

Annual Report 2012



Chairman's statement



This year was the 30th anniversary of Jersey Hospice Care. We celebrated everything that has been achieved over the three decades during which we have provided committed and compassionate care to those in need of our services. It was a year of contrasting emotions.

Redevelopment of Clarkson House

The highlight of the year was undoubtedly the completion of the latest phase of the Hospice redevelopment under budget and one month earlier than initially predicted. In June, we moved into the new building which includes 12 ensuite in-patient rooms, reception, sanctuary, chapel of rest, laundry, large meeting room, purpose-designed facilities for our Community Bereavement and Community nursing services as well as a huge basement storage and archive area. In addition, the south facing gardens have been completely re-landscaped and re-planted. They provide visually stunning and beautiful scented gardens, as well as a labyrinth and moon gate. They are a source of contemplation and comfort to all who spend time at Clarkson House. Many corporate teams, families and friends have been involved in sponsoring the building and planting the gardens. We are grateful to all those who have generously given their time, expertise and financial support to make this crucial phase of the redevelopment possible.

After careful consideration, the Trustees decided to continue with the next phase of the Hospice redevelopment, which involves converting the old In-Patient Unit and original Clarkson House building into a new Day Hospice and Therapies suite as well as offering an education centre and improved catering facilities. This will complete the refurbishment of the clinical areas of Jersey Hospice Care to modern standards. This will enable the Hospice to meet the future challenges presented by the planned health care changes proposed in the recently debated Health and Social Services White Paper and other planned healthcare legislation. The proposed radical changes in island healthcare provision will undoubtedly produce challenges in the future and introduce the need to find new ways of working together with other healthcare providers in both primary and secondary settings. We will need to adapt to future demands and changes that are in the best interest of patients who require equitable specialist palliative care.

At the end of the summer we enjoyed a visit from His Excellency the Lieutenant Governor, General Sir John McColl and Lady Gene McColl, who met staff, patients and volunteers. Both were impressed with the new building and the "wonderful facility based upon tremendous Jersey hospitality". We look forward to welcoming them back to review the progress of our expanding work and continued redevelopment in the future.

Patrons

The low point of the year was the sad death of our Patron, Jurat Mrs Jean King MBE. She was a founding Trustee and had worked tirelessly as a Trustee and unpaid volunteer for more than 30 years. She epitomised everything that is good in a volunteer – devoted, inexhaustible and passionate about the cause. She firmly believed that the service could only be as good as the people who provide skilled and professional care without losing the crucial personal touch. It is poignant that she died in the comfort of her own home with those she loved, in the care of the team that she had worked with for much of her life: the Jersey Hospice Care Community team led by Sister Margaret McGovern MBE. The island is indebted to Jurat King for her enduring work championing the cause of Jersey Hospice Care.

We are most grateful to the Bailiff, Sir Michael Birt, who has graciously accepted the invitation to be our new Patron. He has been a friend and colleague of Jean and his family has long-standing connections with Jersey Hospice Care; his father having been a founder Trustee. We welcome Sir Michael as a fitting successor.

Workload and statistics

The demographically predicted increase of Hospice workload continued throughout 2012. Yet again we received the highest annual number of new patient referrals (207). Sadly, this is reflected by the highest number of patients (193) who died whilst under our care within a year. The average bed occupancy of the In-Patient Unit was 75% and only rose above the critically high level of 85% in one month reflecting the increased bed capacity of the new In-Patient Unit. The average length of each patient stay increased to just over 12 days.

Research has consistently indicated that 65% - 70% of people would prefer to die in the comfort and privacy of their own home. People also state a preference not to die in a hospital. Therefore it is reassuring that the number of patients under our care who died in the General Hospital fell from 21% in 2011 to 12% this year.

Chairman's statement (continued)

Volunteers and staff

We have always been proud of the exemplary work carried out by our staff and volunteers. This year has been another poignant year when we have had to say goodbye to several valued long-serving staff. In December we said a fond farewell to Sister Margaret McGovern MBE who retired after more than 28 years of dedicated service at Jersey Hospice Care. Margaret was one of the foundation stones on which the reputation of Jersey Hospice Care has been built. She joined the Hospice in 1984 and is known for leading the nursing team. Margaret never felt that being part of Jersey Hospice Care was a job; it was more a way of life. Even though we were preparing ourselves for Margaret's inevitable retirement, it is still an enormous blow to lose someone of her stature. She has led by example and as a result of her remarkable dedication and commitment has enhanced the reputation of Jersey Hospice Care. We will miss her renowned warmth and reassuring presence and wish her the very best in her well earned retirement.

Our volunteers have always been the heart of Jersey Hospice Care, supporting the committed and compassionate professional care of our staff. The importance of volunteer support in all areas of our work, including our shops and fundraising, cannot be over-emphasised. The opportunities for our volunteers to support us in new and diverse ways have increased with the development of the Hospice. These include areas such as reception, the kitchen and with ward clerk work in the In-Patient Unit. There will undoubtedly be more opportunities for volunteers and the need for further help in the future; if you'd like to find out more about volunteering please contact us.

Clarkson House lease change

Clarkson House is a cherished site that is close to the hearts of many. The use of the property was originally enabled by the Trustees of the EVA Rouse Settlement who allowed Jersey Hospice Care to lease the site for 99 years at a peppercorn rent of £1 per annum.

In view of the major redevelopment programme, we had negotiated an initial extension to the 99 years. The Trustees of the EVA Rouse Settlement considered matters further and felt that the redevelopment demonstrated a long-term commitment to the site that would provide benefit to the island for many years to come. In April 2013, in light of this, they decided to gift the ownership of the freehold of the original Clarkson House site to Jersey Hospice Care. This is a remarkable act of generosity by the Trustees of the EVA Rouse Settlement, who were charged with overseeing the appropriate use of Clarkson House when it was left for the benefit of the people of Jersey. This means that Jersey Hospice Care now owns the whole of the Clarkson House site securing its use for the future. We are deeply indebted and most thankful to the Trustees of the EVA Rouse Settlement for recognising the commitment we have made in order to provide care for islanders for generations to come and for entrusting us with the property.

Council

The Council of Trustees met 13 times in 2012 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 companies. In addition we have received regular reports from the Hospice Redevelopment Steering Group.

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 again it has not been possible to hold the Annual Open Meeting at Clarkson House because of the building work. We intend to resume this in the future when the site conditions permit.

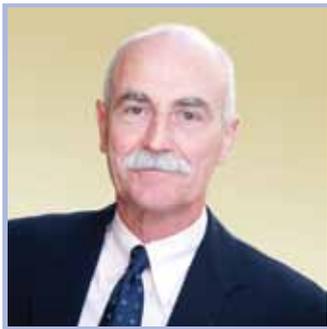
Dr Gari Purcell-Jones

Chairman, Jersey Hospice Care

“ Our volunteers have always been the heart of Jersey Hospice Care supporting the committed and compassionate professional care of our staff. ”



Honorary Treasurer's report



In financial terms 2012 proved to be a very different year to 2011.

Gross income was down by 24% and expenses were up by 13% combining to reduce our operating income, before investment gains, by 83%. However, in 2012 the investment markets

staged a recovery and our portfolio increased in value by £622,767 which reduced the overall fall in net income to 49%. Whilst this still represents a very significant downturn, nevertheless in the context of the exceptional surplus enjoyed in 2011, the surplus of £1,064,470 in 2012 is a remarkable achievement considering the changes within the Hospice and the economic climate in that year.

The decrease in gross income of 24% to £5,251,509 was entirely due to a fall in legacy income from £2,406,507 to £389,814. However, this was offset by an increase in donations of £516,410 [90%] the bulk of which was towards the redevelopment of Clarkson House and as such, has been applied to the building fund.

Our two trading companies, and principal core income generators, turned in excellent performances in what continued to be difficult circumstances, with Fundraising contributing 49%, and Retail 19%, of our gross income.

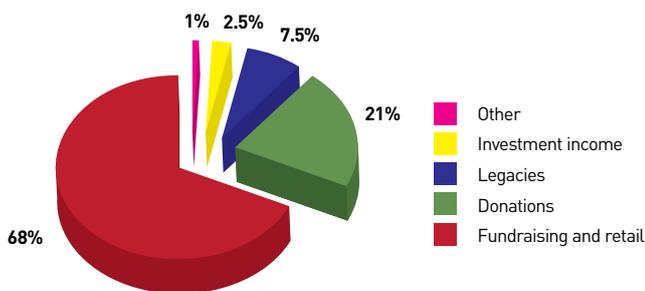
In June 2012 the new In-Patient Unit opened and this saw the predicted increase in operating costs, however, the increase of 13% was within budget.

The overall surplus of £1,064,470 (operating £441,703 and investment £622,767) achieved in 2012 was well beyond expectations. In such a difficult economic climate the operating surplus is testimony to the generosity of islanders. This ongoing support is reassuring at a time when we are facing a sharp uplift in running costs associated with, and in tandem with, funding the next phases of the redevelopment which will ensure that Jersey Hospice Care is positioned to continue providing a professional service of the highest standards to all those entrusted to our care.

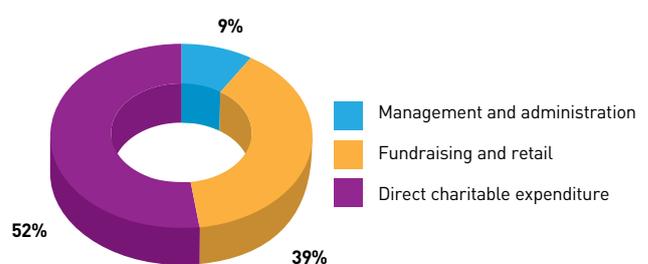
We are already over half way through the current year but it is not too late to record my thanks to my colleagues who support me in my role as Honorary Treasurer and to Ernst & Young LLP, our honorary auditors, for their valued contributions throughout 2012.

Ian R Richardson FCA
Honorary Treasurer, Jersey Hospice Care

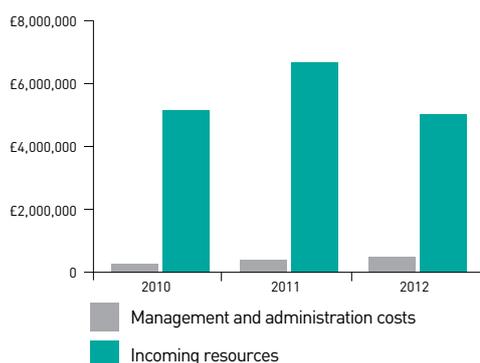
Incoming resources 2012



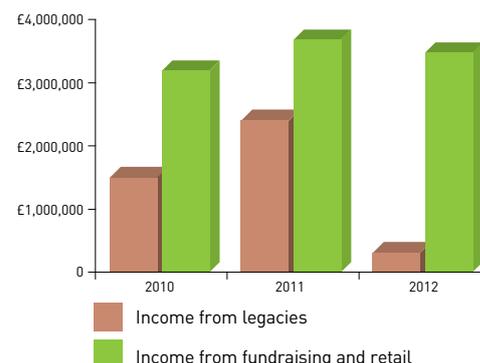
Resources expended 2012



Management and administration costs by comparison with incoming resources 2010/2011/2012



Income from legacies and fundraising and retail 2010/2011/2012



Consolidated statement of financial activities

	Total funds 2012 £	Total funds 2011 £	% Movement
Incoming resources			
Donations	1,089,272	572,862	90.15
Legacies	389,814	2,406,507	(83.80)
Fundraising and retail	3,569,420	3,719,702	(4.04)
Investment income	129,724	152,285	(14.81)
Other	73,279	15,696	366.86
	5,251,509	6,867,052	(23.53)
Resources expended			
Direct charitable expenditure	2,514,246	1,961,674	28.17
Fundraising and retail	1,877,266	1,930,304	(2.83)
Management and administration	418,294	364,526	14.75
	4,809,806	4,256,504	13.00
Net movement in funds before investment asset movements	441,703	2,610,548	(83.08)
Investment asset losses [-]/gains	622,767	-508,960	222.36
Net movement in funds	1,064,470	2,101,588	(49.35)

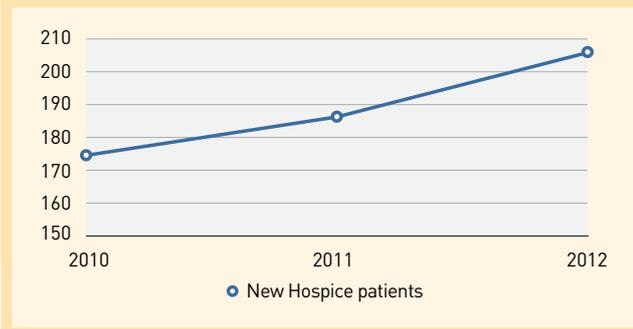
Consolidated balance sheet

	2012 £	2011 £	% Movement
Net assets			
Tangible fixed assets	9,839,766	8,406,965	17.04
Investments	7,675,665	7,013,787	9.44
Net current assets	2,439,039	3,469,248	(29.70)
Total	19,954,470	18,890,000	5.64
Funds			
Unrestricted general	11,948,397	11,234,218	6.36
Unrestricted designated	6,554,500	6,570,996	(0.25)
Investment revaluation reserve	488,756	563,756	(13.30)
Restricted	962,817	521,030	84.79
Total	19,954,470	18,890,000	5.64

The information summarised here has been extracted from the audited annual financial statements approved on 23 July 2013.

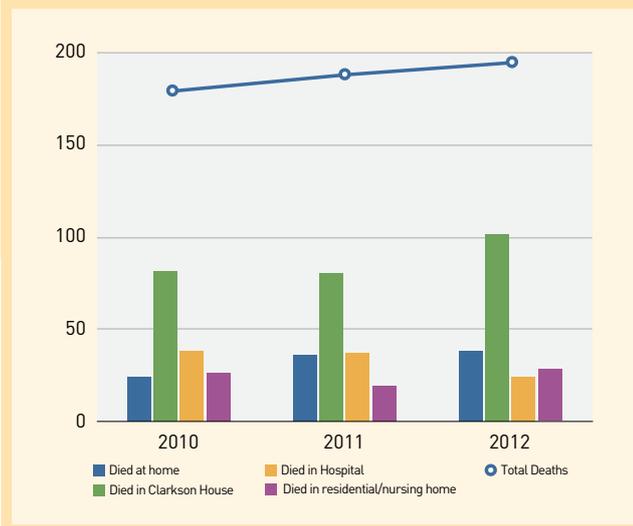
Extracts from statistics 2010 - 2012

SUMMARY STATISTICS	2010	2011	2012
New Hospice patients	174	186	207
New Lymphoedema patients	17	19	16
Hospice patients re-referred	9	15	16
Lymphoedema patients re-referred	2	2	2
Temporary/holiday patients	1	1	0
Deaths	171	174	193
Patients discharges/transfers	0	2	2
Hospice patients filed	23	20	24
Lymphoedema patients filed	20	10	14

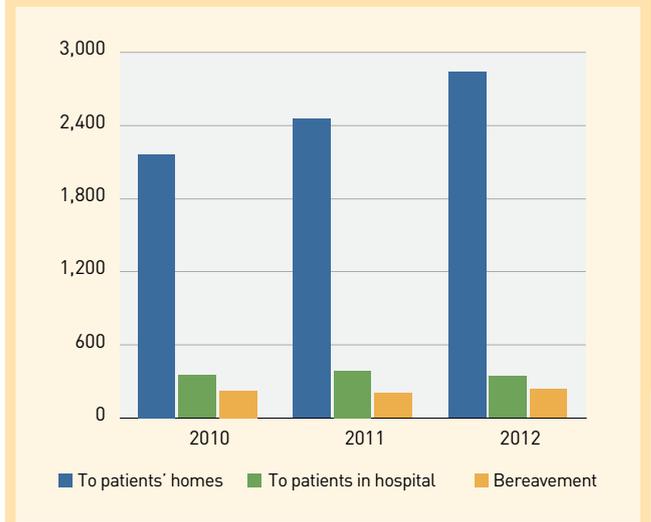


OF THOSE WHO DIED	2010	2011	2012
Died at home	24	36	38
	14%	21%	20%
Died in Clarkson House	82	80	101
	48%	46%	52%
Died in hospital	38	37	24
	22%	21%	12%
Died in residential/nursing home	26	19	28
	15%	11%	15%
Deaths elsewhere	1	2	2
	1%	1%	1%
TOTAL DEATHS	171	174	193
	%	%	%

Of those who died, those who were cared for without attending Clarkson House as a day or in-patient



HOSPICE COMMUNITY TEAM	2010	2011	2012
Total number of visits by Hospice Community team day and night			
To patients' homes	2,139	2,463	2,712
To patients in hospital	356	376	329
Bereavement	203	187	209
TOTAL	2,698	3,026	3,250



IN-PATIENT UNIT	2010	2011	2012
Admissions to Clarkson House	162	156	170
Discharges from Clarkson House	81	74	65
Average bed occupancy (IPU)	76%	73%	75%
Average length of stay in days (IPU)	9.65	9.85	12.48

THERAPIES [†]	2010	2011	2012
Therapy visits (hospital and patients' homes)			
Complementary	103	173	149
Lymphoedema	130	82	105
Physiotherapy	143	216	158
Total	376	471	412
Therapy visits (Clarkson House)			
Complementary	1,039	808	858
Lymphoedema	372	546	669
Physiotherapy	442	594	886
Total	1,853	1,948	2,413
Grand total of all therapy visits	2,229	2,419	2,825

[†]The variations between yearly figures are due to a change in the way these statistics have been recorded.

BEREAVEMENT SERVICE	2010	2011	2012
Bereavement referrals	326	276	261
Bereavement re-referrals	52	27	20

DAY HOSPICE	2010	2011	2012
Attendances at Day Hospice	1,080	950	988
Average patients attending per day	6.77	5.76	5.07

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 care 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.

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 In-Patient Unit (IPU). Now, as then, a combination of these options, along with the Community Bereavement Service, is used in order to give the most appropriate form of care to our patients.

We recognise and respect that each person is unique and aim 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.

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

Patients who are being cared for in their homes by the Hospice Community team 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 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 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 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.

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 at Clarkson House 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 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, that they may be more able to adjust to the major changes that they face in the future.

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, complementary and diversional 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 and administration team are responsible for the smooth running of Jersey Hospice Care.

About Jersey Hospice Care (continued)

Fundraising

The Fundraising team is based at Clarkson House. It 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 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 play a crucial role throughout all areas of Clarkson House, 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!

Clarkson House redevelopment

Jersey Hospice Care has embarked on an ambitious redevelopment project to enable the charity to care for more islanders at Clarkson House, Mont Cochon. In 2010 we began extending our facilities and we now have a 12 bed In-Patient Unit including a sanctuary and chapel of rest. Work on the latest phase of the programme, comprising a new Day Hospice and Therapies suite, an enhanced kitchen, kitchen garden, a coffee bar and training rooms, will be completed in 2014. An integral feature of the redevelopment programme has been the newly created landscaped gardens which are so much a part of Clarkson House.

Building work has been phased in order to minimise disruption to patients and the total programme is expected to cost around £15 million. As part of the project, Jersey Hospice Care was awarded a one-off grant from the States of Jersey Fiscal Stimulus Initiative in 2010 which enabled the project to start earlier than scheduled. Jersey Hospice Care receives no other funding from the States of Jersey. As such the charity is entirely reliant on the generosity of islanders to support the funding of its services which are all offered free of charge.

For more detailed up-to-date information on the redevelopment project please visit www.jerseyhospicecare.com/redevelopment

The Jersey Hospice Care Council

Jersey Hospice Care is administered by a Council of volunteer Trustees whose members during 2012 were as follows:

Council members:

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

Mrs Sheila Baker
Mr Geof Dingle
Dr Richard Lane

Advocate Matthew Thompson
Mr Geoff White

Patron:

Jurat Mrs L Jean King MBE (until 23 May 2012)
Sir Michael Birt (from 16 August 2012)

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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