

# Annual Report

## 2010



# Chairman's report



The need for Jersey Hospice Care never seems to diminish. This year has been a busy and important one as we embark on the redevelopment and expansion of the Hospice. Much of our activity and thought has been focussed on the need to address ways

to prepare for increased demands on our services in the future as a result of the predicted demographic changes. This year we have underpinned our fundraising and retail operations to sustain the essential income they provide. We have also launched new educational initiatives to ensure that we can maintain and improve palliative care standards as well as recruit staff from within the island whenever possible. Changes in staffing needs are being carefully considered to ensure we meet the changing demands upon our services.

## Development of Clarkson House

The first phase of the expansion has been completed with the development of the new entrance and car park. The next phase commenced in November 2010 with the new wing rising rapidly from the site of the old car park. This will contain the expanded 12 bed In-Patient Unit, facilities for bereavement counselling and community nursing services, as well as a chapel. I am delighted to report that to date the project has been completed on schedule and within budget. Even more remarkable is the fact that this has been achieved with almost no disruption to the clinical services we provide, as a result of the care and consideration of the building contractor Camerons. This has been very much appreciated and has avoided the need to undertake an expensive relocation during the building work.

An integral part of the proposal is the enhancement of the landscaped gardens, which are so much a part of Clarkson House. This part of the project has been carefully reviewed to reflect the particular needs of our patients, visitors, staff and volunteers.

It is anticipated that the current phase of the building project will be completed in midsummer 2012. If all the phases run consecutively it will take approximately five years to complete the entire expansion. The project is challenging, but we do hope we will be able to call on the support and generosity of islanders once again to help us reach our objective, which is a hospice capable of meeting the needs of the people of Jersey for the foreseeable future.

## Council

The Council of Trustees met seven times in 2010 to consider policy and strategy issues, as well as to receive managerial statements, including reports from the Chief Executive, Investment Committee and the Boards of our Fundraising and Retail entities.

The modern role of a Trustee of a large charity is onerous. This, combined with the pressures of daily work, is demanding. It is for this reason that two members of Council have departed this year.

I regret to report that Advocate Matthew Thompson resigned from Council on 23 March 2010 after serving for eight years. His legal, business and finance experience have been invaluable during our deliberations. We are indebted to him for the time he has given to us freely.

I am also sad to report that Ms Rose Naylor, who was elected as a member of Council in March 2008, resigned from Council on the 27 July 2010 near the end of her first term of office. She brought a wealth of nursing, palliative care and charity experience to the Council and made significant contributions to our work, particularly with future workforce planning.

I was pleased to announce the promotion of Mr Steve Harvey to the role of Chief Executive Officer this year. The separation of the operational role of daily management from strategic and governance roles of the Trustees will be effectively complete after conducting a fundamental efficiency review, and the completion of a research report on the Hospice governance structure.

## Margaret McGovern Honorary MBE

Everyone at Jersey Hospice Care was thrilled to hear that Mrs Margaret McGovern, Senior Nurse, had been awarded an Honorary British MBE for her services to Jersey Hospice Care and the community. Her leadership and commitment to the hospice cause has been outstanding, helping build the reputation of the hospice nursing service for more than 25 years. Typically, she accepted the award on behalf of everyone involved in Jersey Hospice Care, including the Trustees, volunteers and all her dedicated colleagues.

## Chairman's report (continued)

### Fundraising and Retail Operations

The future expansion of the Hospice in these challenging economic times has put significant pressure on our shop and fundraising teams who have responded to the challenge magnificently. After much consideration, our fundraising and retail activities have been incorporated into two separate companies wholly owned by Jersey Hospice Care to safeguard these vital sources of income in accordance with the Charities' Commission guidelines.

The introduction of social networking media such as Twitter and Facebook and the modernised website has improved awareness and communication of events which, combined with the enthusiastic hard work of our fundraisers, has continued to generate significant fundraising income. Some events such as the Condor Ferries' Dragon Boat Races have broken all previous records for fundraising and participation.

The refurbishment of The Hospice Shop in St Helier and the opening of the new car park at our shop at Beau Pre, St Ouen, together with the enhancements made by the new management structure, provide a much better shopping experience and are repaying the investment made. The shops continue to make a significant contribution to the running cost of Jersey Hospice Care. It is heartening to see that the combined shop takings have increased by 9% despite the financial downturn; justifying the investment and changes made to the shops.

### Community Bereavement Service

The Community Bereavement Service offers emotional support and counselling to anyone coming to terms with the loss of someone dear to them. This important service is available to any islander, free of charge. The work of the Community Bereavement Service is often understated; this service continues to grow and has never been busier. An increased number of support workers have been trained to work in the service, which has been expanded to help relatives and friends of patients approaching the end of their lives. In addition, this year the service opened its doors to children and is working closely with UK experts from Winston's Wish to develop a children's bereavement service to its full potential. This will help the estimated one in twenty-five children under the age of eighteen years who are bereaved of a parent or sibling.

### Education

Education and sharing of knowledge and skills is a key aspect of our work, and one of the stated objectives of the charity, and an increasing emphasis is being placed on this aspect of our work. This year we appointed Sister Imelda Noonan as a Clinical Educator to enhance our educational role within hospice and the community. In close liaison with Family Nursing and Home Care we have created a palliative care educational programme for nursing homes and community nurses. In addition we have developed jointly a Community Palliative Care Pathway to enhance end-of-life care in the community. Hopefully, this will help prevent unnecessary admissions to hospital for end-of-life-care and allow patients to stay in their preferred place of care at the end of life.

We have also established a GP-led clinician network in liaison with the primary care body, which will facilitate medical educational activity in the future. Furthermore, we have launched a multidisciplinary teaching programme in conjunction with the Princess Alice Hospice in Esher whereby Jersey doctors and nurses can complete the European Certificate of Palliative Care, which will inevitably raise the standard of palliative care throughout the island.

### Annual Open Meeting

We have always been proud of the excellent work done by our staff, fundraisers and volunteers. Their support and dedication has been particularly appreciated this year during the ongoing Hospice redevelopment. Unfortunately the latter has meant that it has not been possible to hold the Annual Open Meeting at Clarkson House because of the building work disruption. We hope to resume this meeting in the future when the site conditions permit.

### Dr Gari Purcell-Jones

Chairman, Jersey Hospice Care

# Honorary Treasurer's report



At the outset of the year, still deep in the grip of the worst recession most of us have ever experienced, it was difficult to predict how 2010 might turn out financially for Jersey Hospice Care.

I am therefore both relieved and delighted to report that, despite all the doom and gloom, the special relationship that Hospice has with islanders endured and we ended the year with an operating surplus of £1,337,313, 60% more than in 2009. Although our fundraising and retail activities have been conducted through two separate subsidiary companies since 1 January 2010, these financial statements present the consolidated picture.

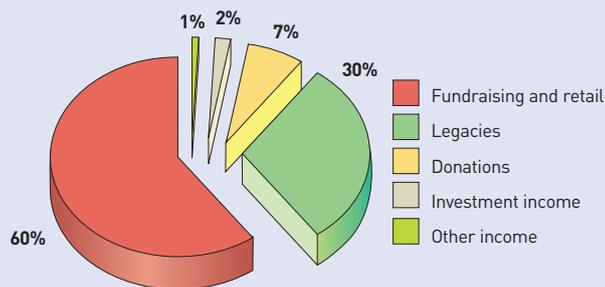
In total our income increased by 8% to £5,329,942, almost entirely due to an increase in legacy income of nearly £1 million, which offset the foreseen reduction in donations, fundraising and investment income. After a major overhaul of our retail operations this income increased by 9% which justifies not only the investment but the hard work of all involved in bringing this success about. Legacy income is unpredictable, both in terms of timing and amount, but nevertheless has, does and hopefully will continue to provide a very important source of income.

Our direct charitable expenditure increased by a modest 2% and was within budget whilst, as forecast, management and administration expenditure decreased due to certain non-recurring expenditure. Fundraising expenditure was down in line with fundraising income due to the cyclical nature of certain events, whilst retail expenditure increased by 57%, reflecting the ongoing investment.

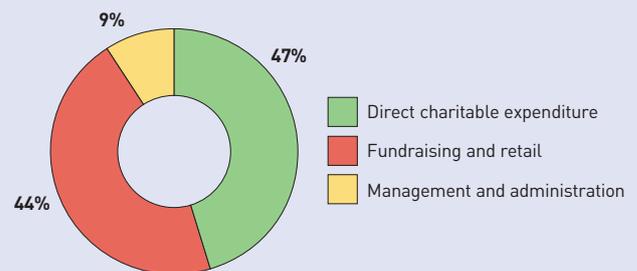
The exceptional surplus in 2010 has enabled us to transfer a further £1,300,000 to our building reserve. This, together with the significant grant from the States of Jersey, brings the prospect of funding all phases of the redevelopment of Clarkson House ever closer whilst retaining sufficient reserves to meet future operating costs for several years. In 2010 our operating costs amounted to £6,097 per day.

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

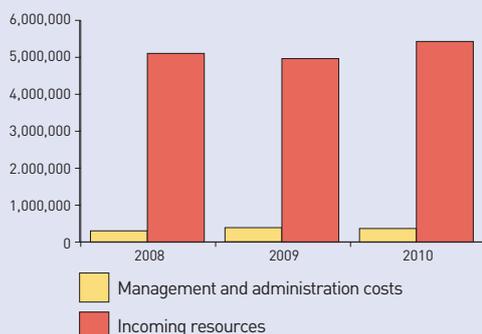
## Incoming resources 2010



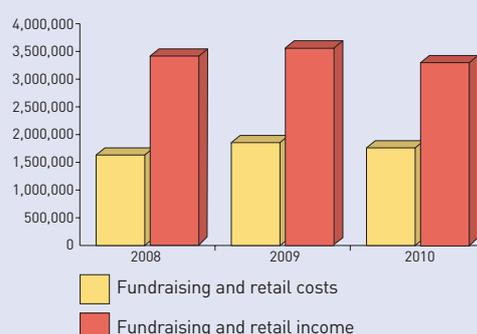
## Resources expended 2010



## Management and administration costs by comparison with incoming resources 2008/2009/2010



## Fundraising and retail costs by comparison with fundraising and retail income



## Consolidated statement of financial activities

	Total funds 2010 £	Total funds 2009 £	% Movement
<b>Incoming resources</b>			
Donations	379,506	574,221	-33.91
Legacies	1,596,161	608,877	162.15
Fundraising and retail	3,207,633	3,550,214	-9.65
Investment income	111,692	174,585	-36.02
Other income	34,950	20,512	70.39
	<b>5,329,942</b>	<b>4,928,409</b>	<b>8.15</b>
<b>Resources expended</b>			
Direct charitable expenditure	1,878,314	1,842,818	1.93
Fundraising and retail	1,767,251	1,835,736	-3.73
Management and administration	347,064	418,662	-17.10
	<b>3,992,629</b>	<b>4,097,216</b>	<b>-2.55</b>
<b>Net movement in funds before investment asset movements</b>	<b>1,337,313</b>	<b>831,193</b>	<b>60.89</b>
Investment asset gain	397,800	449,147	-11.43
<b>Net movement in funds</b>	<b>1,735,113</b>	<b>1,280,340</b>	<b>35.52</b>

## Consolidated balance sheet

	2010 £	2009 £	% Movement
<b>Net assets</b>			
Tangible fixed assets	4,510,020	3,322,590	35.74
Investments	9,551,765	5,342,620	78.78
Net current assets	2,726,627	6,388,089	-57.32
<b>Total</b>	<b>16,788,412</b>	<b>15,053,299</b>	<b>11.53</b>
<b>Funds</b>			
Unrestricted general	10,541,941	10,209,284	3.26
Unrestricted designated	5,568,341	4,266,666	30.51
Investment revaluation reserve	563,756	463,756	21.56
Restricted	114,374	113,593	0.69
<b>Total</b>	<b>16,788,412</b>	<b>15,053,299</b>	<b>11.53</b>

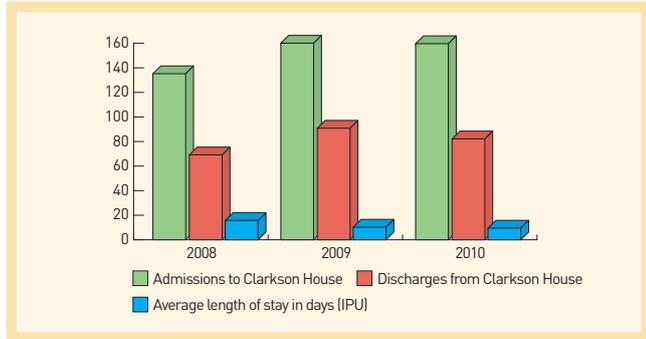
### The summarised financial statements

The information summarised in the consolidated statement of financial activities and the consolidated balance sheet above has been extracted from the full audited annual financial statements. The full annual financial statements, which were approved on 23 August 2011, are available from our website [www.jerseyhospicecare.com](http://www.jerseyhospicecare.com) or upon request from Clarkson House.

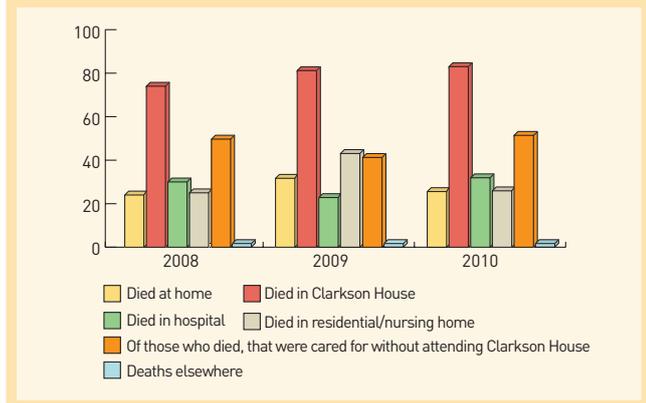
# Extracts from statistics 2008 - 2010

SUMMARY STATISTICS	2008	2009	2010
New Hospice patients	167	153	<b>174</b>
New Lymphoedema patients	9	19	<b>17</b>
Hospice patients re-referred	6	10	<b>9</b>
Lymphoedema patients re-referred	1	0	<b>2</b>
Temporary/holiday patients	1	1	<b>1</b>
Deaths	153	157	<b>171</b>
Patients discharged	3	2	<b>0</b>
Hospice patients filed	24	22	<b>23</b>
Lymphoedema patients filed	3	7	<b>20</b>

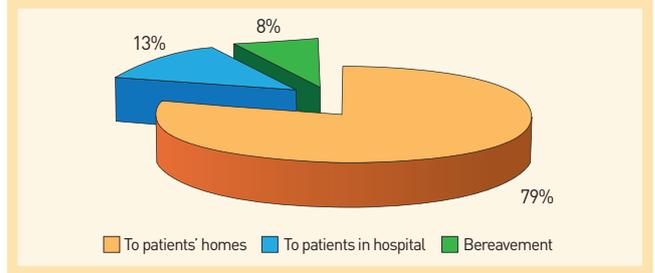
IN-PATIENT UNIT	2008	2009	2010
Admissions to Clarkson House	139	164	<b>162</b>
Discharges from Clarkson House	66	87	<b>81</b>
Average bed occupancy (IPU)	73%	70%	<b>76%</b>
Average length of stay in days (IPU)	12	9	<b>10</b>



OF THOSE WHO DIED	2008	2009	2010
Died at home	24	33	<b>24</b>
	15%	21%	<b>14%</b>
Died in Clarkson House	74	83	<b>81</b>
	48%	53%	<b>47%</b>
Died in hospital	30	23	<b>38</b>
	20%	15%	<b>22%</b>
Died in residential/nursing home	25	17	<b>26</b>
	16%	11%	<b>15%</b>
Deaths elsewhere	0	1	<b>1</b>
	0%	1%	<b>1%</b>
Of those who died, those who were cared for without attending Clarkson House as a day or in-patient	51	42	<b>54</b>



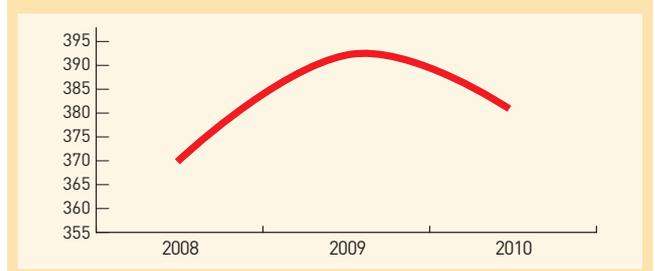
HOSPICE COMMUNITY TEAM	2008	2009	2010
<b>Total number of visits by Hospice Community team day and night</b>			
To patients' homes	2,159	2,285	<b>2,139</b>
To patients in hospital	434	342	<b>356</b>
Bereavement	218	242	<b>203</b>
<b>TOTAL</b>	<b>2,811</b>	<b>2,869</b>	<b>2,698</b>



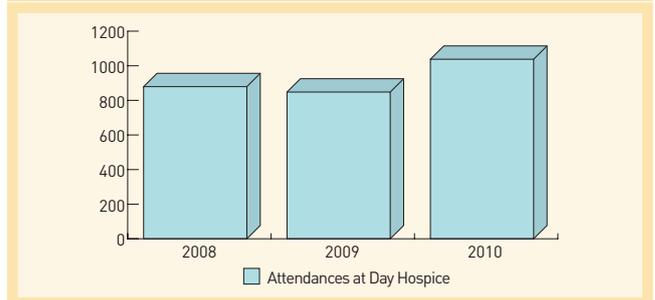
THERAPIES <sup>†</sup>	2008	2009	2010
<b>Therapy visits (hospital and patients' homes)</b>			
Complementary	171	186	<b>103</b>
Lymphoedema	22	49	<b>130</b>
Physiotherapy	213	342	<b>143</b>
<b>Total</b>	<b>406</b>	<b>577</b>	<b>376</b>
<b>Therapy visits (Clarkson House)</b>			
Complementary	497	888	<b>1039</b>
Lymphoedema	76	78	<b>372</b>
Physiotherapy	676	683	<b>442</b>
<b>Total</b>	<b>1249</b>	<b>1649</b>	<b>1853</b>
<b>Grand total of all therapy visits</b>	<b>1655</b>	<b>2226</b>	<b>2229</b>

<sup>†</sup>The variations between yearly figures are due to a change in the way these statistics have been recorded.

COMMUNITY BEREAVEMENT SERVICE	2008	2009	2010
Bereavement referrals	338	358	<b>326</b>
Bereavement re-referrals	30	33	<b>52</b>
<b>Total</b>	<b>368</b>	<b>391</b>	<b>378</b>



DAY HOSPICE	2008	2009	2010
Average number of patients attending per day	5.85	6.10	<b>6.77</b>



Filed = Patients who are not actively receiving care from Jersey Hospice Care;  
IPU = In-Patient Unit. All percentages have been rounded to the nearest whole number.

# About Jersey Hospice Care

Jersey Hospice Care is a specialist palliative nursing service which provides holistic care, free of charge, for patients with cancer and motor neurone disease.

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.

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

## Hospice Community Team

The foundation of our service is community care. The Hospice Community team 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 professionals, offering specialist palliative nursing care and giving the patient and carers support and advice at a very stressful 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 specialist 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

Up to a dozen patients, who are being cared for in their homes by the Hospice Community team, 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 in a welcoming, compassionate and informal environment. Apart from allowing the opportunity to enjoy a change of scenery, it also gives carers some free time.

## In-Patient Unit (IPU)

The IPU's specialist staff provide skilled palliative care in order to keep patients 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 by a Hospice Community sister and 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 as comfortably as possible until they die. The understanding of the In-Patient team at Clarkson House extends beyond the treatment of physical symptoms and embraces the emotional, spiritual and social needs of patients and their families, friends and carers.

## Community Bereavement Service

The Community Bereavement Service at Clarkson House is available to anyone in Jersey who has suffered a loss, regardless of the nature of the bereavement. 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 bring many changes that are painful. Many people can feel isolated and find that there is no-one with whom to share their grief. By enabling people to express their feelings at this time, they may be more able to adjust to the major changes that they face.

## Therapies

A comprehensive range of therapies and complementary therapies are available in patients' homes, via the IPU, the Day Hospice and through the Community Bereavement Service, as well as at the designated clinic.

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

## Support Services

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

## Jersey Hospice Care Fundraising Limited

The Fundraising team is based at Clarkson House and supports the many and varied fundraising activities that are crucially important to the financial stability of the charity.

## Jersey Hospice Care Retail Limited

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

## Chaplaincy

Our Chaplaincy team is there for patients, their family 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 experience, beliefs and concerns in a confidential environment.

## Volunteers

Volunteers give their time to us for a variety of reasons. Some recognise the need in the community, others have time to spare, young people want experience and retired people have a lot to offer. The list is endless 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!

# The Jersey Hospice Care Council

Jersey Hospice Care is administered by a Council of volunteer Trustees whose members during 2010 comprised:

## **Council members:**

Dr Gari Purcell-Jones - **Chairman**  
Mr Ian Richardson - **Honorary Treasurer**  
Mr Ian Shepherd - **Honorary Secretary**  
Mrs Diane Weber - **Fundraising Chairman**

Mr Geof Dingle  
Mrs Sheila Baker  
Dr Andrew Luksza  
Advocate Matthew Thompson (retired 23 March)  
Ms Rose Naylor (retired 27 July)

## **Patron:**

Jurat Mrs L Jean King MBE

## **Vice Patrons:**

Mrs O J Blampied  
Mrs J Brown  
Advocate J Clyde-Smith  
Mrs A Dangerfield MBE  
Ms N Dinshaw  
Mr D East  
Jurat Dr D Georgelin

Mrs M Gibb  
Mrs A Hawkins  
Dr J Millar  
Mr D C Norman  
Sir Michael Oppenheimer Bt  
Lady Oppenheimer  
Mrs B Waites  
Mrs J Werrin



## Jersey Hospice Care

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