



Annual Report 2013



Jersey Hospice Care

Chairman's statement



The need to redevelop Jersey Hospice Care facilities in preparation for the 21st century and the expected demographic changes was recognised by our Trustees some ten years ago. People are generally living longer and the Health and Social Services White Paper (2012) indicated that Jersey faces

a number of challenges. One of the most significant is an increase of 95% in the number of people over the age of 65 between 2010 and 2040. It also recognises that the current models of health care in Jersey are more medicalised and institutionalised than in other jurisdictions. This, combined with a limited range and availability of community services, results in longer admissions to hospital than is medically necessary. This is neither enhancing people's quality of life nor supporting them with their preferences for end of life care. End of life care services aim to support people who are approaching the end of their life, to live as well as possible, until they die within their preferred place. The trend for people being cared for by Jersey Hospice Care to die in hospital is gradually falling which is reflected in the slowly rising trend in those who die under our care in their own home. Nevertheless only 25% of those under our care are dying at home.

It is now accepted that the majority of people (65%), given the choice, express a wish to die at home when their time comes. Most people state that they do not want to die in the cold, clinical environment of a hospital. Unfortunately the general lack of support at home has increasingly resulted in hospital admission at the end of life. In the past, Jersey Hospice Care has always tried to support and not replace the health service using a nurse-based service in the community and at hospice. The need for a fully co-ordinated island wide specialist palliative care service to meet the needs of the population, has never been greater if we are to meet these expectations.

Redevelopment of the Hospice

The next phase of the hospice redevelopment involved converting the old in-patient unit and original house "Les Sillettes", into a new Day Care Hospice and Therapies Suite as well as an Education Centre and improved catering facilities. Work on the Day Hospice and Education Centre commenced on the 11th February and was completed on time on 4th November 2013. It was decided to call the refurbished wing "The King Centre" after the late Jurat Jean King MBE and her husband John, to reflect the contribution that they have both made to Jersey Hospice Care. The new Day Hospice replaces the old In-Patient Unit and provides wonderful spacious and modern day care and garden facilities, fitting for the patients under our care. The King Centre comprises a lounge, dining room and small kitchen, an arts and crafts area, a hairdressing salon, a quiet lounge, assisted bathrooms, consulting and treatment rooms.

Outside there is a greenhouse and small kitchen garden area with raised planters, accessible for people in wheelchairs. There is also a coffee shop for patients, visitors, volunteers and staff and two meeting/training rooms on the second floor. The education centre will allow us to promote and provide palliative care education to further improve standards island wide. These education and meeting facilities are available for hire and will provide a further source of income.

After the Therapies Suite is completed in Les Sillettes, the refurbishment of the clinical areas of Jersey Hospice Care to modern standards will be complete. This will enable the hospice to meet the future challenges of the 21st Century presented by the planned health care changes proposed in the recently debated Health and Social Services White Paper and other planned healthcare legislation.

Staffing

This year we were joined by two senior members of staff who have enthusiastically and successfully set about establishing their styles of leadership as well as addressing the challenges that face us. We welcomed Gail Caddell, our Lead Nurse, who joined us from the Nightingale Hospice, Wrexham. In addition Jan Sims, our Bereavement Services Manager, joined us from Parenting Support Services.

Our volunteers have always been the heart of Jersey Hospice Care, supporting the committed, compassionate, professional care of our staff. We are indebted to our staff and volunteers who have worked cheerfully through the refurbishment and disruption caused by the building work. This has not been easy at times but their resilience has shone through.

Council

The Council of Trustees met 13 times in 2013 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. In addition, we have received regular reports from the Hospice Redevelopment Steering Group.

This year we said farewell to two trustees. Dr Richard Lane retired from Council on the 22nd January 2013 after two years on the Council. His interest in ethical issues and governance as well as his medical expertise has served hospice well. We will miss his valued contribution.

Advocate Matthew Thompson also retired from Council to take up his new role as Master of the Royal Court. He had served on Council for two terms totalling 13 years. His contribution as a trustee, especially his legal and business skills have been invaluable. Matthew was appointed as a Vice Patron in recognition of his long service as a Trustee on Council.

Ms Emelita Robbins joined the Council of Trustees on the 3rd September 2013. Her refreshing, enthusiastic and diligent approach is already much appreciated as we address the issues of future strategy and development.

Chairman's statement (continued)

The future strategy

At the end of the redevelopment programme, Jersey Hospice Care will be prepared for the next stage of its journey. It is entering a new phase in its history and will have facilities to provide modern palliative care and meet the challenges we will face. These are numerous and we will not be able to address these alone.

The improved health of the population will result in increased longevity. It is predicted that the number of people dying of cancer is going to rise to about 45%, as less people die of cardiac and respiratory disease.

In the early days of the hospice movement, cancer was undoubtedly the most feared cause of death. The improvement in treatments for cancer and enhancements in palliative care mean this is no longer the case. Increasingly, it has been recognised that those dying with non-cancer conditions are not receiving equitable care. This is a morally and ethically unacceptable situation.

Consequently, the Trustees of Jersey Hospice Care have made the decision that future care will not be restricted to those dying with cancer and motor neurone disease. The remit of Jersey Hospice Care will be opened to include all those dying with specialist palliative care needs regardless of the cause. This reflects the position of the vast majority of hospices in the British Isles.

The way we die lives on in the memory of those we leave behind who loved and cared for us. A peaceful passing when all things have been said, removes our own fear of dying when our time comes. Jersey Hospice Care is not a place or a house, nor is it a team of specialists, or even simply a charity.

It is a concept of care: a way of caring that gives hope when a cure is beyond reach. It is a distillation of human kindness that recognises the right to die in peace with dignity in a place of your choosing. This is something we all pray for and to which we all aspire.

Those who have been touched by Hospice take the experience through the rest of their lives and fear dying a little less. I am immensely proud of what we have accomplished in 32 years. However, we cannot be complacent because there is so much more to be done. We cannot do this without the continuing help and support of the people of Jersey who have generously made it possible since the founding of Jersey Hospice Care.

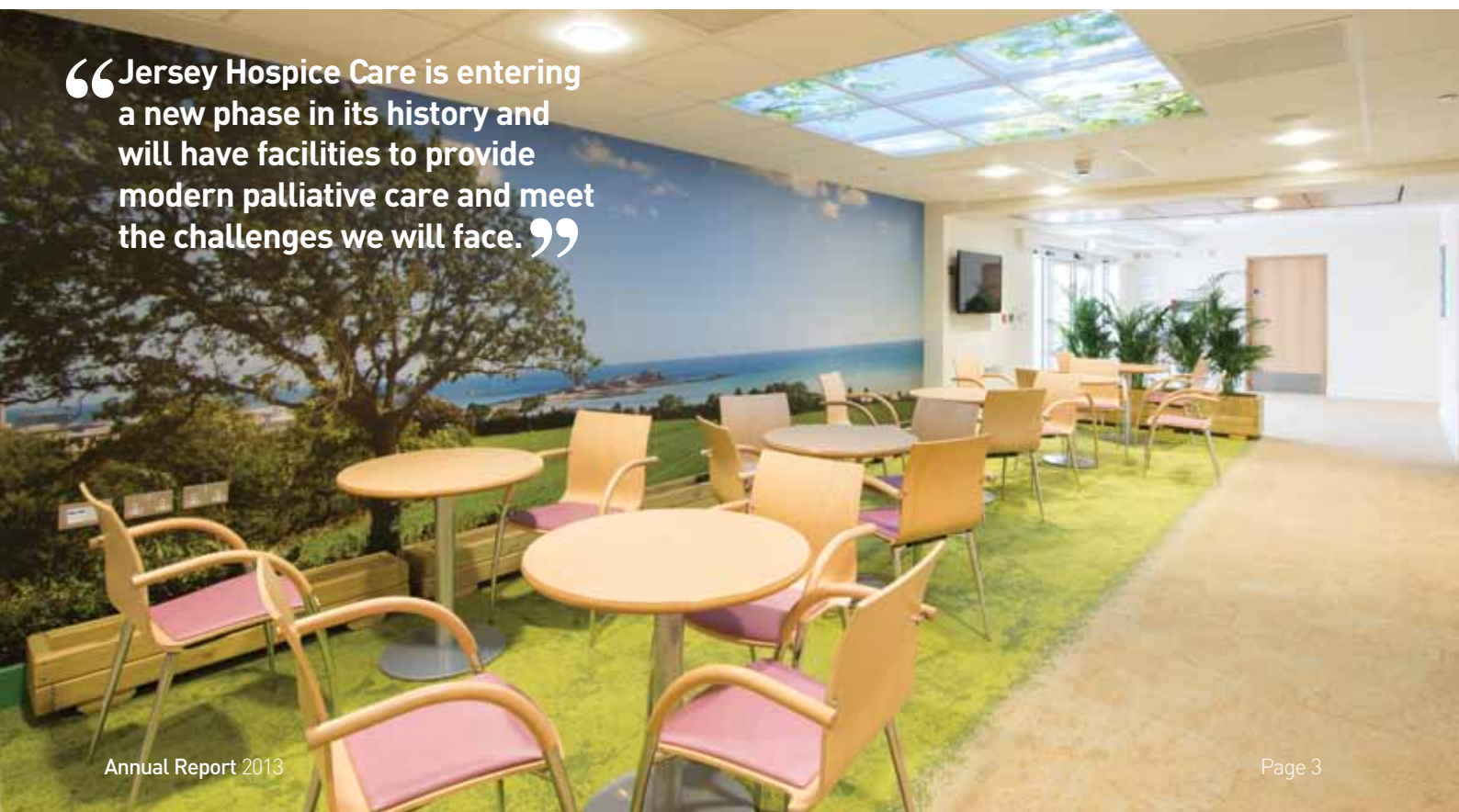
Annual Open Meeting

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 on-going Hospice redevelopment, which is why it is disappointing again in 2013 that it has not been possible to hold the Annual Open Meeting at Clarkson House. However, following completion of the works since the year end, I am delighted to say that an Annual Open Meeting will be held on 12 July 2014.

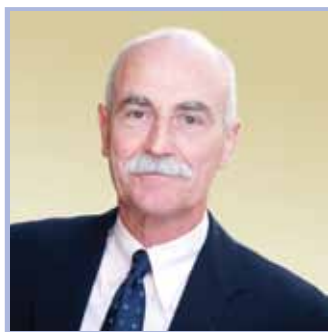
Dr Gari Purcell-Jones

Chairman, Jersey Hospice Care

“ Jersey Hospice Care is entering a new phase in its history and will have facilities to provide modern palliative care and meet the challenges we will face. ”



Honorary Treasurer's report



Every picture tells a story...

When reading annual reports I tend to skip straight to the results to assess the entity's performance and I suspect that I am not alone in doing so. However, being a boring accountant I don't leave it at that but delve beneath

to ascertain whether the picture does indeed tell the story.

In our case, the picture shows that our net operating surplus for 2013 before investment movements was £3,677,118, an increase of £3,071,821 on 2012.

It also shows that our operating costs rose by 13% to £3,306,832 in response to the enhancements to our facilities and services and whilst less than predicted, nevertheless it is all the more remarkable that we achieved the results that we did. Two significant events affected this outcome and therein lies the story.

The first is that in April 2013 our landlords, the Trustees of the EVA Rouse Settlement, generously gifted to us the freehold of "Les Sillettes" the original building on the site that we occupy. In accordance with accounting requirements the gift was valued and reflected in the accounts. "Les Sillettes" was professionally valued at £3,000,000. This has been capitalised and the equivalent sum included in donations bringing the total of donations recorded in 2013 to £3,600,082, of which only £600,082 was in cash.

The second, is that the comparative figures have been re-stated because it became evident that the accounting

treatment first applied in 2010 in respect of accounting for the grant from the States of Jersey towards the cost of the first two phases of the redevelopment at Clarkson House, was not in accordance with the accounting conventions adopted by the Association. The grant has now been applied to income in the years it was actually received increasing the reserves brought forward at 1st January 2012 by £2,384,406, the income in 2012 by £163,594 and reducing the deferred grant to nil at 31st December 2012.

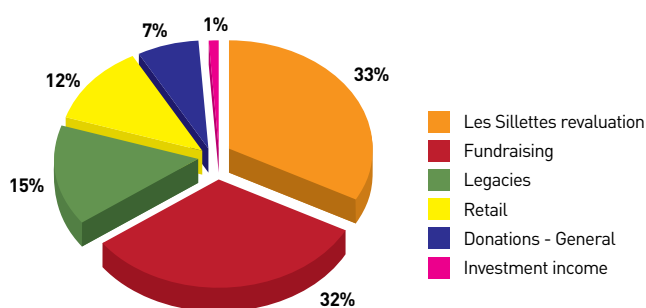
Our operating surplus stood at £677,118 before the gift, an increase of 12% on the previous year following restatement which masks the increase in contributions of £143,640 and £58,805 from our fundraising and retail subsidiaries respectively and from an increase in legacy income of £939,638, largely attributable to the exceptional generosity of one benefactor. Our operating costs rose sharply but the increase of £374,292, which included exceptional maintenance to our buildings of £160,744 incurred as part of the redevelopment, was within budget and absorbed within the income increase of £619,352 before the gift of "Les Sillettes" valued at £3,000,000.

The full story reveals that 2013 was an eventful and challenging year yet, despite the economic climate, we are, with the unflagging and generous support of islanders, well positioned financially for 2014, the next chapter.

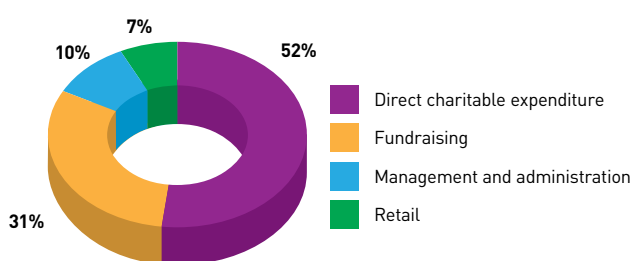
Jersey Hospice Care is fortunate to have a very capable administration and finance team and I am grateful to them for their support throughout another year. I also take this opportunity to thank our honorary auditors, Ernst & Young LLP, for undertaking the audit of the 2013 accounts.

Ian R Richardson FCA
Honorary Treasurer, Jersey Hospice Care

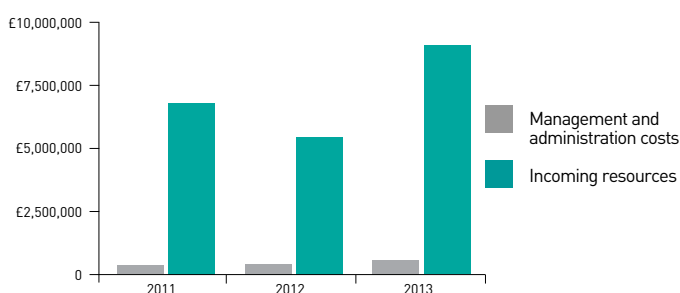
Incoming resources 2013



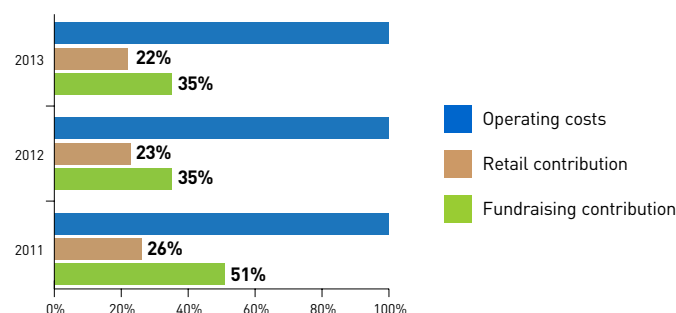
Resources expended 2013



Management and administration costs by comparison with incoming resources 2011/2012/2013



Profits from fundraising and retail activities as a contribution to operating costs 2011/2012/2013



Consolidated statement of financial activities

	Total funds 2013 £	Total funds 2012 (as restated) £	% Movement
Incoming resources			
Donations	3,600,082	1,089,272	230.50
Legacies	1,329,452	389,814	241.05
Fundraising	2,864,320	2,567,349	11.57
Retail	1,080,784	1,002,071	7.86
Investment income	140,136	129,724	8.03
Other income	19,681	236,873	-91.69
	9,034,455	5,415,103	66.84
Resources expended			
Direct charitable expenditure	2,792,479	2,514,246	11.07
Fundraising	1,691,667	1,538,336	9.97
Retail	358,838	338,930	5.87
Management and administration	514,353	418,294	22.96
	5,357,337	4,809,806	11.38
Net movement in funds before investment asset movements	3,677,118	605,297	507.49
Investment asset gains	411,834	622,767	-33.87
Net movement in funds	4,088,952	1,228,064	232.96

Consolidated balance sheet

	2013 £	2012 (as restated) £	% Movement
Net assets			
Tangible fixed assets	15,126,115	9,839,766	53.72
Investments	7,717,554	7,675,665	0.55
Net current assets	3,747,753	4,987,039	-24.85
Total	26,591,422	22,502,470	18.17
Funds			
Unrestricted general	18,971,012	14,496,397	30.87
Unrestricted designated	6,554,500	6,554,500	0.00
Investment revaluation reserve	25,000	488,756	-94.88
Restricted	1,040,910	962,817	8.11
Total	26,591,422	22,502,470	18.17

This information has been extracted from the audited annual financial statements approved on 22 July 2014.

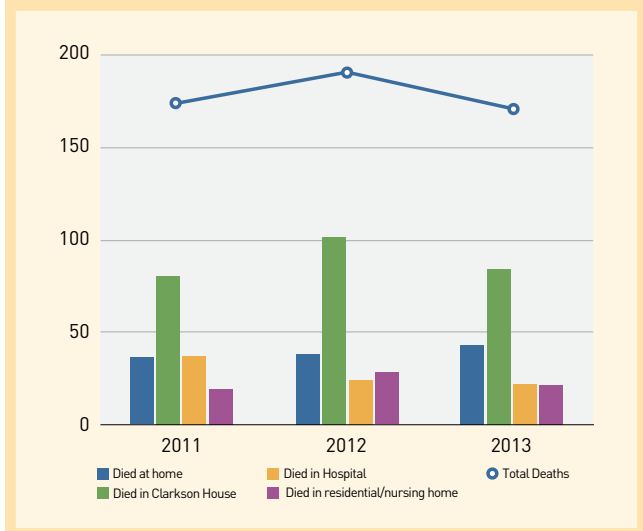
Extracts from statistics 2011 - 2013

SUMMARY STATISTICS	2011	2012	2013
New Hospice patients	186	207	198
New Lymphoedema patients	19	16	12
Hospice patients re-referred	15	16	11
Lymphoedema patients re-referred	2	2	0
Temporary/holiday patients	1	0	0
Deaths	174	193	172
Patients discharges/transfers	2	2	0
Hospice patients filed	20	24	40
Lymphoedema patients filed	10	14	17

OF THOSE WHO DIED	2011	2012	2013
Died at home	36	38	43
	21%	20%	25%
Died in Clarkson House	80	101	85
	46%	52%	49%
Died in hospital	37	24	22
	21%	12%	13%
Died in residential/nursing home	19	28	21
	11%	15%	12%
Deaths elsewhere	2	2	1
	1%	1%	1%
TOTAL DEATHS	174	193	172

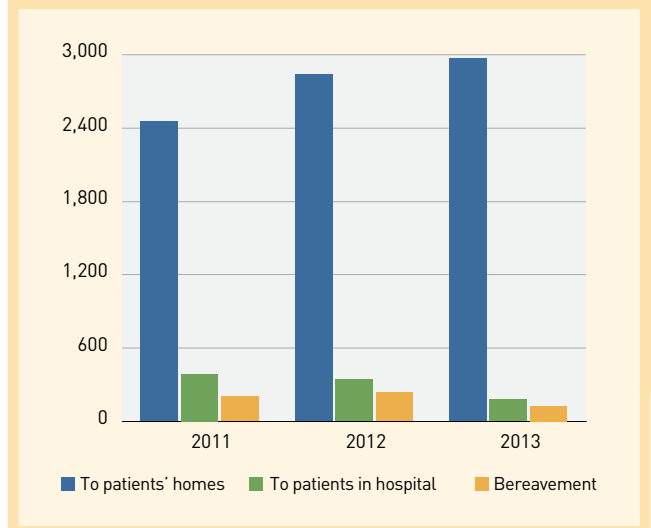
Of those who died, those who were cared for without attending Jersey Hospice Care as a day or in-patient

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DAY HOSPICE	2011	2012	2013
Attendances at Day Hospice	950	988	1,023
Average patients attending per day	5.76	5.07	5.52

HOSPICE COMMUNITY TEAM	2011	2012	2013
Total number of visits by Hospice Community team day and night			
To patients' homes	2,463	2,712	2,958
To patients in hospital	376	329	179
Bereavement	187	209	133
TOTAL	3,026	3,250	3,270



IN-PATIENT UNIT	2011	2012	2013
Admissions to Clarkson House	156	170	154
Discharges from Clarkson House	74	65	73
Average bed occupancy (IPU)	73%	75%	66%
Average length of stay in days (IPU)	9.85	12.48	10.74

THERAPIES [†]	2013
Therapy visits (hospital and patients' homes)	89
Complementary	53
Lymphoedema	114
Physiotherapy	256
Total	2,465
Therapy visits (Jersey Hospice Care)	1,013
Complementary	484
Lymphoedema	968
Physiotherapy	2,465
Total	2,721
Grand total of all therapy visits	2,721

[†]Due to a change in the way that therapies statistics were recorded in 2013, meaningful comparisons with previous years are not possible.

BEREAVEMENT SERVICE	2011	2012	2013
Bereavement referrals	276	261	347
Bereavement re-referrals	27	20	13

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.

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.

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 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 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 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 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 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.

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.

About Jersey Hospice Care (continued)

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 is based at Mont Cochon. 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 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!

Redevelopment of facilities

Jersey Hospice Care has embarked on an ambitious redevelopment project to enable the charity to care for more islanders at 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 final two phases of the programme, comprising a new Day Hospice and Therapies suite, an enhanced kitchen, kitchen garden, a coffee shop and training rooms started on 11 February 2013 and on 4 November 2013 the old IPU, along with the addition of new structures, which has been named the King Centre, was completed. The refurbishment of the original house, known as Les Sillettes, 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 the Hospice setting.

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

Jersey Hospice Care

Jersey Hospice Care is administered by a Council of volunteer Trustees whose members during 2013 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**

Mrs Sheila Baker

Ms Emelita Robbins (from 3 September 2013)

Mr Geof Dingle

Dr Richard Lane (until 22 January 2013)

Advocate Matthew Thompson (until 23 July 2013)

Mr Geoff White

Patron:

Sir Michael Birt

Vice Patrons:

Mrs O 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 Norman

Sir M Oppenheimer Bt

Lady Oppenheimer

Advocate M Thompson (from 29 October 2013)

Mrs B Waites

Mrs J Werrin



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