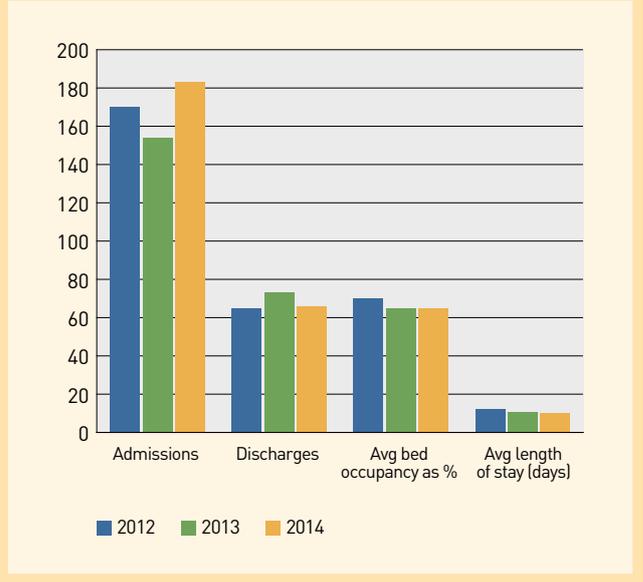
Jersey Hospice Care looks after all adults with life-limiting diseases. Not only do we care for people who have had rich and long lives, but also for those people who are sadly taken away at a young age. Regardless of the circumstances, we treat every person we care for with dignity and respect. In 2012, of the total number of deaths in Jersey (774), Jersey Hospice cared for 27% of those people who passed away, either at home, in the Hospice or in hospital.

<b>BEREAVEMENT SERVICE</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Referrals	261	347	<b>385</b>
Re-referrals	20	13	<b>6</b>

Our bereavement service offers support to any islander who has had bereavement, regardless of age or when it happened. We offer a pre and post bereavement service to prepare families in a proactive way with the emotional impact of someone they love passing away.

<b>IN-PATIENT UNIT</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Admissions	170	154	183
Discharges	65	73	66
Avg bed occupancy	75%	66%	67%
Avg length of stay (days)	12.48	10.74	10.16

Our In-Patient Unit offers 12 bedrooms, 9 of which are currently open for short stay admissions, which overlook the tranquil views of our gardens and St Aubin's Bay. In 2014, we saw a 19% increase in admissions due to our extended remit which has allowed our skilled and experienced nurses to deliver care to more islanders.



<b>THERAPIES †</b>	<b>2013</b>	<b>2014</b>
Complementary	1,102	1,180
Lymphoedema	537	525
Physiotherapy	1,082	1,410
<b>TOTAL</b>	<b>2,721</b>	<b>3,115</b>

Our staff alongside highly trained volunteers deliver a comprehensive range of therapies including physiotherapy, acupuncture, reflexology, lymphoedema and exercise classes.

† Due to a change in the way these statistics were recorded, meaningful comparisons with the previous two years are not possible.

# About Jersey Hospice Care

Jersey Hospice Care (JHC) is a specialist palliative care service which provides holistic care, free of charge. Previously, having only been able to look after patients with cancer and motor neurone disease, during 2014, JHC was pleased to be able to open its remit to include all those dying with specialist palliative care needs regardless of cause.

Specialist palliative care is defined as the active total care of patients with progressive, far advanced disease and limited prognosis, by a multidisciplinary team who have undergone recognised specialist palliative care training. It provides physical, psychological and spiritual support and will involve a broad mix of skills including medical and nursing care, social work, pastoral/spiritual care, allied health professionals and pharmacy support. As such, palliative care is an approach that focuses on improving the quality of life of patients and their families, through the prevention and relief of suffering by early identification, assessment and treatment of pain and other distressing symptoms.

This approach affirms life; it is intended to neither hasten nor postpone death and offers a support system to help patients live as actively as possible until death, while addressing the needs of the family during the patient's illness and in their own bereavement.

The charity was founded in 1982 with a home care service. The opening of the first Clarkson House in Grouville in 1985 then brought about the development of a comprehensive service which included community care, Day Hospice and an In-Patient Unit (IPU). Now, as then, a combination of these options, along with the Community Bereavement Service, is used in order to provide the most appropriate form of care for our patients.

Jersey Hospice Care recognises and respects that each person is unique and aims to provide palliative care which meets individual needs. We are committed to providing a professional service of the highest standards to all those entrusted to our care so that all our patients are enabled to:

- Live the remainder of their lives to the full
- Remain at home if they wish
- Die with dignity where they choose

Accordingly, Jersey Hospice Care provides a package of integrated services 24 hours a day, 365 days a year.

## Specialist Palliative Care Team

The foundation of our service is community care. The Specialist Palliative Care Team (SPCT) is usually the first point of contact with a patient and their family. This team of specialist nurses provides 24 hour on-call care and support to patients and their families every day of the year. They work alongside the individual's GP and other health and social care professionals, offering generalist and specialist palliative nursing care and giving the patient and carers support and advice at a crucial time.

Our nurses treat symptoms and provide the special care which enables the person to remain at home. Although hospital or hospice admission is sometimes unavoidable, input from our community nurses means that most people can have the choice of staying in the comfort and security of their own home, with the knowledge that Jersey Hospice Care is always there to help when needed.

## Day Hospice

Patients who are being cared for in their homes by the SPCT may also attend the Day Hospice which is open every Monday, Wednesday and Friday. During each visit, patients will meet other people who are experiencing similar challenges as themselves in coping with their illness and treatments.

Patients can also relax, enjoy learning new skills and undertake arts and crafts and other activities in a welcoming, compassionate and informal environment. As well as providing the opportunity to enjoy a change of scenery, it also enables carers to have some free time.

## In-Patient Unit (IPU)

The IPU's specialist staff provide skilled palliative care in order to ensure patients are as comfortable as possible, by controlling pain and easing distressing symptoms and by providing emotional support through difficult times. Admission to the IPU is arranged in collaboration with the patient's GP, who will continue to visit as if the patient were at home.

Whether the admission is for assessment, to give the family some respite from caring, or because the illness is at an advanced stage, Jersey Hospice Care strives to meet individual needs by providing symptom control through pain assessment and management, and by helping the patient to live until they die. The understanding of the In-Patient team extends beyond the treatment of physical symptoms and embraces the emotional, spiritual and social needs of patients and their families, friends and carers.

The Palliative Care Associate Specialist offers clinical advice as required to the GPs and nurses responsible for patients. The post holder works between the hospital, IPU, Day Hospice and the community.

## Community Bereavement Service

The Community Bereavement Service is available to both adults and children in Jersey who have suffered a loss through death, regardless of the nature of the bereavement or when it occurred. The aim is to offer help and support to those who have lost a relative or friend and are having difficulty coming to terms with the bereavement.

Death and bereavement can bring many changes that are painful. Many people can feel isolated and find that there is no one with whom to share their grief. We hope, by enabling people to express their feelings at this time, they may be more able to adjust to the major changes that they face in the future.

## About Jersey Hospice Care (continued)

### Therapies

Jersey Hospice Care provides a comprehensive range of therapies and complementary therapies which are available in patients' homes, via the In-Patient Unit and the Day Hospice, as well as at the designated clinic.

The range of therapies includes lymphoedema therapy, physiotherapy and complementary therapies. All these are provided by skilled practitioners and, in line with all other services, are provided free of charge.

### Support services

Patient services wouldn't be possible without our support staff. A catering team, housekeeping team, facilities manager, finance officer, resources manager and administration team are responsible for the smooth running of Jersey Hospice Care.

### Fundraising

The Fundraising team coordinates and runs the many and varied fundraising activities that are crucially important to the financial stability of the charity.

### Retail

There are two Hospice shops, one in St Helier, the other in St Ouen. They are vitally important for their fundraising activities, as well as providing an important contact with the island community.

### Chaplaincy

Our volunteer Chaplaincy team is there for patients, their families and friends, if so wished, and offers guidance and counselling irrespective of faith or belief. Jersey Hospice Care chaplains provide a listening ear and the opportunity for people to reflect on their own experiences, beliefs and concerns in a confidential environment.

### Volunteers

Volunteers play a crucial role throughout all areas of the charity including in our shops and with fundraising. All volunteers receive appropriate induction and training. Hundreds of volunteers give their time to us for a variety of reasons. New volunteers are always needed and there is a place for everyone; we work hard to match specific skills and interests with a suitable role. When people ask what they could do as a volunteer for Jersey Hospice Care, we tell them if they are willing to help, with time to spare, we will always find something!

## Jersey Hospice Care

Jersey Hospice Care is administered by a Council of volunteer Trustees whose members during 2014 were as follows:

### Council members:

Dr Gari Purcell-Jones - **Chairman**  
Mr Ian Richardson - **Honorary Treasurer**  
Mr Ian Shepherd - **Honorary Secretary**  
Mrs Diane Weber - **Fundraising Chairman** (until 31 December 2014)  
Mrs Sheila Baker  
Ms Emelita Robbins

Mr Geof Dingle  
Mr Geoff White (until 12 September 2014)  
Mr Stewart Rowney (from 16 December 2014)  
Mr Steven Hunt (from 16 December 2014)  
Dr Calum McClymont (from 16 December 2014)

### Patron:

Sir Michael Birt

### Vice Patrons:

Mrs O Blampied	Ms N Dinshaw	Mrs A Hawkins	Lady Oppenheimer
Mrs J Brown	Mr D East	Dr J Millar	Advocate M Thompson
Advocate J Clyde-Smith	Jurat Dr D Georgelin	Mr D Norman	Mrs B Waites
Mrs A Dangerfield MBE	Mrs M Gibb	Sir M Oppenheimer Bt	Mrs J Werrin



# Jersey Hospice Care

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