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CHAIRPERSON’S STATEMENT

It gives me great pleasure to present this report on behalf of the Board of Directors.

The guiding principles overseeing the governance and operations of MCC together with the core values of accountability, compassion, communication, justice and respect are set out in the MCC Mission Statement. In adhering to these, the Board does all it can to continue to support the Executive, Management and Staff in the provision of the highest quality patient-centred care and services to patients and their families in the Mid West region.

MCC is cognisant of its statutory obligations under both the recently enacted Companies Act 2014 and also the Charities Act 2009 and is committed to ensuring that all of our activities are open and transparent. This annual report contains a dedicated Directors Financial Commentary and Overview Section along with details on our finance, fundraising and operational activities. Furthermore, our website, which is regularly updated, contains detailed information and assurances to our many supporters on how MCC utilises all of its financial resources.

MCC strives at all times to maintain the highest level of service and is widely regarded as a centre of excellence. This would not be possible without the dedicated service, commitment and professionalism of our wonderful staff. On behalf of the Board, I would like to express my sincere thanks to all.

Milford is also indebted to the support it receives from its partner organisations, primarily the HSE, as well as the JP McManus Charity Foundation, the North Tipperary Hospice Movement, the Irish Hospice Foundation, and the Irish Cancer Society. These financial supports are essential in enabling MCC to deliver the comprehensive range of high quality services which are currently available and I would like to thank all of them for their valued ongoing support.

We also enjoy the loyal support of a great cohort of volunteers who provide invaluable support to MCC every year. The Milford Hospice Friends who help with so many fundraising events remain a key resource and I thank them most sincerely for their ongoing support and commitment. I would like to express my sincere gratitude to all concerned.

Sincere thanks also to the people of the Mid West for your continuous support of the many fundraising events throughout the year, particularly at a time when resources are scarce. This support is vitally important to supplement our statutory funding in the delivery of front line services.

I would like to acknowledge the ongoing major contribution of our Executive, led by our Chief Executive, Mr. Pat Quinlan, and I would like to take this opportunity to thank him and the MCC Management Team for their dedication and commitment throughout the year.
I would like to extend my appreciation and my gratitude to all our Board Members who give so willingly and so freely of their time and commitment throughout the year. I would also like to acknowledge in particular the contribution made by retiring directors, Sr Teresa Corby, Mr Kevin Manning and especially Mr Bobby Roche, my immediate predecessor as Chairperson, who has provided invaluable service as a director for over 17 years.

In 2015 and the years ahead there are many challenges and yet again, many opportunities, including a planned new hospice development and an expansion of our nursing home facilities. In this context, we at Milford remain committed to continue operating as a Centre of Excellence in Healthcare and to delivering the highest quality patient-centred care and services to the people of the Mid-West.

*Patrick Gilmartin, Chairperson, Board of Directors  
August 2015*
CHIEF EXECUTIVE’S STATEMENT

The work of Milford Care Centre in seeking to deliver high quality services to the population of the Mid-West continued in 2014. Similar to previous years there has been an increased demand for our services and this year I am again happy to report that our staff and supporters successfully met the challenges placed on them. Consequently, an increased number of patients were cared for throughout the counties of Clare, Limerick and North Tipperary.

I am also pleased to highlight the fact that the Centre was in a financial position to return to its maximum 30 bed capacity in the Specialist Palliative Care Inpatient Unit following a two year period at 28 beds. The number of patients treated continued its upward trend and all elements of the Specialist Palliative Care service witnessed higher activity levels. Following an internal review convalescent care provision ceased in the first half of the year and this facilitated a change in the bed configuration in the Nursing Home. The number of Palliative Care Support / Step Down beds in the Nursing Home increased to 2 beds, the objective being for these beds to provide a transitional model of care for those patients who no longer require admission to the Specialist Palliative Care Inpatient Unit or for those patients residing in the community who require respite care.

The Health Information and Quality Authority carried out an announced inspection of Milford Nursing Home in May and their report was very positive.

The major review of MCC’s service activities and physical infrastructure requested by the Board in September 2013 was completed during the year and a decision was taken at the December Board meeting to undertake a major development project to build a new hospice with enhanced facilities for patients, relatives and staff, together with an expansion of the Nursing Home within the vacated hospice space. On completion, overall bed capacity of MCC, incorporating both specialist palliative care and older persons services, will increase to 102 beds, up from the existing 77 beds, with all rooms being of single occupancy configuration. This is an exciting development both for Milford and for the people of the Mid West and is driven by the goal of MCC to deliver the highest quality of care to the people of the Mid West, which is no less than they deserve. I would like to give a special acknowledgement and note of thanks to both the JP McManus Benevolent Fund & the Pro Am Organising Committee (2010) for their generous financial support towards the new Hospice services. Detailed planning will commence in mid-2015 and early 2018 is the target completion date for the development.

The Centre’s staff continued to undertake research and evaluation projects with a number of them presenting at conferences and having articles published. In addition to the benefits of such research for patients and staff it also publicises the work of the Centre at national and international level. This is in keeping with our commitment to being at the forefront of palliative care development through a Centre of Excellence approach.
MCC is a patient-centred organisation and could not achieve its goals without the invaluable contribution of our wonderful staff, together with our many Volunteers and supporters, who by working together as a committed team, are responsible in helping to make MCC the Centre of Excellence in Healthcare that it is today. I would like to thank you all for your ongoing hard work and efforts on behalf of MCC.

I would also like to acknowledge the major contribution of all of my colleagues on the Management Team and clearly their support, professionalism and dedication was invaluable to the work of MCC throughout 2014.

I would like to welcome all those new staff members who joined the Centre this year and to wish you well in your respective roles well into the future. I also bid an appreciative farewell to staff that retired or resigned and wish them every success for the future.

I would also like to acknowledge the valuable contribution to the work of MCC made by my former Board Chairperson, Bobby Roche, and the other Board Directors who recently retired. Equally, I congratulate Mr Pat Gilmartin on his appointment as the new Chairperson and I look forward to continue working closely with him and other members of the Board in the years ahead.

There is no doubt that we continue to live in very challenging economic times but the focus for MCC remains steadfast in continuing to focus on the delivery of high quality patient care to the people of the Mid West.

*Pat Quinlan, Chief Executive*  
*August 2015*
BOARD DIRECTORS AND MANAGEMENT TEAM MEMBERSHIP

Directors

Sr. Teresa Corby, L.C.M. *(resigned December 2014)*
Dr. Con Cronin *(appointed December 2014)*
Mr. Pat Gilmartin
Sr. Bridie Leahy, L.C.M.
Mr. Kevin P. Manning *(resigned December 2014)*
Mr. Joseph F. Murphy
Mr. R. J. Roche (Chairperson)
Sr. Teresa Ryan, L.C.M.
Sr. B. Walsh, L.C.M.

Company Secretary

Ms. Cathy Sheehan

Management Team

Mr. Pat Quinlan, Chief Executive
Dr. Marian Conroy, Consultant in Palliative Medicine
Mr. Declan Deegan, Head of Human Resources
Sr. Brigid Finucane, L.C.M., Mission Development
Ms. Marian Moriarty, Director of Nursing
Ms. Carol Murray, Head of Non-clinical Support Services
Ms. Martina O’Reilly, Head of Education, Research and Quality
Mr. Jim Rhatigan, Head of Therapy and Social Care Services
Ms. Cathy Sheehan, Head of Finance
MILFORD CARE CENTRE

Milford Care Centre provides a range of services to older persons and patients with palliative care needs. Since its inception in 1928 the Centre has developed incrementally and now comprises:

 A 47-bed Voluntary Nursing Home
 A Day Care Centre for Older Persons
 A 30-bed Specialist Palliative Care Inpatient Unit, serving the entire Mid-West
 A Palliative Care Day Care Centre
 A community based, multi-disciplinary Specialist Palliative Care Team, working from bases in Limerick City, Ennis, Nenagh, Thurles and Newcastle West
 An Education, Research and Quality Unit.

MISSION

Research into the influences of Plassey House and its history on the development of Milford Care Centre from its early days commenced.

The Mission Development Group was involved with ongoing research on the International Charter for Compassion in Healthcare including exploring ways to discover how this value is understood and experienced within Milford.

Planning commenced for a visit by the facilitators of the International Charter on Compassion in Healthcare Group which will take place early in 2015.

QUALITY

Milford Care Centre strives to continuously develop and improve the care it provides to the people of the Mid West through implementation of an audit and quality assurance programme across all clinical and non-clinical aspects of the service.

Research/Audit/Quality

The Centre undertook an initial review of its infrastructure during the year, commencing with a consultation process with staff in the Nursing Home and Specialist Palliative Care Inpatient Unit and taking into consideration the HIQA National Standards for Safer Better Healthcare, the issues of patient dignity and privacy and the support provided to families as part of the Centre’s end-of-life ethos. Activity patterns across all service areas were also reviewed. This Review Report was presented to the Board in June and the Directors requested that a further report and recommendations should be prepared for its December meeting. At this meeting the Board agreed in principle to

1 Milford Care Centre’s Research output is available online at www.lenu.s.ie and also on the Library Catalogue
develop a new and expanded Specialist Palliative Care Inpatient Unit and the redevelopment of existing space to provide additional Nursing Home beds. In December the Board granted full approval for the new Development Project to proceed, arising from which, a key outcome will be the elimination of multi-occupancy rooms and enhanced patient/resident/family accommodation.

The Consultants in Palliative Medicine undertook some collaborative work with Hospice at Home looking at triage of referrals, operational guidelines and educational need.

A Cognition, mood, fatigue and pain management in palliative care settings: Towards improved diagnosis and management project commenced in January with the Department of Psychiatry. Abstracts were submitted for presentation in October.

The Irish Association of Palliative Care’s annual Research Conference in February was the platform for presentation of 10 research projects from MCC. Staff from MCC were involved in both the first and second prize oral presentations.

Further to funding awarded in 2013 by the All Ireland Institute of Hospice and Palliative Care (AllHPC) two clinical fellowship were completed during the year:

- Research entitled “Using the St Christopher’s Index of Patient Priorities (SKIPP) tool to evaluate the quality of care provided by a specialist palliative care service in Ireland” was completed by the Head of Education, Research and Quality.
- Research was undertaken by the Librarian on “Healthcare professional’s barriers and facilitators to adopting E-Learning in palliative care education in Ireland”. This was an All-Ireland study utilizing questionnaires and semi-structured interviews across hospice services North & South.

An evaluation of client’s experience of Day Care and a staff survey which will part fulfil the requirements of HIQA’s National Standards for Safer Better Healthcare were carried out during August.

A protocol was developed to initiate a study entitled “A profile of Hospice and Specialist Palliative Day Care Dietetic Interventions” in 2015. In December ethics approval was received from the Research Ethics Committee & the QPS department in the University Hospital Limerick to commence this study in early 2015.

A steering group was established to develop and evaluate a quality improvement programme for the management of patients with progressive neurological conditions dysphagia, initially focusing on the development of a study protocol to evaluate the quality improvement programme.

The Family Meetings collaborative project with Marymount Hospice continued with the design and development of an e-learning programme which will be
available in 2015 through the All Ireland Institute of Hospice and Palliative Care’s E-learning Hub, the drafting of information leaflets for families and review and updating of clinical guidelines for formal Family Meetings.

A poster presentation on the Family Meetings project has been accepted for the EAPC conference in 2015.

Research on *Driving and medication amongst palliative care population - knowledge, attitudes and practice of specialist palliative care professionals* was submitted for oral presentation at the IAPC conference to be held in February 2015.

Recruitment for the *Indications, use and outcomes of opioid rotation to alfentanil in a specialist palliative care unit in Ireland* project continued.

HIQA carried out an announced inspection of the Nursing Home in May.¹

The inaugural Quality, Safety and Research Report for Milford Care Centre 2013 – 2014 was published on the internet³ and intranet.

The Quality and Safety newsletter was re-introduced during Quarter 3. The function of the newsletter is to provide information for staff regarding incidents occurring, the organisation’s response to them and the outcomes of the quality assurance systems of audit and evaluation.

An internet based system was implemented to received feedback patients and family members.

**SERVICE ACTIVITY**

The overall activity in the Centre is outlined below and some disciplines provide additional information within their summaries.

**Specialist Palliative Care**

The Specialist Palliative Care service comprises the Specialist Palliative Care Inpatient Unit, Hospice at Home service, Specialist Palliative Care Day Unit, Acute Hospital consults and Out-patient Clinics at University Hospital Limerick and MCC.

The service treated a total of 1,789 individual patients across the geographical spread of the Mid West. There were 1,374 referrals (up 13.5% on 2013) during the year.

¹ The HIQA inspection report may be found at http://www.hiqa.ie/social-care/find-a-centre/nursing-homes/milford-nursing-home

³ https://www.milfordcarecentre.ie/media/ideabubble/MIL-1115/docs/qsrreport20132014.pdf
Referrals to Specialist Palliative Care 2014: By County

As in previous years slightly over 50% of referrals came from the Limerick City and County area (55%). All counties saw an increase in the number of referrals and 26 people were referred from neighbouring counties.

62.8% of the referrals presented with a malignant diagnosis and 37.2% had non-malignant conditions. This continues the trend whereby increasing number of patients with a diagnosis other than cancer are availing of a specialist palliative care service and is in keeping with national policy.

Referrals to Specialist Palliative Care 2014: Non-malignant Diagnoses

1,075 patients who were in receipt of care from the Centre died during the year, an increase of 14.48%. The majority (59%) of these died either at home or in another community based setting, e.g. nursing home. 30% died in the
Specialist Palliative Care Inpatient Unit. Around 11% of patients died in an Acute Hospital, which compares very well with the national figure of 41% in 2009\textsuperscript{4}.

<table>
<thead>
<tr>
<th>Location of Death</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>374</td>
<td>34.8</td>
</tr>
<tr>
<td>IPU</td>
<td>320</td>
<td>29.8</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>118</td>
<td>11.0</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>260</td>
<td>24.2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,075</strong></td>
<td></td>
</tr>
</tbody>
</table>

Location of death of Specialist Palliative Care patients 2014

Specialist Palliative Care Inpatient Unit
The bed capacity in the Unit increased to its maximum capacity of 30 following two years at the lower number of 28 beds due to resource constraints associated with the national economic downturn.

There were 606 patients treated\textsuperscript{5} in the Specialist Palliative Care Inpatient Unit, a 7.54\% increase on 2013. There were 585 admissions of which 187 were re-admissions. 87.5\% of admissions had a malignant diagnosis and 12.2\% were non-malignant.

260 (44.7\%) patients were discharged home or to another community based setting and 322 (55.3\%) patients died in the Unit.

The average length of stay increased from 15 to 16.36 days and the median length of stay reduced from 9.67 to 9.29 days\textsuperscript{6}. The bed occupancy rate based on 30 beds was 81.55\%. 21 patients were in residence at 31\textsuperscript{st} December 2014.

Patients treated in the Specialist Palliative Care Inpatient Unit 2010 – 2014\textsuperscript{7}

\textsuperscript{4} Latest date for which this information is available.
\textsuperscript{5} “Treated” includes 21 patients in residence on 1\textsuperscript{st} January and admissions during the year.
\textsuperscript{6} Calculation of median length of stay introduced in 2010 as it gives a more accurate picture having taken account of very long lengths of stay.
\textsuperscript{7} The IPU bed complement was reduced to 28 from 1\textsuperscript{st} January 2012 and increased to 30 from 1\textsuperscript{st} January 2014.
The top four admission diagnoses were cancers of the lung, breast, colon, and brain, which is largely in keeping with national statistics\(^8\).

### Estimated incidence for both sexes in Ireland, 2012

- **Prostate**
- **Breast**
- **Large bowel**
- **Lung incl trachea & bronchus**

*Extract from: Most frequent cancers in both sexes, 2012\(^9\)*

### Acute Hospital Service

There were 1,294 referrals (up 22.24%) at University Hospital Limerick, of which 784 were first referrals (up 20%) and 510 repeat referrals (up 26.24%). 154 patients were transferred to the Hospice for admission.

There were 100 first referrals and 13 review referrals to the Palliative Medicine service at St. John’s Hospital. 11 patients were transferred to the Hospice for admission.

### New Referrals

**University Hospital Limerick**

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>520</td>
</tr>
<tr>
<td>2011</td>
<td>538</td>
</tr>
<tr>
<td>2012</td>
<td>639</td>
</tr>
<tr>
<td>2013</td>
<td>653</td>
</tr>
<tr>
<td>2014</td>
<td>784</td>
</tr>
</tbody>
</table>

*UHL: new referrals to Consultants in Palliative Medicine 2010 - 2014*

### Out-patient Clinics

There were 122 clinics held during the year with 71 at the University Hospital Limerick and 51 at Milford Care Centre.

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There were 116 first referrals and 134 reviews to the Palliative Medicine Out-patient Clinic at ULH. 71 clinics were held and there were 200 attendances. 50 appointments were cancelled or patients did not attend.

51 clinics were held at Milford Care Centre with a total of 80 referrals (37 new patients), 64 attendances and 16 cancellations.

Out-patient Clinics: Attendances 2014

Hospice at Home
There were 1,321 patients in receipt\(^{10}\) of care and support from the Hospice at Home service, an increase of 2.32% (30 patients) on 2013. 869 were new referrals and there were 45 re-referrals. 28.4% (247) of first referrals were of patients with a non-malignant diagnosis.

Hospice at Home: Patients Treated

\(^{10}\) “In receipt” includes existing patients at 1\(^{st}\) January and referrals during the year.
The Night Nursing service, funded by the Irish Cancer Society and the Irish Hospice Foundation, provided over 1,043 nights nursing care.

**Specialist Palliative Care Day Unit**
Palliative Day Care has been described in the literature as bridging the interface between homecare services and Specialist Palliative Care Inpatient Units, so that patients can be referred smoothly from one to the other as required (Fisher and McDaid, 1996).

The Day Unit carries out symptom control and clinical surveillance, promotes independence for patients and enhances quality of life and rehabilitation. While the focus is on an 8-week programme this may be extended following re-assessment or the patient may be offered another cycle later in the year.

The Day Unit extended its operation from 2 days to 3 from mid-October; there were 112 admissions, a 31.76% increase on 2013, with 843 attendances. 95 patients attended the Centre.

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**Hospice at Home: Referrals**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>696</td>
</tr>
<tr>
<td>2011</td>
<td>788</td>
</tr>
<tr>
<td>2012</td>
<td>868</td>
</tr>
<tr>
<td>2013</td>
<td>971</td>
</tr>
<tr>
<td>2014</td>
<td>914</td>
</tr>
</tbody>
</table>

**Palliative Day Unit Admissions**

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>44</td>
</tr>
<tr>
<td>2011</td>
<td>58</td>
</tr>
<tr>
<td>2012</td>
<td>67</td>
</tr>
<tr>
<td>2013</td>
<td>85</td>
</tr>
<tr>
<td>2014</td>
<td>112</td>
</tr>
</tbody>
</table>

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11 “Attended” includes existing patients at 1st January and admissions during the year.
There were 67 discharges; an increase of 13.56% on 2013. There were 38 deaths, double those in 2013.

**Older Persons Services**

**Nursing Home**
The Nursing Home has 47 beds including one contract bed and two reserved for Level Two palliative care patients. Convalescent care was discontinued from April leading to a significant decrease in the number of admissions.

Of the 36 admissions 14 were to long stay beds, 14 for convalescent care, 3 respite admissions and five to the palliative care step-down bed.

19 residents were discharged and 16 died. Average bed occupancy was 97.1% and 16,655 bed days were used; both slightly up on 2013.

![Nursing Home Admissions](chart)

**Older Persons Day Care**
There were 142 new referrals received in 2013 compared with 126 in the previous year.

58 clients were admitted, down from a high of 89 in 2013. There was a 4% increase in the number of attendances (up from 6,472 to 6,733). 46 clients were discharged and 8 died during the year. The average daily attendance was 29 (up from 26.8 in 2013).

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12 The Palliative Care Support Bed is a designated step-down bed for palliative care patients no longer needing specialist care and facilitates discharges from the Specialist Inpatient Unit.
CLINICAL SERVICES

The Doctors in the Department of Palliative Medicine aim for excellence in clinical care of all of their patients, as well as engaging in education, research, policy and leadership developments. The service is consultant delivered and is an integrated specialist service across four sites – Specialist Palliative Care Inpatient Unit, University Hospital Limerick, St. John’s Hospital and the community. Each of the consultants contributes to the consultant-led interdisciplinary Hospice at Home service.

The Department was actively involved in collaborative work with Hospice at Home looking at triage of referrals, operational guidelines and educational needs and in the development of referral criteria and policy for the Palliative Care Support Beds (step-down beds) in Milford Nursing Home.

Milford Hospice coordinated the National Guidelines for the Pharmacological Management of Cancer Pain and these were awaiting sign off by the NCEC nationally but have since been updated.

One of the Consultants in Palliative Medicine was involved in the development of the national key performance indicators for a specialist palliative care service which were introduced in February.

University Hospital Limerick was one of the national pilot sites for acute hospital minimum data set collection and the consultants are continuing to work with Chief Executive Office in UHL in designing a template to aid reporting of this data back to HSE.

In the Nursing Department extensive education and training was undertaken by Nursing Home staff in the thematic areas of nutrition and end-of-life care – specific outcome on which HIQA will focus their attention.

![Attendances Chart](image-url)
Two staff nurses participated in the pilot European Certificate in Palliative Dementia Care. This course is now being offered more widely as the pilot was successfully evaluated.

A University of Limerick PhD student completed research in the Nursing Home about Dignity in Care for her thesis and the final conclusions of her study are awaited.

The Wound Management Committee reviewed the Wound Management Guidelines.

The Ennis base for Hospice at Home personnel in Clare was officially opened in December.

The Hospice at Home service was enhanced by the centralisation of all referrals from the local bases to Milford Care Centre which facilitated triaging and response prioritisation. It also standardised the information gathering and dissemination processes.

The CNS Focus Group continued its work and a report which will inform future service provision and working arrangements will be presented in early 2015.

A single patient chart was piloted successfully in Newcastle West and has been adopted as standard practice in that area.

A policy, nurses’ teaching pack and carers’ information pack on subcutaneous drug administration by carers in the community were developed.

Base web conferencing facilities were introduced in all bases during the year reducing the need for staff to travel into Limerick while ensuring regular face-to-face contact continues.
The Nursing Documentation project continues on the Specialist Inpatient Side A with a number of amendments taking place following expert peer review. It is hoped to extend the use of this documentation, which has a much greater specialist palliative care focus, to Hospice Side B by August 2015. In addition the possibility that this project will allow for a “master audit”, whereby a number of items can be audited at the same time, is being examined.

Following an analysis of patient needs the Specialist Palliative Care Day Unit re-introduced a third day from mid-October.

The Specialist Palliative Care Day Unit and Hospice at Home Operations Groups merged to form the Community Services Operations Group ensuring greater co-ordination of appropriate and timely service delivery to community based patients.

Specialist Palliative Care Day Unit prepared a briefing document on ways to manage patients with Motor Neurone Disease from referral to the service and pathway of care. A working group will develop this further during 2015.

The Practice Development Coordinator developed a Learning Philosophy for Milford, updated Learning Objectives and devised clear Learning Opportunities which are available to students who come on placement in both the Nursing Home and Specialist Palliative Care Inpatient Unit. Student Resource and Preceptor information folders were devised for students and staff.

Practice Development advanced a proposal for an E-learning Educational Hub for all clinical staff the aim of which is to maximise access to the library and educational services currently available in Milford.

The Older Persons Day Care clients continued to participate in the Big Knit Campaign in association with AGE Action/Innocent to raise funds to provide heating for older adults in Ireland.

As client satisfaction survey was undertaken in Older Persons Day Care to evaluate the service from a variety of perspectives. The findings will inform future service arrangements in the Centre.

Work commenced in December on a new Dining Room for the Older Persons Day Care Centre which will enable the Centre provide lunch in the Centre rather than the Nursing Home Dining Room.

The Irish Chamber Orchestra performed a short concert for the clients in Day Care.

The number of general Volunteers in the Centre grew from 150 to 192 during the year with the addition of 47 new volunteers. We bid farewell and thanks to 40 who retired or resigned. The Hospice shop welcomed a further 11 volunteers to its workforce and seven Bereavement Support Volunteers were recruited.
60 second- and third-level placements were facilitated from 20 schools and colleges.

The annual Volunteers Dinner was held in January to honour those who contribute so much to the Centre’s activities.

The contribution of the Castleconnell Choir, which performed for 16 bereavement masses and in the Nursing Home and Hospice at Christmas, was much appreciated by all who heard them.

**Physiotherapy** received 1,064 referrals (1,116 in 2013) which was a decrease of 4.66% (52 referrals) on the previous year; the closure of the convalescent beds being the primary factor in this decrease.

As in previous years the trend whereby Hospice at Home and Out-patients activity levels are steadily increasing year on year continued.

The **Occupational Therapy** department continued to see a growth in referrals with a 33% increase in the Specialist Palliative Care Inpatient Unit and 36% increase in Hospice at Home.

The number of palliative care referrals increased by 30.98% overall (up by 36.3% in Hospice at Home, 33.1% in the Specialist Palliative Care Inpatient Unit and 250% in OPD. However there was a 30.2% decrease in Day Care). 879 patients were treated, an increase of 10.98% on 2013.
The department undertook two reviews on:

- Patient needs in one sub-area of Limerick which indicated that the five primary reasons for OT intervention include fatigue management, pain management, breathlessness, seating and position and role adjustment.
- The level of input required by patients with cancer in comparison to those with Motor Neurone disease.

It has commenced an audit of caseload size and weighting.

In response to the changing patient need within the nursing home service, Occupational Therapy has developed a programme for patients with dementia which will be trialled and audited in 2015.

The Social Work Department works with palliative patients and their families in the Specialist Palliative Care Inpatient Unit and the community based Hospice at Home service. The social workers also carry an educational role and bereavement caseload in conjunction with service development.

Within the Specialist Palliative Care Service the Social Work team received 662 new referrals (up 13.2% on 2013).
The Department was also involved in the:

- Integration of Health Promoting Palliative Care principles through the Compassionate Communities project through café conversations, volunteer training for Good Neighbour Project and Grief and Loss workshops
- Development of educational inputs/workshops for other professionals concerned with the impact of death dying care and loss on their client groups
- Development, planning, and implementation of the Family Support Package which is an integrated inclusive family support service for patients with children. Pre-death preparation with children and their parents is now integrated with our follow-up provisions for patients. This includes groups for bereaved children, parenting bereaved children and pre-school children
- Development of complex memory work with parents and children using multi-media.

255 (up 13.7% on 2013) new referrals were received for bereavement support and counselling.

As well as individual work, the following groups took place with the support of bereavement service volunteers:

- 3 seven-week bereavement support group for those grieving the death of a spouse or partner
- 1 six-week support group for adult children grieving the death of a parent
- 1 seven-week support group for parents grieving the death of a child
- 10 ‘drop-in’ bereavement support evenings
- A six-week group work programme for parents: ‘Parenting a bereaved child’
- 1 workshop for parents: ‘Supporting bereaved pre-school children’
- 2 six-week group work programmes for bereaved children
- 4 open bereavement support information evenings – each evening attended by up to 60 people
- 2 bereavement support information evenings for adults grieving the death of a child; jointly organised with Anam Cara, the National Support Group for bereaved parents. Between 35 and 40 parents attended each evening.

The Art Department contributes to the well-being of people using MCC through positive and meaningful engagement with the visual arts. Depending on a person’s interests and needs the department can offer the opportunity to explore new media; continue a lifelong interest that may have been interrupted by illness; or work psycho-therapeutically through Art Therapy.

Bealtaine 2014 was a success and included an exhibition of clients’ artwork. Day Care clients were facilitated in organising the third Christmas Market and the lights and music greatly contributed to the atmosphere.
There were 160 referrals (down 4.38%) to the Art Department. The following table shows how these figures break down by clinical area.

<table>
<thead>
<tr>
<th>CLINICAL AREA</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist PC Inpatient Unit</td>
<td>74</td>
<td>89</td>
<td>68</td>
<td>66</td>
</tr>
<tr>
<td>Older Persons Day Care</td>
<td>124</td>
<td>69</td>
<td>64</td>
<td>44</td>
</tr>
<tr>
<td>Palliative Care Day Care</td>
<td>31</td>
<td>43</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>240</td>
<td>206</td>
<td>167</td>
<td>160</td>
</tr>
</tbody>
</table>

Art Department: Referrals 2011 - 2014

The Complementary Therapy Department returned to full strength following a staffing reduction during 2013 and received 514 referrals, an increase of 8.2% on 2013.

Complementary Therapy: Referrals and number of patients treated 2010 - 2014

Therapists participated in the rollout of the Complexity Score Sheet in the Specialist Palliative Care Inpatient Unit.

Although a Reflexology for Ageing and the Elderly course was advertised it did not take place due to insufficient numbers.

Staff gave talks to student nurses, post-graduate nurses and medical students on the benefits of complementary therapy and continued their liaison with the Network of Complementary Therapists in Cancer Care group.

The Pharmacy service predominantly provides a service to patients in the Specialist Palliative Care Inpatient Unit. However pharmacy staff also provided information to the Palliative Day Care service, the Hospice at Home team and pharmacists, doctors and nurses working in the community.

There were 585 admissions to the Specialist Palliative Care Inpatient Unit and each patient had their medication histories verified by a pharmacist, when
available and where it was deemed necessary. Each of these patients had a pharmaceutical care plan written when seen by pharmacy staff.

There were 260 discharges from the Specialist Palliative Care Inpatient Unit and these patients were given printed Medicine Information Sheets to explain what medication they were on, what it was prescribed for and how to take it. 221 individual patient medicine information sheets were created as some patients had multiple admissions and discharges. Steroid cards for patient being discharged on corticosteroids were promoted.

Pharmacy also produced IV guidelines for the Specialist Palliative Care Inpatient Unit to improve safety around the prescribing and administration of IV medications. New prescription pads were also introduced to the Unit to improve prescribing clarity and proving authenticity of prescriptions at patient discharge.

**Music Therapy** returned to close to a full complement and treated 417 clients with 402 referrals. Nevertheless the department maintained the number of clients seen in the Specialist Palliative Care Inpatient Unit by increasing the frequency of running ‘Time to Unwind’ group sessions in conjunction with the Art Therapy Department and by inviting interested clients to partake in the Day Care therapeutic choir which was held on a daily basis.

![Clients Treated](chart.png)

**Breakdown of Music Therapy clients treated by service element 2014**

A blended therapeutic choir group consisting of Elderly Day Care and Palliative Day Care clients held a very successful concert in Milford Care Centre in November.

Liaison continued with the MA Music Therapy Department in the University of Limerick through guest lecturing on the course.

The department provided music for special occasions/special masses, and the staff choir and musicians sang in conjunction with the students from Monaleen National School at the December *Light up a Memory* ceremony.
The Nutrition and Dietetics service assists patients and professionals in the management of dietary related problems frequently reported in patients with life-threatening illness. These problems include anorexia, weight loss, eating difficulties and cachexia and are significantly burdensome to patients, carers and health care professionals.

The Dietetics service in MCC is based in the Specialist Palliative Care Unit. Its role is to enhance the quality of life of patients and carers through individualised holistic assessment and management of dietary problems.

The Dietetics service strives to improve dietary knowledge of health care professionals providing care to patients through provision of education and support for the wider multi-disciplinary team in the Centre and for health care professionals nationwide.

The Dietitian presented a poster abstract at IAPC conference in February on a Pilot Study Evaluating the Effect of the Ethical Framework for End-of-Life Care Study Sessions.

Education sessions were facilitated on the ethical framework for end-of-life care and Essential Palliative Care for Allied Health Professionals.

Total referrals to the service increased by 16.5%. Referrals from Day Care more than doubled and those in the Specialist Palliative Care Inpatient Unit increased by 10%.

The dietitian responded to 72 health care professionals’ requests for support regarding dietary issues in palliative care which was 84.6% higher than in 2013. These requests were in addition to those raised by staff in the Specialist Palliative Care Inpatient Unit.
51 of these requests came from the Centre’s Hospice at Home team, 5 came from Palliative Medicine Departments, 15 came from Dietitians working in acute and community services, 1 from a patient and 4 came from other health care professionals nationally.

The dietitian, in conjunction with the Education Department, reviewed the format of the “Management and replacement of gastrostomy tubes” study days to ensure that the course received Continued Professional Development accreditation from the Irish Nutrition and Dietetics Institute (INDI). Outcomes included the development of a competency form to evaluate practical skills of participants; a knowledge questionnaire to evaluate knowledge of participants; a formal report for the INDI detailing numbers of attendees and feedback from participants who attended course in 2013 and INDI CPD accreditation for the course.

As a result of INDI CPD accreditation for the course there was a 180% increase in Dietitian attendees on the course in 2014 when compared to 2013.

**Horticulture** volunteers continued to play a vital supportive role in service provision and included an initiative to improve and enhance the Nursing Home courtyard.

A Limerick based company undertook to clean and replant beds in the Nursing Home courtyard as part of their Corporate Social Responsibility programme which improved the environment for residents using it during the summer.

A local company donated a compost load which has been used throughout the campus. The leaf mould cage built in 2013 came into use early in the year and is another source of compost.

A self-contained, self-circulating stone monolith water fountain was installed in the Therapeutic Garden and greatly enhances the sensory and therapeutic effect of the garden for its users.

**Pastoral Care** held 21 bereavement masses to remember those who died in the Specialist Palliative Care Inpatient Unit during the year.

It arranged and celebrated services in the Centre’s Oratory as well as officiating at 60 removal and remembrance services in the Mortuary.

In conjunction with the IT Department Pastoral Care initiated memory DVD’s made by patients as part of a visual and audio memory for families.

The sixth Interdenominational Remembrance Service was held in Our Lady Help of Christians Church, Castletroy, in May. It remembered and celebrated the lives of patients who died while under the care of the Centre during 2013 and approximately 650 families were invited to attend.
The department facilitated 11 community based evening talks on Grief and Loss and continued its facilitation of a workshop on Death and Dying for the Social Work Department.

Self-care and spirituality sessions were facilitated for the Education Department as part of Pastoral Care’s ongoing education commitment. End of life healthcare ethics is now a core part of our education remit.

It is in its fourth year lecturing at University of Limerick.

As part of its community outreach, several grief based seminars were held.

Pastoral Care organised a week of Remembrance for our Deceased in November, the month of the Holy Souls. On each day those who died in a different section of Milford Care Centre were remembered, including staff and their families, L.C.M. Sisters and Volunteers. Each section was also remembered on a display of Angels which was located on the altar during that week.

The department’s provision of care and support included organising humanist services, private masses and, more recently, services of reconciliation and healing. As part of the continuing support post-mortem the department attend funerals in the community as requested by families.

**Compassionate Communities Project**

A strategic decision was taken by the Board of Milford Care Centre to extend the Compassionate Communities Project across the whole of the Mid-West Region and in April a full-time Project Coordinator was appointed resulting in:

- A revitalised project website and strengthened social media streams (see [www.compassionatecommunities.ie](http://www.compassionatecommunities.ie)).
- Acceptance of a number of media pieces about the projects by local print and radio media
- Café Conversations held in Nenagh and Roscrea regarding advance planning for end of life
- Delivery of the one day Working With Grief and Loss programme to school teachers in Mary Immaculate College, staff working with the Early Schools Completion Programme in Limerick City and members of the public in Roscrea
- Formation of a partnership with UL’s Computer Services department and students developed two new films for use by the project with communities and a suite of mobile Apps for the Let’s Talk films
- A partnership project with the Limerick City of Culture funded Mobile Irish Pub and Monaleen GAA to raise awareness of the project and associated resources available
- A weekend spent at Limerick’s Milk Market engaging with the public and promoting the resources associated with the project

In addition an open information session was held for the public as part of the recruitment drive for the Good Neighbour Partnership. This led to 12 people being successfully selected as Compassionate Communities Volunteers and
will commence training in 2015. The Good Neighbour Partnership is a volunteer-led model of social and practical support with community dwelling adults living with advanced life-limiting illness – the first of its kind in Ireland.

The project coordinator was awarded the AIIHPC / ICS Research Fellowship in October 2014 to conduct an exploratory delayed intervention randomised controlled trial to assess the feasibility, acceptability and potential effectiveness of the Good Neighbour Partnership. This project is being conducted in partnership with Maynooth University and an international team of investigators.

Seed grant funding was awarded to 13 community based projects to develop local initiatives around issues associated with death, dying, loss and care.

Five abstracts were successfully submitted as oral presentations to the 4th International Public Health and Palliative Care Conference to be held in UK next April.

COMMUNITY SUPPORT BED NETWORK

The Community Support Bed Network provides 16 beds for end of life care and respite. Based in HSE and voluntary facilities they provide locally based services for palliative care patients with non-complex symptoms. These beds are located in the following facilities:

<table>
<thead>
<tr>
<th>County</th>
<th>Community Support Bed Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clare</td>
<td>Regina House, Kilrush (2), Ennistymon Community Hospital (1), Raheen Community Hospital (2), Cahercalla Community Hospital, Ennis (5).</td>
</tr>
<tr>
<td>North Tipperary</td>
<td>Dean Maxwell Community Nursing Unit, Roscrea (2), St. Conlan’s Community Nursing Unit, Nenagh (2), Hospital of the Assumption, Thurles (2)</td>
</tr>
</tbody>
</table>

There is also a Step-down Palliative Care Support Bed in Milford Nursing Home, Limerick.\(^\text{13}\)

Admissions increased by 5.47% (135 v. 128) and there was a significant increase in the number of bed days used (up from 3,393 to 3,828; a 12.8% increase).

\(^{13}\) The Step Down Bed in Milford Nursing Home supports the activities of Milford Specialist IPU.
NON-CLINICAL SERVICES

**Human Resources**
The Performance Management Review programme was rolled out to all staff during the year.

A Wellbeing Week for staff was launched in January with an emphasis on health screening and exercise with a series of talks and exercise classes were organized for staff along with health screening check and eye sight test on site.

The Department continued to address issues identified in the HIQA gap analysis exercise.

Volunteers from a local company provided basic classes for staff as part of the Centre’s computer skills enhancement programme.

Several staff members undertook the *Project Management Skills for Life* programme offered to voluntary organisations by Dell.

**Education, Research and Quality**
In January the roles of the Quality and Research Coordinator and the Health and Safety Specialist were amalgamated with the Education and Learning Development Department. The department has been renamed the **Education, Research and Quality Department**.

There was an overall 11.8% increase in the number of participants partaking in 77 courses. 57 courses were provided on site which facilitated a total of 935 participants and 20 courses were delivered off-site to 181 participants demonstrating the responsiveness of the Education Department to meet the needs of service providers who cannot release staff to travel into the Centre but wish to avail of education opportunities.
A stakeholder needs assessment was conducted to determine appropriateness of content of the existing educational programmes and to identify any unmet needs. The results indicate that:

- 93.3% of respondents consider the range of education programmes currently offered to be relevant and user friendly
- 85.7% would prefer additional training on their premises
- 53.3% would prefer training to be delivered in a half day and 26.7% would prefer training to be delivered in a full day
- 46.67% of respondents would prefer blended training (a mix of online and classroom based training), whereas only 21.43% would prefer online training.

This preference for e-learning as a medium for delivery of training supports the very significant investment of time and resources in the further development of e-learning programmes. Four new online e-learning programmes will be provided in 2015 as a result of the hard work of the staff in the department. The work involved in the development of on line programmes is extensive.

The other main learning needs included courses on responding to behaviours that challenge and on care of patients with dementia. These courses will form part of the educational programme to be offered in 2015.

The Education Department was successful in a competitive bid for a grant to develop an e-learning programme entitled “Introduction to Palliative Care” by the All Ireland Institute of Hospice and Palliative Care (AllHPC).

Milford Care Centre and Marymount were awarded a grant to develop an e – learning programme regarding “Communication Issues - The Formal Family Meeting: A structured approach to communication within palliative care”. These programmes will further assist in meeting six of the core competencies.
for generalists in respect of the Palliative Care Competency Framework which was developed by the National Palliative Care Clinical Care Programme.

MCC’s Librarian was awarded an Education Fellowship from the AIIHPC. She will visit hospices and education providers who excel in the provision of a palliative care education via e-learning. The visits will occur in 2015.

The Head of Education, Research and Quality was awarded a bursary to attend the EAPC in Lleida in 2014, which supported her poster presentation entitled “Concordance between clinician and patient severity ratings of palliative care symptoms: an evaluation of an admission assessment”

In conjunction with the Irish Hospice Foundation (IHF) Milford has appointed the first of the four Regional Coordinators to the “A Journey of Change” programme which was first launched in August. The initiative is part of the IHF’s “Changing Minds” project, which seeks to influence the awareness and attitudes of people in Ireland regarding dementia, and improve the care of those suffering with dementia.

“A Journey of Change” was developed for residential care. End-of-life (EOL) and dementia are difficult subjects and many staff need developmental support as they care for those persons with dementia. The programme gives staff the training and tools needed to reflect on their practices and to make effective change, where change is needed. Centres can choose to engage with the programme at three different levels, so they choose the combination of resources and workshops that best suit their needs. The Mid West is the first site in the country to commence engagement with the residential care centres and centres in Limerick will begin their “Journey of Change” workshops in early January 2015.

The Department supported five studies with ethical applications and/or development of research proposals.

Guides to support staff with regard to seeking ethical approval, seeking funding for grant applications and publication were developed and published on the MCC intranet site.

The Department is supporting a study aimed at facilitating palliative care services to measure complexity of interventions and impact of their work. This project includes the collection of data in respect of complexity of illness by measuring the problem severity, function, quality of life, health carer professional distress.

Health and Safety continued its efforts to support staff striving for the attainment of high standards in service delivery and safety for patients, residents, clients and families.

The Department continued preparations for a number of e-learning Health & Safety training modules and these will be rolled out in 2015.
The Department made full use of the newly launched intranet to provide easily accessible information on training, toolbox talks and user guides.

Health & Safety audits were completed in respect of:

- Fire register and fire doors
- Water system
- Medical oxygen
- Dangerous goods
- Departmental Health and Safety checklists

Dangerous Goods Safety audits were conducted in June and November and the findings were very positive.

There was a major emergency fire drill held in the Nursing Home in June with the Fire Service and Ambulance service personnel present.

The department worked closely with Fundraising in the development of health and safety plans for the Harvest Fair in September and the Light up a Memory ceremony in December.

The **Catering Department** provided 73,800 main meals, a decrease of 3.22% on 2013.

A catering consultancy company was commissioned to identify, advise on and facilitate Level 1 Food Safety Training Programme for all catering staff.

A brochure was introduced to promote the catering service and Restaurant.

**General Services** has a wide remit in the Centre and continued to avail of the assistance and advice of the Regional Waste Management Office in its efforts to reduce waste costs. There was a slight reduction in the waste going to landfill (1.78%) and a 1.54% decrease in landfill costs.

Our clinical waste costs increased by 16.77% with the disposal rate rising by 16.29%.
The annual and quarterly reports required as part of the waste water monitoring programme were submitted to the County Council and interventions and changes in practice were implemented to ensure adherence to the sampling parameters.

The throughput of garments in the Laundry during the year increased to 99,688 (up 6.17% on 2013) and may be largely explained by the re-opening of two beds in the Specialist Palliative Care Inpatient Unit.

The **Information and Communications Technology Department** had a very busy year finalising projects commenced in 2013 and continuing to expand the ICT infrastructure within the Centre.

Web conferencing was rolled out to external offices during the year.

The project to upgrade all PC’s running XP to Windows 7 was completed prior to the April deadline.

The Intranet site went live in mid-year and facilitates internal communication and some training.

**Administration** continued to provide a high level of support throughout the organisation and its staff continued to develop further enhancements to support statistical information gathering to meet revised National Minimum Data Set and the Centre’s internal requirements.

The Centre’s general approach to requests for information from patients and their carers is to respond on a one-to-one basis consistent with patient confidentiality. However this is not always appropriate or possible. On occasions written requests are made and these are responded to in accordance with legislation and the Centre’s own policy.

Six written requests were received during the year. Two requesters were granted release of the information they sought, partial release was granted in one case, one was refused, one provided insufficient information to enable a search and one request was in respect of a person who was not a patient of the Centre.

**Complaints**

The Centre complied with its obligations under Part 9 of the Health Act 2004, and Health Act 2004 (Complaints) Regulations 2006 (S.I. 652 of 2006) and forwarded bi-annual reports to the HSE. The Centre received eight complaints during the year. All but one were dealt with prior to year-end; 5 resolved to the satisfaction of the complainant, 1 not upheld, 1 not pursued by complainant when contacted for further information. The other complaint was addressed by the Centre and referred externally by the complainant.
Finance
In accordance with annual statutory requirements, Milford Care Centre’s Company Accounts were independently audited by PriceWaterhouseCoopers and the consolidated financial statements for the prior year were approved by the Board of Directors at the Company’s AGM held in May.

MCC gratefully acknowledges the ongoing support of our partners in the HSE, reflected in the annual service level agreement between the parties. We are also indeed grateful to all of the many organisations who offered funding and financial grant support to the Centre during the year.

All pay budgets and whole-time-equivalent (WTE) complements across all operations remained under review throughout the year within the Centre. Value for money and cost effectiveness reviews continued in many significant non-pay spending areas in conjunction with department heads and key budget holders.

Fundraising
Each year, Fundraising continues to play an integral role in assisting the financing of the services and development activities at Milford Care Centre. For 2014 this continued to be particularly significant in the prevailing economic climate. Therefore it was very pleasing to note that Fundraising levels remained on a par with the previous year. This was owing to a vibrant fundraising activities year which was reflective of the wonderful generosity of the people of the Mid-West Region who yet again faithfully supported the Centre’s various Fundraising events, to assist in funding the Centre’s comprehensive range of specialist palliative care services.

The Annual Milford 10k Run started our fundraising events in January with over 1,500 runners and walkers taking to the roads to support us.

Church gate collections were organised and supported by community volunteers throughout Limerick City and County while in early May, many marathon participants opted to run and walk in aid of Milford Hospice as their chosen charity in the City’s Great Limerick Run event.

Sunflower Days, a national event organised in conjunction with the Irish Hospice Foundation, was once again well supported throughout the City and County over two days in June. Anne Coughlan, Hospice volunteer, represented Milford as our Sunflower Hero in May.

The 29th annual Milford Hospice Harvest Fair took place on 31st August at the University of Limerick’s Sports Arena. As in previous years, this popular event was a great community success, reflecting the wonderful voluntary efforts of everyone involved in its organisation. We extend thanks to everybody associated with this key fundraising event.
National Coffee Morning took place in mid-September with UTV Ireland news anchor, Alison Comyn, joining patients, residents, staff and volunteers at the Centre’s own event hosted on the day. Local members of the successful Irish Women’s Rugby team and the victorious Limerick Camogie team also attended on the day much to the delight of the many sports fans in attendance. The Clare and Limerick Roses, fresh from the Tralee Festival, also came along in support on the day.

We acknowledge and express sincere thanks to the many Coffee Morning hosts and their guests across the region that supported us yet again this year in this fundraising initiative.

At year end, many supporters took the opportunity to remember their loved ones in a special way by sponsoring lights on our Light up a Memory Tree which was illuminated in the grounds from mid-December and remained lighting throughout the Christmas season.

We remain indebted to everyone who has assisted in any way in raising funds including the numerous individuals and community groups for planning and organising separate and sponsored events within their own area. Sincere thanks also to the Hospice Friends Association under the chairmanship of Joss Lowry, and for their work in assisting with scheduled events throughout the year.
Directors Financial Commentary and Overview

Governance Arrangements
Milford Care Centre is a Company Limited by Guarantee No. 291969 and as such is fully compliant with the legal requirements as determined by the Companies Registration Office. It is also a registered Charity (CHY No. 12761; CRA No. 20038118) and as such its fundraising activities are in compliance with the requirements of the Charities Act. The entire organisation operates within strict governance structures and the Board fulfils the role of Trustees for the fundraising activities of Milford Hospice. In this capacity, the Board is charged with responsibility for ensuring that voluntary donated funds received are used for the intended purposes only. Accordingly, the Directors wish to assure their supporters that all funds raised in support of Milford Hospice’s services are used solely for the purposes of ensuring the provision of high quality, patient-centred specialist palliative care to patients and their families throughout Clare, Limerick and North Tipperary.

Funding Position
Milford Care Centre is a voluntary, not-for-profit organisation governed by an independent Board of Directors. The Centre provides a range of both publicly supported and privately funded healthcare services which consist of the following operating entities:

(a) Milford Hospice In-Patient & Hospice-at-Home Community Services and Milford Day Care Services, which are all publicly supported services, covering both specialist palliative care and care for older persons. The ongoing annual operating costs of these designated services, both pay and non-pay, are funded by a number of sources as follows:

- Circa 75% by Health Service Executive (HSE), through a Section 39 Agency Service Agreement, which prescribes agreed service levels in the areas of both specialist palliative care and day care
- A further c. 18% is derived from a combination of private health insurance income, education, catering and other income
- The balance of c. 7% of all operating costs, including the pay and non-pay costs for all staff engaged in these publicly supported services, is met from the proceeds of fundraising activities.

Milford Hospice is the sole designated consultant led specialist palliative care service provider for the entire Mid-West region, delivering services from bases in Limerick City, Ennis, Nenagh, Thurles and Newcastlewest.

(b) Milford Nursing Home is privately funded and is registered with HIQA. This facility is run on a not-for-profit basis and its operating costs are met primarily from residents’ fee income. There is no direct fundraising undertaken for the Nursing Home.

In all, there is a headcount in excess of 350 staff engaged in MCC’s work. MCC is not a public sector organisation, nor are its employees deemed to be public servants.
Directors & Chief Executive Remuneration and Related Matters

The Directors of Milford Care Centre provide their services on a voluntary basis and do not receive any remuneration or expenses in respect of this involvement with the organisation.

The remuneration of the Centre’s Chief Executive remains within the direct remit, responsibility and governance of the Board of Directors. In this regard, the Directors can confirm that the current total salary of the Chief Executive is €119,883 per annum. This is funded from a number of sources, primarily by the HSE and a fixed contribution from Milford Nursing Home (private facility), with the balance being derived from private health insurance and other income, along with very limited support from fundraising.

Full salary details payable to the Chief Executive have also been made available to the HSE and are outlined in MCC’s 2014 Financial Statements.

Financial Overview 2014

In the financial year to 31st December 2014, Milford Care Centre recorded a consolidated loss of €59,418, which was largely comparable with the reported loss of €50,587 reported in 2013.

Income of €18,431,309 for 2014 represented a solid 3.9% year-on-year increase on the comparable figure of €17,733,587 for the previous year. Voluntary donations and fundraising activities accounted for €1,834,884 of the overall total income for the year representing an increase of €314,429 in this area in comparison to the previous year, which was a satisfactory outcome in the existing economic climate. Healthcare and related activities income showed a 2.4% increase with respective increases to income streams including patient related health insurance, education and other project refunds whilst the HSE allocation for 2014 reported a marginal service provision related increase.

Overall, expenditure for the year of €18,598,520 was up by €655,359 on the 2013 reported figure. Direct payroll expenditure accounted for €14,613,245. In addition to normal staffing increments and normal staffing increases arising in areas including Palliative Day Care which extended to 3 days per week during 2014, payroll costs also included an annual leave provision in the current year, in compliance with recently introduced Financial Reporting Statement (FRS) 102. This pay cost provision did not feature in the prior year.

Non-pay expenditure was €3,985,275, reflecting an increase of €186,129 or 4.9% on the previous year. Increased project costs which directly related to higher project income, was the main constituent of this increase whilst once-off items included in patient medical costs by comparison to the prior year also featured. In other operating areas, on-going efficiencies were maintained across the services in 2014.

Interest Receivable decreased for the year by €51,194 compared to the 2013 figure, reflecting the prevailing decline in deposit interest rates on offer from the mainstream investment institutions.
The final year-end financial position was broadly in line with expectation. Once again there was an increase in overall patient activity managed within existing resources, with the total number of individual palliative care patients cared for increasing from 1,545 in 2013 to 1,749 in 2014. It is envisaged that the Centre’s finances will continue to be managed in the context of this sustained increasing trend in patient activity levels.

PriceWaterhouseCoopers have issued an unqualified opinion for Milford Care Centre in respect of the financial statements for year ended 31st December 2014 which were prepared in accordance with the Companies Act 2014.

**Company Reserves and Future Commitments**

For 2015, the Centre has made provision in excess of circa €1.23m from its voluntary fundraising reserves to cover operational shortfalls in its publicly funded services in order to fund current services and anticipated increased demand. In addition, fundraising will be required to cover the cost of any minor capital and / or equipment replacement and acquisition needs as this is not funded by HSE. As the nature of fundraising is not a guaranteed source of income, it is the Centre’s aim to have in place adequate accumulated reserves for approved or committed expenditure. This ongoing prudent strategy continues to remain relevant within the prevailing national economic context.

At the December 2014 Board Meeting, the Board of Directors gave final approval to proceed with a new Capital Development Project at Milford covering both Specialist Palliative Care and Older Persons services. This project centres on the adaption of all multi-occupancy rooms to single rooms and a further expansion of capacity for patients, residents and families. At an estimated total cost of €8.5m., this project budget includes a provision of €0.8m in respect of adaptation work / expansion of Milford Nursing Home, which is a non-publicly funded service and which is to be funded directly by the Nursing Home. As a result of this investment, bed capacity in the Nursing Home will increase from 47 beds to up to 68 beds, all being of single occupancy configuration.

The balance of €7.7m relates to the building of a new 34 bed specialist palliative care Inpatient Unit for patients throughout the Mid-West Region, again with all rooms being of single occupancy configuration. The JP McManus Benevolent Fund & Pro-Am 2010 Committees have approved grants totalling €3.4m towards the project, while MCC have designated €2.5m from within its existing reserves towards its completion. This leaves an additional fundraising target of up to €2m to be achieved over a four year period from 2015 onwards in support of this Capital Development.

The Board of Directors would like to acknowledge and thank all of its funders, including the HSE, the general public, JP McManus Committee and its other resource providers for their on-going support and encouragement and to re-iterate its commitment to the continuance of delivery of high quality, person centred care.
INCOME AND EXPENDITURE ACCOUNT
Year Ended 31 December 2014

<table>
<thead>
<tr>
<th>Income</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare and related activities</td>
<td>16,596,425</td>
<td>16,212,952</td>
</tr>
<tr>
<td>Fundraising activities</td>
<td>1,834,884</td>
<td>1,520,635</td>
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<tr>
<td><strong>Total Incoming Resources</strong></td>
<td><strong>18,431,309</strong></td>
<td><strong>17,733,587</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Wages Costs</td>
<td>14,613,245</td>
<td>14,144,015</td>
</tr>
<tr>
<td>Other Operating Expenses</td>
<td>3,985,275</td>
<td>3,799,146</td>
</tr>
<tr>
<td><strong>Total Resources Expended</strong></td>
<td><strong>18,598,520</strong></td>
<td><strong>17,943,161</strong></td>
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</tbody>
</table>

Net operating result

| Net operating result                      | (167,211) | (209,574) |
| Interest receivable                       | 107,793   | 158,987   |
| **Deficit for the year**                  | **(59,418)** | **(50,587)** |

STATEMENT OF MOVEMENT IN RETAINED SURPLUS

| At 1 January                               | 8,141,385 | 8,191,972 |
| Deficit for the year                      | (59,418)  | (50,587)  |
| **At 31 December**                        | **8,081,967** | **8,141,385** |

Income and the operating deficit arose solely from continuing operations.

The company has no recognised gains and losses other than those included in the income and expenditure account above and therefore no separate statement of total recognised gains and losses has been presented.

The financial statements were approved by the Board of Directors on 23 June 2015.
## BALANCE SHEET
### Year Ended 31 December 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td>17,826,608</td>
<td>18,461,239</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks</td>
<td>75,391</td>
<td>93,297</td>
</tr>
<tr>
<td>Debtors</td>
<td>1,257,273</td>
<td>1,306,309</td>
</tr>
<tr>
<td>Cash at bank and on hand (*Note 1)</td>
<td>8,419,111</td>
<td>8,279,684</td>
</tr>
<tr>
<td><strong>Creditors</strong> - amounts falling due within one year</td>
<td>(3,479,445)</td>
<td>(3,838,087)</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>6,272,330</td>
<td>5,841,203</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>24,098,938</td>
<td>24,302,442</td>
</tr>
<tr>
<td><strong>Creditors</strong> - amounts falling due after more than one year</td>
<td>(6,674,986)</td>
<td>(6,819,072)</td>
</tr>
<tr>
<td><strong>Capital and reserves</strong> (*Note 2)</td>
<td>17,423,952</td>
<td>17,483,370</td>
</tr>
<tr>
<td>Capital reserves</td>
<td>9,341,985</td>
<td>9,341,985</td>
</tr>
<tr>
<td>Revenue reserves</td>
<td>8,081,967</td>
<td>8,141,385</td>
</tr>
<tr>
<td><strong>Total capital and reserves</strong></td>
<td>17,423,952</td>
<td>17,483,370</td>
</tr>
</tbody>
</table>

The financial statements were approved by the Board of Directors on 23 June 2015 and signed on its behalf by:

- **Pat Gilmartin**   Director
- **Brigid Walsh LCM** Director
### BALANCE SHEET

**Year Ended 31 December 2014**

*Note 1*

Cash balances on hand as at 31 December 2014 comprise the following:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>€3,656,814</td>
<td>€5,884,994</td>
</tr>
<tr>
<td>Designated cash</td>
<td>€4,043,058</td>
<td>€1,682,864</td>
</tr>
<tr>
<td>Restricted cash</td>
<td>€719,239</td>
<td>€711,826</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>€8,419,111</strong></td>
<td><strong>€8,279,684</strong></td>
</tr>
</tbody>
</table>

Cash at bank and in hand as shown above, together with other current assets and current liabilities result in Net Current Assets of €6,272,330 at financial year ended 31 December 2014. Reflected in the overall year end cash total is an amount of €4.04 million which has been designated for both future Capital Development Projects and ongoing operational deficit requirements. Other restrictions apply to the uses of a further €0.7m of this total.

*Note 2*

Reconciliation of movement in reserves

<table>
<thead>
<tr>
<th></th>
<th>Designated reserves</th>
<th>Restricted reserves</th>
<th>General reserves</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€</td>
<td>€</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>At 1 January 2013</td>
<td>312,864</td>
<td>-</td>
<td>17,221,093</td>
<td>17,533,957</td>
</tr>
<tr>
<td>Deficit for the year</td>
<td>-</td>
<td>-</td>
<td>(50,587)</td>
<td>(50,587)</td>
</tr>
<tr>
<td>________________</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
<tr>
<td>At 31 December 2013 and 1 January 2014</td>
<td>312,864</td>
<td>-</td>
<td>17,170,506</td>
<td>17,483,370</td>
</tr>
<tr>
<td>Annual operating commitment</td>
<td>1,230,194</td>
<td>-</td>
<td>(1,230,194)</td>
<td>-</td>
</tr>
<tr>
<td>Capital commitment</td>
<td>2,500,000</td>
<td>-</td>
<td>(2,500,000)</td>
<td>-</td>
</tr>
<tr>
<td>Deficit for the year</td>
<td>-</td>
<td>-</td>
<td>(59,418)</td>
<td>(59,418)</td>
</tr>
<tr>
<td>________________</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
<tr>
<td>At 31 December 2014</td>
<td>4,043,058</td>
<td>-</td>
<td>13,380,894</td>
<td>17,423,952</td>
</tr>
</tbody>
</table>

During the financial year ended 31 December 2014, a total of €3.73m was designated from existing reserves to meet both capital commitment and operating deficit requirements as outlined above, bringing the cumulative designated reserves total to €4.04m at the balance sheet date.
APPENDIX 1

PUBLICATIONS/PRESENTATIONS

Lucey, M. Pain Guidelines. Oral Presentation 20th International Congress on Palliative Care, Montreal 9th -12th September 2014

Quality Structure of Milford Care Centre, Oral Presentation National Clinical Programme for Palliative Care Launch Day, Dublin 4th November 2014


Carney J, O’Reilly M, Conroy M, Lucey M. Audit of referrals to a specialist palliative care unit – identifying areas for improvement. Poster presentation IAPC Education & Research Seminar, Dublin, February 2014


V O’Reilly, A Storan, F Twomey. ‘Learning at the coalface’ – Evaluating graduate-entry medical students’ experiences following placement at an inpatient specialist palliative care unit. Poster presentation INMED Conference, Belfast, February 2014

Physiotherapy oral presentation: Fatigue: Rehabilitating the Dying for AHPs, St. Christopher’s Hospice, London. January 2014

Physiotherapy presentation: Palliative Care Physiotherapy: Midlands, ISCP Branch. February 2014

Physiotherapy oral presentation: Exercise and Fatigue ISCP Annual Combined AGM and Study Day. April 2014

Physiotherapy oral presentation: A profile of Lymphoedema/oedema service in Palliative Care International Lymphoedema Framework Conference, Glasgow. June 2014

Physiotherapy oral presentation: Principles of Palliative Care: Assessing a Child with Life Limiting Illness for AHPs, Laura Lynn, Dublin. June 2014

Oral presentation: “Using the St Christopher’s Index of Patient Priorities (SKIPP) tool to evaluate the quality of care provided by a specialist palliative care service in Ireland”. AllHPC’s Early Career Research Forum Meeting. May 2014


Molloy, C. Poster abstract: Pilot Study Evaluating the Effect of the Ethical Framework for End-of-Life Care Study Sessions. IAPC Education & Research Seminar, Dublin, February 2014
MISSION STATEMENT

We in Milford Care Centre, as a Little Company of Mary Health Care Facility aim to provide the highest quality of care to patients/residents, family and friends, both in the areas of palliative care and services to the older person, as envisaged by Venerable Mary Potter. We strive to live our core values.

Justice
To be rooted in integrity, honesty and fairness in all that we do.

Compassion
To seek to understand and to care for all with compassion.

Respect
To treat each person as a unique and valued individual.

Communication
To be open, honest and sensitive in all our communications.

Accountability
To provide a professional service that uses resources economically, efficiently and effectively.

Milford Care Centre
(Under the auspices of the Little Company of Mary)

Castletroy, Limerick, Ireland.

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Email: info@milfordcc.ie
Website: www.milfordcarecentre.ie