



Millford Care Centre



ANNUAL REPORT 2015

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CHAIRPERSON'S STATEMENT

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

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

MCC is fully cognisant of its statutory obligations under both the 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 Financial Commentary and Overview Section along with details on our finance, fundraising and operational activities. Furthermore, our website contains detailed information and assurances to our many supporters on how MCC utilises all of its financial resources.

MCC has long been regarded as a centre of excellence and strives at all times to maintain the highest level of service to all service users. This is only possible with the dedicated service, commitment and professionalism of our wonderful staff, and on behalf of the Board, I would like to express my sincere thanks to one and all of a great team.

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 also on behalf of the Board like to express my sincere gratitude to all concerned.

Once again the generosity of the people of the Mid West in supporting our fundraising activities has been tremendous. Sincere thanks to all who have made donations to Milford and have supported our various events during the last year. This support is vitally important to supplement our statutory funding in the delivery of front line services.

We have also announced the development of a new hospice unit for Milford during the last year, which is commented on in the Chief Executive's report, which is being funded from a combination of sources, including the JP McManus Foundation, some other bequests, and funds earmarked from



previous fundraising activities. We are still left with a shortfall of circa €4 million to finance the project, which we hope will be partly met by the HSE and the balance we will need to fund from some new fundraising initiatives, which we will respectfully ask the general public to support.

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 continued 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 reiterate that all do so without remuneration or expenses of any nature whatsoever.

In 2016 and the years ahead there are many challenges, particularly the development of the 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
July 2016



CHIEF EXECUTIVE'S STATEMENT

Milford Care Centre continued to provide and enhance its range of Older Adult and Specialist Palliative Care services while also planning for the major development project approved by the Board in December 2014.

Development Project

A working group was established to prepare a planning brief for the Design Team and staff visited the recently built St. Francis Hospice, Blanchardstown and Marymount Hospice in Cork. A representative from Our Lady's Hospice presented on their development plans. The willingness of our colleagues in these facilities to share information about, and learning from, their projects was very much appreciated.

Draft plans for the new Hospice and the redeveloped Nursing Home were well advanced by year end and planning and other regulatory applications will be submitted in early 2016 with a view to starting building work in the last quarter of 2016.

Board of Directors

There were two resignations from, and four appointments to, the Board of Directors and I would like to express my thanks to those who resigned for their contribution over many years and my appreciation to those who have joined for their willingness to undertake an active role in the governance of the Centre. They give their time, voluntarily and without remuneration, in the interests of Milford and I look forward to continuing our excellent working relationship.

Quality and Standards

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.

The Nursing Home is registered by HIQA and operates under their *National Standards for Residential Care Settings for Older People in Ireland*. The rest of the Centre utilises the *Safer Better Healthcare Standards* as its benchmark and guide to the implementation of our quality improvement plans.

Our People

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 was delighted to be in a position to present long service awards to 83 volunteers, staff, long-service former Chairpersons of Milford Friends and fundraisers. 17 of the volunteers and staff have been with us for more than 30 years.

I would like to acknowledge the major contribution of my colleagues on the Management Team and clearly their support, professionalism and dedication was invaluable to the work of MCC throughout 2015.

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 into the future. I also bid an appreciative farewell to staff that retired or resigned and wish them every success for the future.

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
July 2016



BOARD DIRECTORS AND MANAGEMENT TEAM MEMBERSHIP

Directors

Dr. Con Cronin

Ms. Catherine Duffy (*from September 2015*)

Mr. Pat Gilmartin (Chairperson – *from February 2015*)

Sr. Bridie Leahy, L.C.M.

Mr. Joe McEntee (*from September 2015*)

Mr. Joseph F. Murphy

Ms. Margaret V. O'Connell (*from September 2015*)

Mr. R. J. Roche (Chairperson – *resigned February 2015*)

Sr. Teresa Ryan, L.C.M. (*resigned September 2015*)

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 adults 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 Adults
- A 30-bed Specialist Palliative Care Inpatient Unit, serving the entire Mid-West region
- A Specialist Palliative Care Day Unit
- 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 Department.

MISSION

Research into the influences of Plassey House and its history on the development of Milford Care Centre from its early days continued and publication is expected in late 2017.



Ven. Mary Potter

The facilitators from the Wisborough Transformation Company visited the Centre in January and presented the *Exploring Values and Conscious Caring in Healthcare* course.

A group of Koreans attending the University of Limerick undertook a palliative care study day in Milford and discussions were held with Korea regarding a potential visit by palliative care doctors and nurses.

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.

Research¹/Audit/Quality

The national specialist palliative care referral form was introduced across every sector – community, day hospice, inpatient unit and acute hospitals.

A referral policy for specialist palliative care services was introduced within the UL Hospitals Group.

¹ Milford Care Centre's Research output is available online at www.lenus.ie and also on the Library Catalogue



The Palliative Care Clinical Operations Group was established in University Hospital Limerick (UHL) with agreed terms of reference and membership.

National Guidelines for the Pharmacological Management of Cancer Pain was officially launched in November. This was developed by a subgroup of the HSE/Royal College of Physicians National Clinical Programme for Palliative Care and was chaired by Dr Michael Lucey.

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

An admission and discharge policy for Palliative Care Support Beds was written by a sub-group of the Consultative Forum and submitted to the HSE for approval.

A *Do not attempt cardiopulmonary resuscitation* policy was introduced and piloted within UHL.

Twenty five abstracts were submitted for the European Association of Palliative Care Conference 2016 which will be held in Dublin. Milford was awarded three oral, nine poster and eleven print presentations which represents a major achievement on the part of staff.

The community based Physiotherapists piloted the use of iCare for patient notes and this was extended to all Allied Healthcare Professionals working in the Hospice at Home service by year end. Although the system has limitations it has improved communication between team members. The pilot will be carried into 2016 and evaluated during the year.

Milford joined with Our Lady's Hospice to prepare a summary of requirements for an electronic healthcare record that would meet the needs of a specialist palliative care service.

An inter-departmental research proposal to examine the benefit of therapeutic singing on respiration, phonation, resonance and articulation for patients attending palliative care was initiated.

New education courses were introduced, including a number of dementia care specific ones and several delivered via e-learning programmes.

The Centre continued to support the delivery of the Irish Hospice Foundation's pilot programme, *A Journey of Change*, which guides staff in residential care settings to develop excellence in end-of-life care.

The Hospice at Home team introduced a Masterclass Series for Clinical Nurse Specialists which was positively evaluated in October. It also commenced a pilot of a referrals triaging system which will be evaluated in 2016.



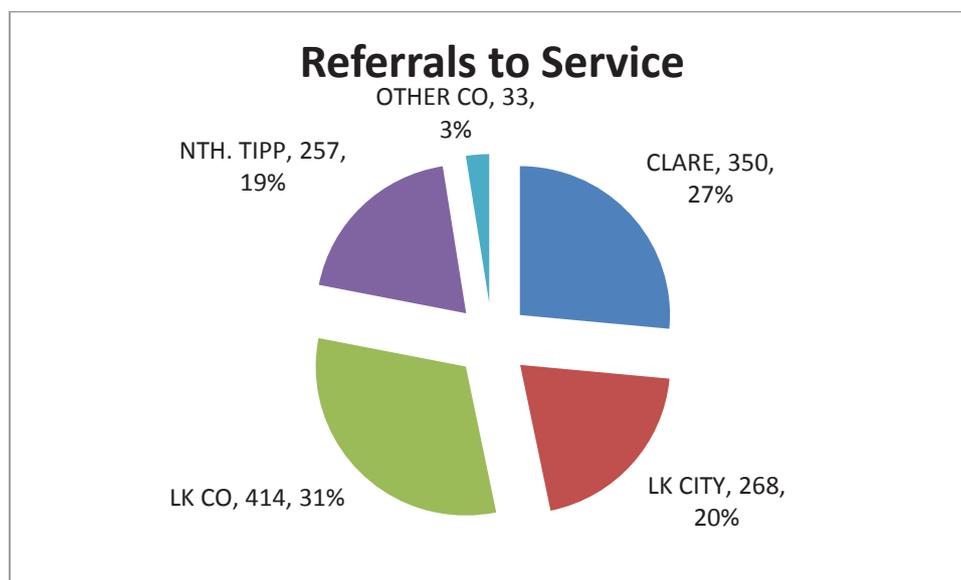
SERVICE ACTIVITY

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 1,713 individual patients across the geographical spread of the Mid West. There were 1,322 referrals (down 3.8% on 2014²) during the year.



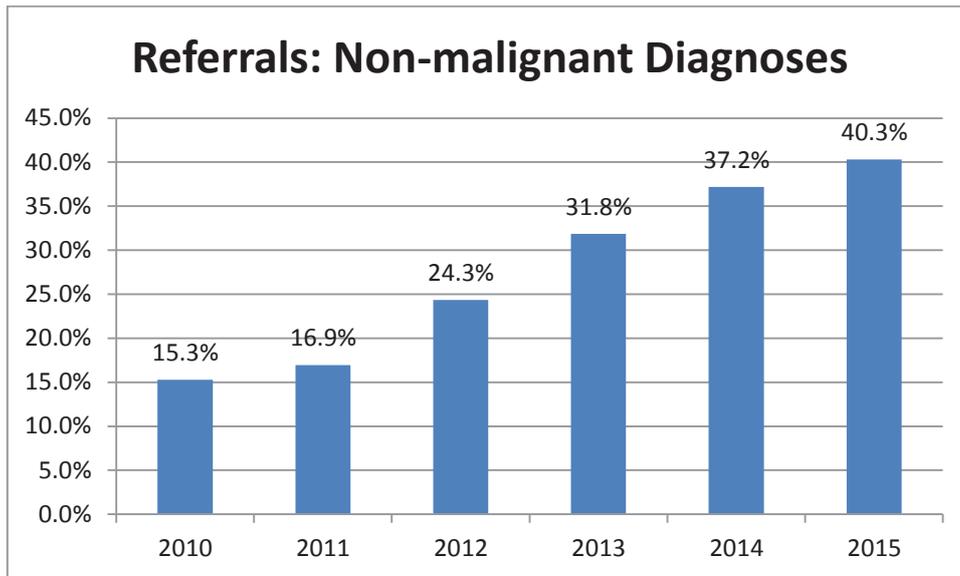
Referrals to Specialist Palliative Care 2015: By County

As in previous years slightly over 50% of referrals came from the Limerick City and County area (51.5%, down from 55% in 2014) while Tipperary showed a slight increase in referrals. 33 people were referred from neighbouring counties (up 27%).

59.7% of the referrals presented with a malignant diagnosis and 40.3% had non-malignant conditions. This continued the trend whereby an 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.

² The decrease is due to a change in the methodology for counting referrals to bring it into line with the Minimum Data Set definitions – now referrals are those referred and have received a face-to-face visit during the year.





Referrals to Specialist Palliative Care 2010 - 2015: Non-malignant Diagnoses

1,105 patients who were in receipt of care from the Centre died during the year, an increase of 2.8%. The majority (53%) of these died either at home or in another community based setting, e.g. nursing home. 29% died in the Specialist Palliative Care Inpatient Unit. Around 18% of patients died in an Acute Hospital.

Location of Death	No.	%
Home	354	32.0%
IPU	319	28.9%
Acute Hospital	204	18.5%
Nursing Home	226	20.5%
Other (abroad)	2	0.2%
	1,105	

Location of death of Specialist Palliative Care patients 2015

Specialist Palliative Care Inpatient Unit

There were 626 patients treated³ in the Specialist Palliative Care Inpatient Unit, a 3.3% increase on 2014. There were 602 admissions of which 200 were re-admissions. 86.2% of admissions had a malignant diagnosis and 13.8% were non-malignant.

290 (47.6%) patients were discharged home or to another community based setting and 319 (52.4%) patients died in the Unit.

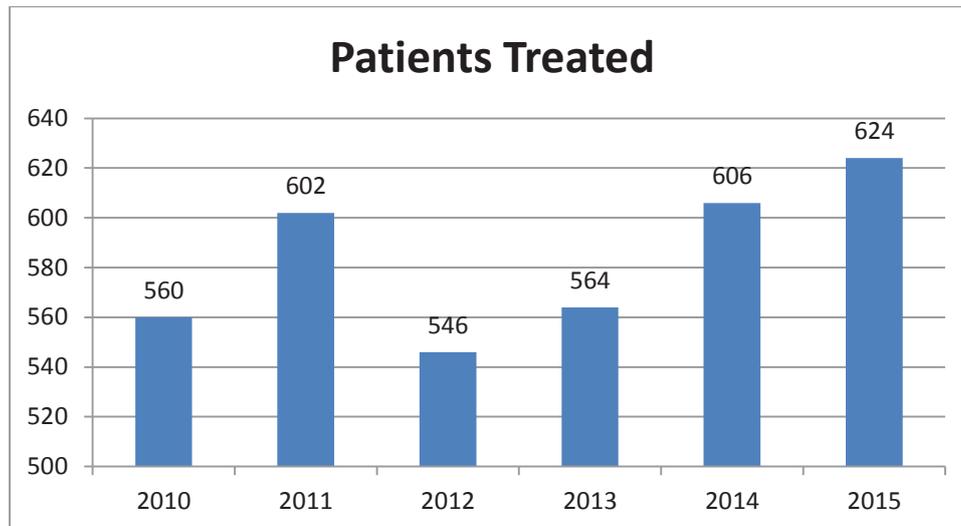
The average length of stay decreased from 16.36 to 14.09 days and the median length of stay increased from 9.29 days to 9.58⁴. The bed occupancy

³ “Treated” includes 24 patients in residence on 1st January and admissions during the year.

⁴ 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.



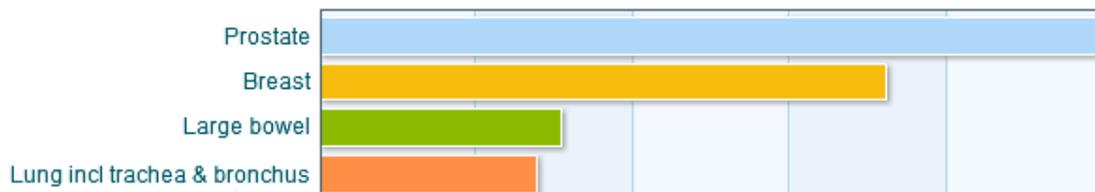
rate (based on 30 beds⁵) was 78.23%. 17 patients were in residence at 31st December 2015.



Patients treated in the Specialist Palliative Care Inpatient Unit 2010 – 2015

The top four admission diagnoses were cancers of the lung, breast, colon, and prostate⁶, which is in keeping with national statistics⁷.

Estimated incidence for both sexes in Ireland, 2012



Extract from: Most frequent cancers in both sexes, 2012⁸

Acute Hospital Service

There were 1,324 referrals (up 2.32%) at University Hospital Limerick, of which 782 were first referrals and 542 repeat referrals. 193 patients were transferred to the Hospice for admission.

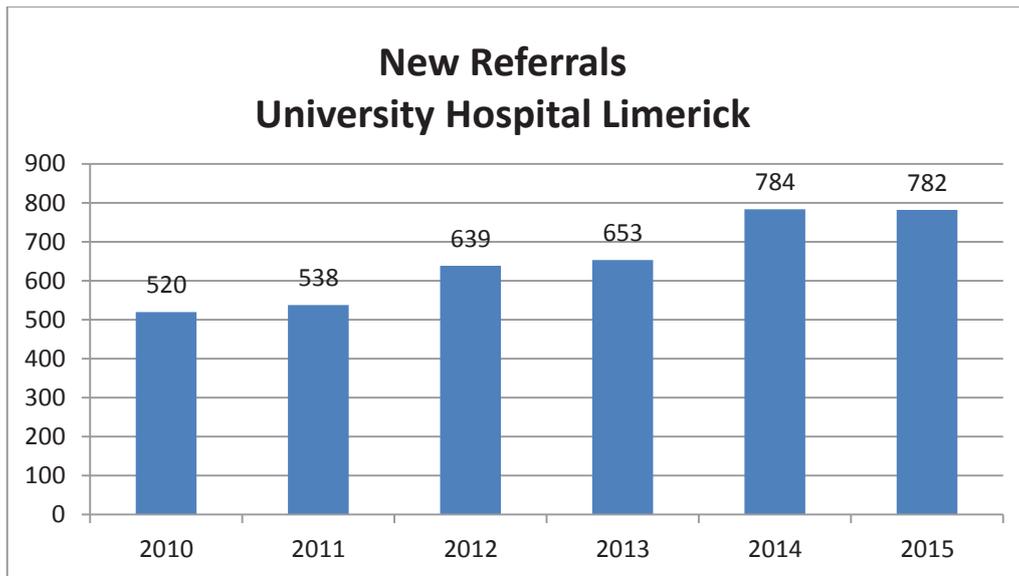
⁵ The IPU bed complement was reduced to 28 from 1st January 2012 and increased to 30 from 1st January 2014.

⁶ Top four diagnoses exclude Unknown Primary which came in at number four.

⁷ <http://eco.iarc.fr/EUCAN/Country.aspx?ISOCountryCd=372> accessed 29.08.2013

⁸ <http://eco.iarc.fr/EUCAN/Country.aspx?ISOCountryCd=372>





UHL: new referrals to Consultants in Palliative Medicine 2010 – 2015

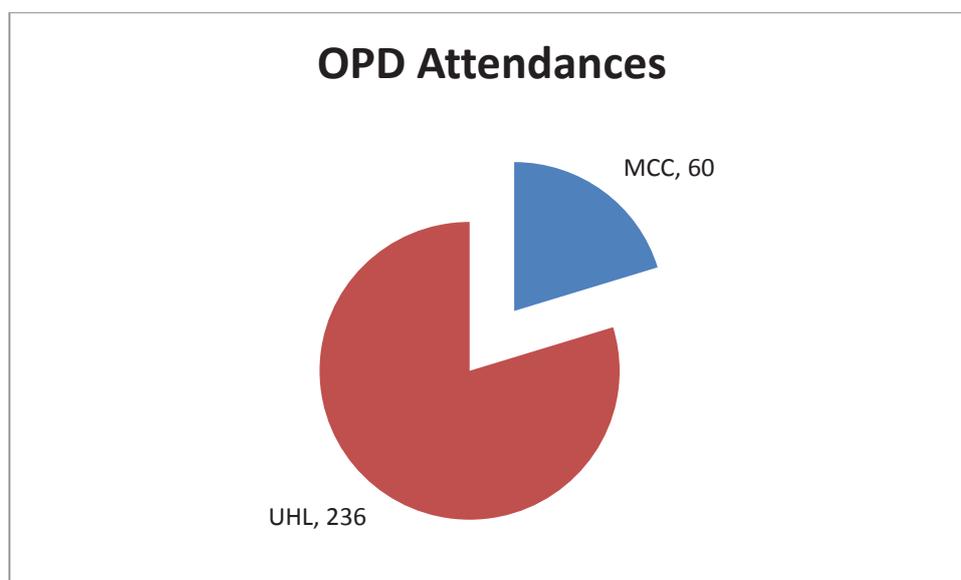
There were 101 first referrals and 8 review referrals to the Palliative Medicine service at St. John’s Hospital.

Out-patient Clinics

There were 108 clinics held during the year with 68 at the University Hospital Limerick and 40 at Milford Care Centre.

There were 121 first referrals and 174 reviews to the Palliative Medicine Out-patient Clinic at ULH. There were 236 attendances in 59 instances appointments were cancelled or patients did not attend.

40 clinics were held at Milford Care Centre with a total of 78 referrals (21 new patients), 60 attendances and 18 cancellations.

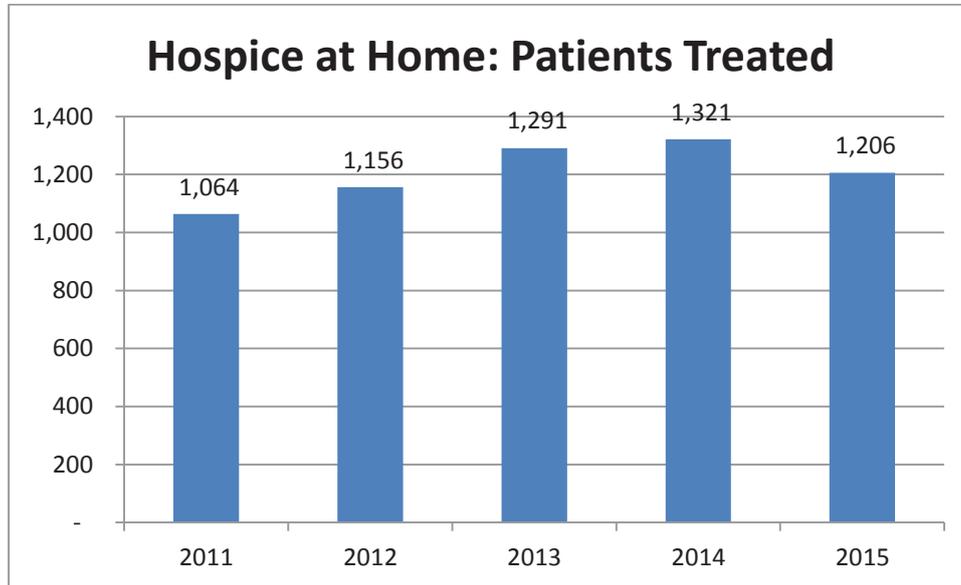


Out-patient Clinics: Attendances 2015

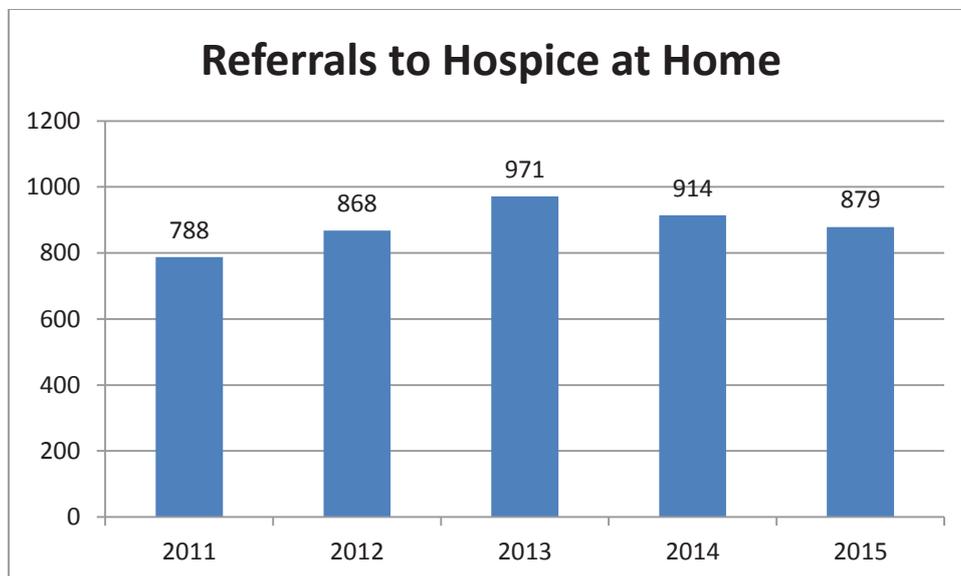


Hospice at Home

1,206 patients were in receipt⁹ of care and support from the Hospice at Home service. There were 879¹⁰ referrals of which 830 were new referrals and there were 49 re-referrals. 32% (266) of first referrals were of patients with a non-malignant diagnosis (up from 28.4% in 2014), continuing the increase in referral of patients with a diagnosis other than cancer.



Number of patients in receipt of care by the Hospice at Home service 2011 – 2015



Number of referrals to the Hospice at Home service 2011 - 2015

⁹ “In receipt” includes existing patients at 1st January and referrals during the year.

¹⁰ There was a change in the methodology for counting referrals to bring it into line with the Minimum Data Set definitions – now referrals are those referred and have received a face-to-face visit during the year.



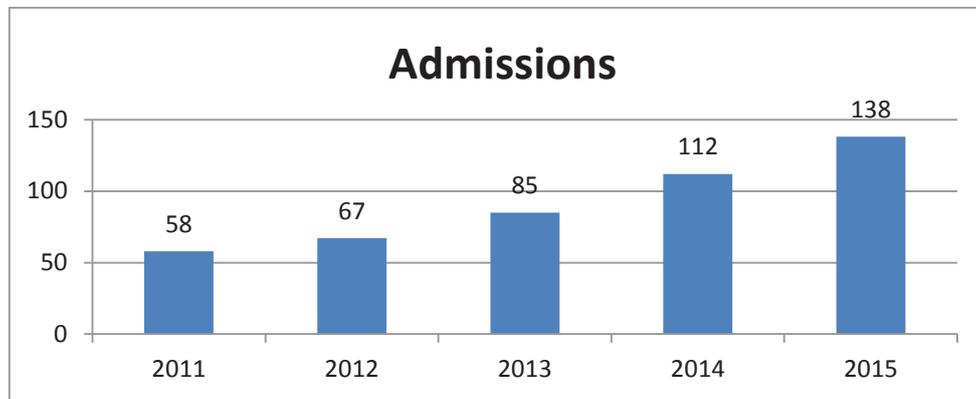
The Night Nursing service, funded by the Irish Cancer Society and the Irish Hospice Foundation, provided over 1,000 nights nursing care.

Specialist Palliative Care Day Unit

Specialist 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 operates 3 days per week and there were 138 admissions, a 23.2% increase on 2014, with 1,044 attendances (an increase of 27.8%). 158 clients attended¹¹ the Centre.



Admissions to Palliative Care Day Unit 2011 – 2015

There were 95 discharges; an increase of 41.8% on 2014. There were 44 deaths, six more than in 2014.

Older Adults Services

Nursing Home

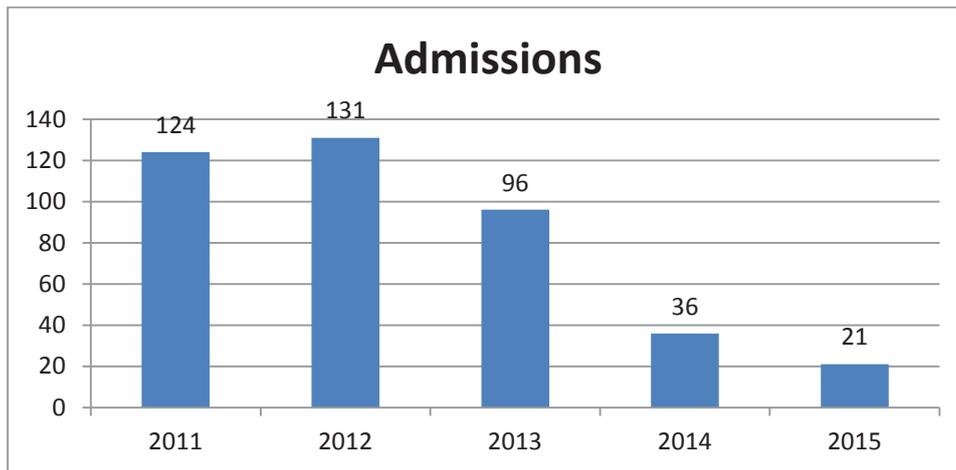
The Nursing Home has 47 beds including one contract bed and two reserved for Level Two palliative care patients¹².

Of the 21 admissions, 15 were to long stay beds and six were to the palliative care step-down beds.

¹¹ “Attended” includes existing patients at 1st January and admissions during the year.

¹² The Level Two Palliative Care Support Beds are designated step-down beds for palliative care patients no longer needing specialist care and facilitates discharges from the Specialist Inpatient Unit.





Admissions to the Nursing Home 2010 - 2015

The significant decrease in admissions after 2013 reflects the closure of the convalescent beds on a phased basis to the end of April 2014.

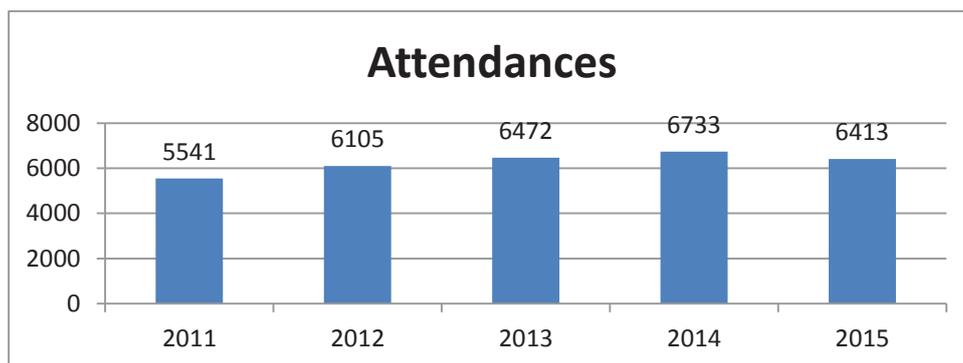
One resident was discharged and 17 died. Average bed occupancy was 97.1% (the same as 2014) and 16,651 (2014 = 16,655) bed days were used.

Staff participated in the *Compassion fatigue in patients with delirium* study being carried out in the Centre.

A number of staff nurses commenced post-graduate diploma and certificate courses in dementia care, two completed the European Certificate in Dementia Care and one the European Certificate in Palliative Care.

Older Adults Day Care

68 clients were admitted. There was a 4.7% decrease in the number of attendances (down from 6,733 to 6,413). 51 clients were discharged and 27 died during the year. The average daily attendance was 27.



Attendances at Older Adults Day Care Centre 2011 – 2015

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 across the Mid West region.

The **Nursing Department** continued to upskill Nursing Home staff in the thematic areas of nutrition and end-of-life care which are specific outcomes on which HIQA will focus their attention. Dementia care programmes were also rolled out to this staff group.

The Department is exploring the use of Nursing Metrics within palliative care.

The Hospice Clinical Nurse Managers are reviewing Nursing Documentation in collaboration with the University of Limerick.

The Hospice, in collaboration with Health and Safety and the Human Resources Department, developed a mandatory training regime that benefits staff with minimal impact on patient care. This will be piloted in early 2016.

A Health Care Assistant programme is underway to explore role competency in a Palliative Care setting.

Following the creation of the Specialist Palliative Care Community Services Operations Group in 2014 work continued on the development and roll out of Mission and Vision statements for the service.

An Action Plan 2015-16 was launched by the Operations Group and included the key themes of Care Planning, Collaborative Working and Continuous Quality Improvement.

Key activities arising from the Action Plan were development and piloting of an unified assessment form, pilot of a multi-disciplinary triage meeting for all community service referrals and an evaluation of the Day Unit's 8-week programme.

A working group was established to examine how the specialist palliative care needs of patient with neurological conditions can be most effectively addressed.

The team built on development work commenced in 2014 which included the trial of a Team Leader role at the weekend. This was formalised in April and will be revisited in 2016. An extended working day was trialled in the Milford base and will be evaluated in early 2016 following which a decision on next steps will be taken.



The Newcastle West base piloted a single patient chart system which expanded into testing the use of *iCare* for the clinical notes of the Allied Healthcare Professionals, initially in Newcastle West and subsequently across all bases. This will be reviewed in 2016 to see whether it is a feasible option.

A framework to measure patient complexity and associated service activity in Community Palliative Care was investigated and will be followed up in 2016.

The Day Unit undertook a campaign to raise awareness of its services among GPs and other healthcare professionals, including distribution of information leaflets and posters. It also took part in Palliative Care Week in UHL.

A Motor Neurone Disease working group was established in July and its work will be continued into 2016.

New multi-disciplinary assessment documentation was implemented in October and SBARQ¹³ communication was introduced at multi-disciplinary meetings.

The Day Unit submitted an entry to the 2016 Health Service Awards focusing on a Therapeutic Model in a Specialist Palliative Care Day Unit. Judging will take place in the first quarter of 2016.

The Practice Development Coordinator facilitated Dementia workshops in the Nursing Home entitled *“Enhancing the Lives of Residents with Dementia”*.

Although admissions to the Older Adult Day Care Centre were higher in 2015 than the preceding year the number of attendances fell. Staff reviewed this and noted the increasing age profile of attendees whose care needs may have militated against their attendance on occasions.

Its 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.

The new Older Adults’ Dining Day Care Room opened in February and a survey was carried out late in the year to review its operation. Its clients and families completed a satisfaction survey and the findings will inform future service arrangements

The number of general **Volunteers** in the Centre grew from 192 to 217 during the year. We bid farewell and thanks to 31 who retired or resigned. Volunteers also assist with Bereavement Support programmes and the Compassionate Communities project.

¹³ SBARQ communication (Situation, Background, Assessment, Recommendation, Question) aims to reducing communication based errors.



60 second- and third-level placements were facilitated from 20 schools and colleges and five students from UL participated in the University's President's Volunteer Awards scheme.

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

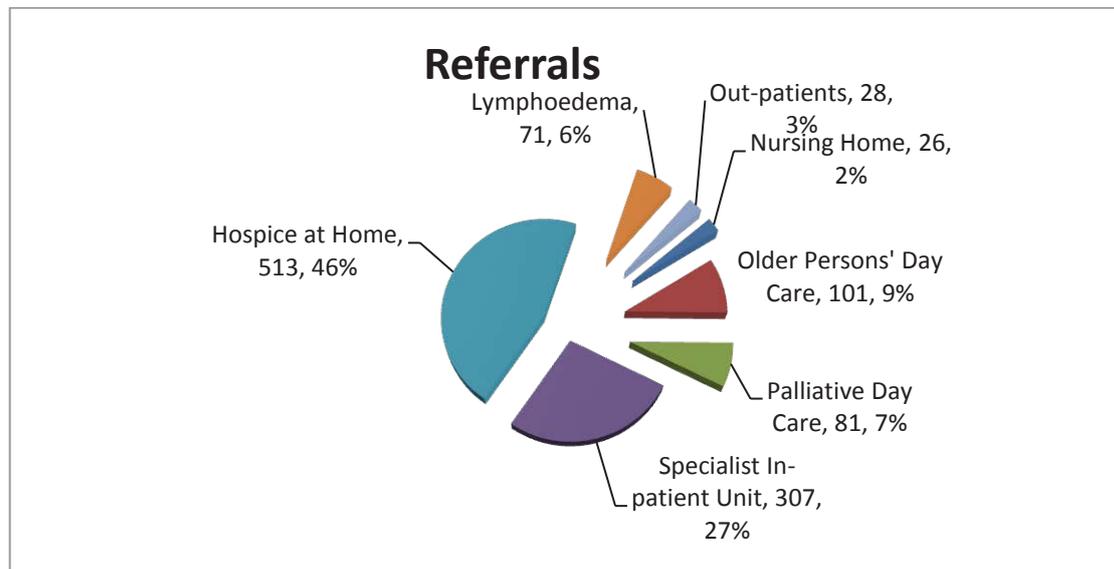
The contribution of the Castleconnell Choir, which performed for 18 bereavement masses and in the Nursing Home and Hospice at Christmas, was much appreciated by all who heard them.

Long services awards were presented to 23 volunteers of whom:

- 3 had volunteered for over 30 years
- 17 were volunteers for more than 20 years
- 3 volunteers had 10 years of service

A number of Milford Hospice Friends received awards for their contribution to Fundraising.

Physiotherapy received 1,127 referrals (1,064 in 2014) which was an increase of 5.9% (63 referrals) on the previous year with significant increased activity in the Hospice at Home and Older Adults Day Care services. 874 patients received care during the year.



Source of Physiotherapy referrals by area of intervention 2015

The department received a commendation for their oral presentation at the IAPC Conference and submitted five abstracts to the EAPC conference that will be held in Dublin during 2016.

The **Occupational Therapy** Department continued to see a growth in referrals with a 3.6% increase in the number of patients seen.

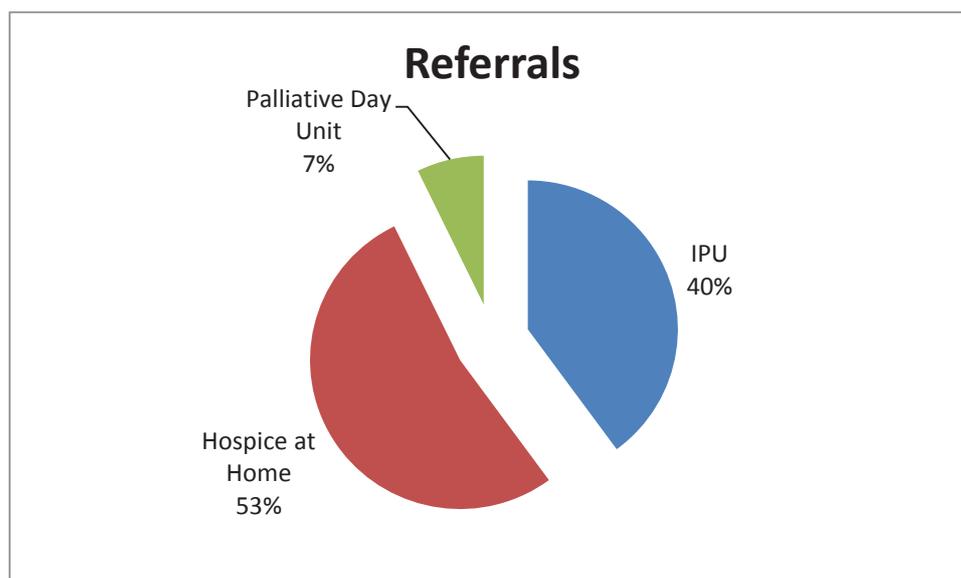


The department continued provision of its Fatigue Management groups as part of its Symptom Control initiative and achieved ethical approval for Fatigue Management research.

It also undertook an audit of referrals to the Limerick Hospice at Home Service identifying trends and occupational therapy needs in this patient group to assist with service planning, development and effective resource management.

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. It worked in partnership with a number of external bodies including the Irish Hospice Foundation, Anam Cara, the Samaritans and the Compassionate Communities Project.

Within the Specialist Palliative Care Service the Social Work team received 664 new referrals (excluding Bereavement), unchanged from 2014. However there was a 16% increase in referrals from the Specialist Inpatient Unit and a corresponding reduction in Hospice at Home.



Breakdown of Social Work referrals by service element 2015

The Department was also involved in the:

- Integration of Health Promoting Palliative Care principles through the Compassionate Communities project by way of café conversations, volunteer training for the 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.

246 new referrals were received for bereavement support and counselling on a one-to-one basis.

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
- 4 Anam Cara information 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 sessions
- 2 bereavement support information evenings for adults grieving the death of a child; organised jointly 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 psychotherapeutically through Art Therapy.

Bealtaine 2015 was a success and included an exhibition of clients' artwork.

Day Care clients were facilitated in organising the fourth Christmas Market and the lights and music greatly contributed to the atmosphere. They also created a fabric project entitled "*Cruaca glas na hEireann bonrad fe coilte craob*" (Green Mountains of Ireland).



During Positive Aging week a "Study of a Tree" project provided clients with an avenue for thought and discussion on life, growth and individuality, leading



to communication on the subject of positive ageing. Clients also picked a poem "Piece of wood" to display beside the artwork.

Day Care clients and staff from differing departments came together to create a Christmas mural on acetate for the front entrance of Milford Care Centre.

Art and Horticulture introduced a "Peek a Boo an Animal" project involving the creation of ceramic animals to support families with young children who visited the garden so that fun in finding hidden animals could enhance their visit.

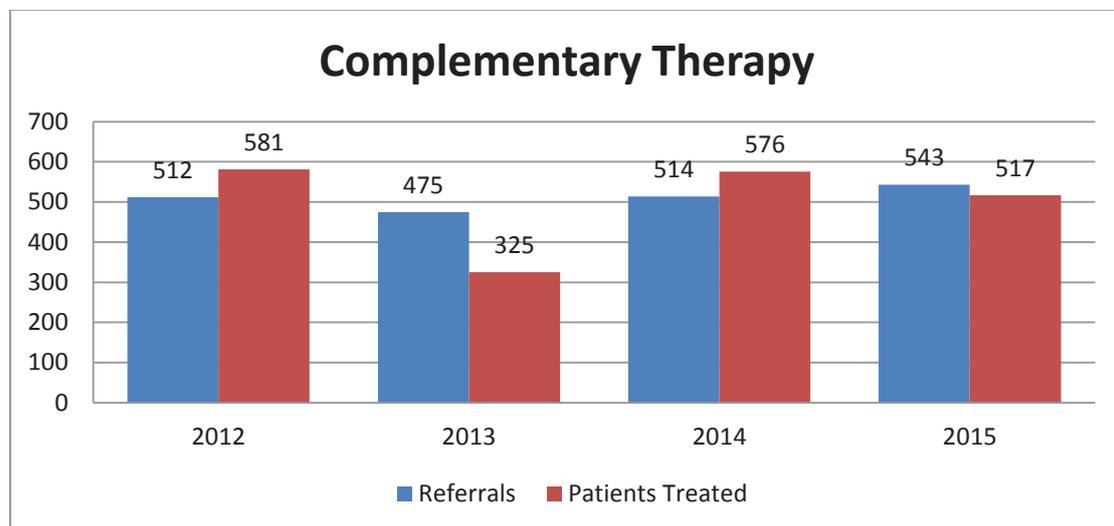
Art and Music submitted a proposal for a book chapter in "Art Therapy in Hospice and Bereavement from around the World".

There were 198 referrals (up 19.2%) to the Art Department. The following table shows how these figures break down by clinical area.

CLINICAL AREA	2012	2013	2014	2015
Specialist PC Inpatient Unit	89	68	66	43
Older Adults Day Care	69	64	44	97
Palliative Care Day Unit	43	31	36	54
Nursing Home	5	4	14	4
TOTAL	206	167	160	198

Art Department: Referrals 2012 - 2015

The **Complementary Therapy** Department received 543 referrals, an increase of 5.6% on 2014, and treated 517 patients.



Complementary Therapy: Referrals and number of patients treated 2012 - 2015

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 Unit, the Hospice at Home team and pharmacists, doctors and nurses working in the community.

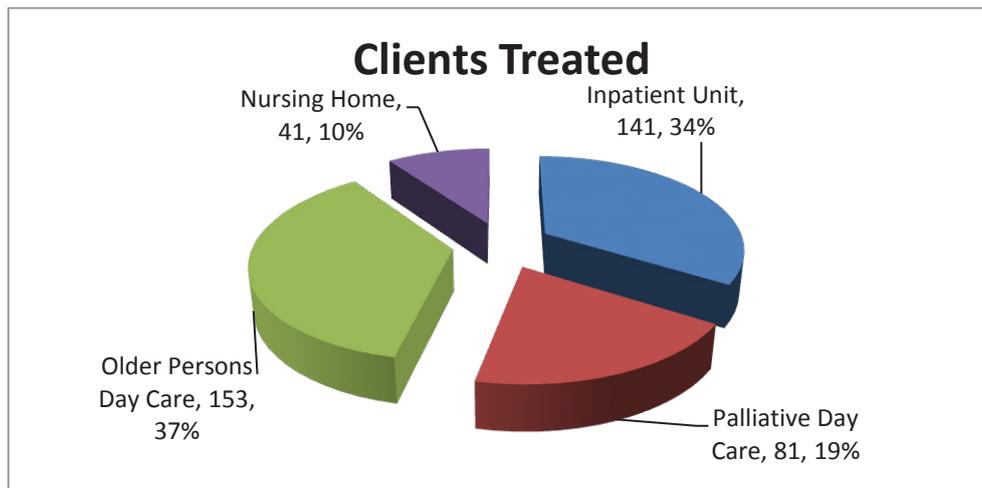
There were 602 admissions to the Specialist Palliative Care Inpatient Unit and each patient had their medication histories verified by a pharmacist, when available and deemed necessary. Each of these patients had a pharmaceutical care plan written when seen by pharmacy staff.

There were 290 discharges from the 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.

The Patient Own Drug scheme was audited in February and showed that 36% of patients admitted during the study participated in the scheme. 88% of patients those coming directly from home brought in their own medicines.

Pharmacy undertook a number of other audits including a national one on non-reimbursable medicines and one using the OncPal deprescribing tool.

Music Therapy treated 416 clients.



Breakdown of Music Therapy clients treated by service element 2015

Volunteers were recruited to assist with the Day Care Therapeutic Choir three days per week and this was complemented by the implementation of improved documentation in line with audit recommendations.

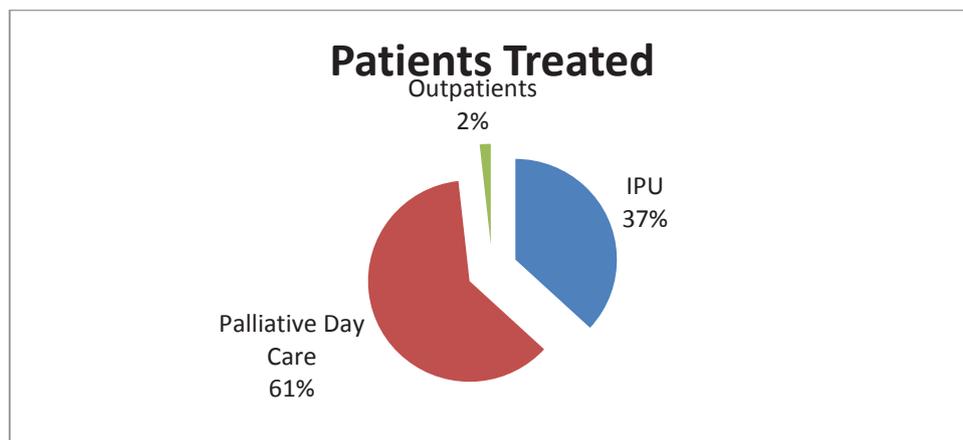
A Nursing Home Therapeutic Choir was established and held its first concert.

The department initiated a joint research proposal with the Speech and Language Therapist to examine the benefit of therapeutic singing on respiration, phonation, resonance and articulation for patients attending palliative care. The ethics proposal will be submitted during 2016 and, if successful, the research will commence in the latter half of 2016.



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

The **Speech and Language Therapy** Department consists of 12 hours of Speech and Language Therapy service per week. The service has been developing since January 2014 and is currently being provided to inpatients and the Specialist Palliative Day Unit. An outpatient service is also available. 114 patients were treated.



Speech & Language Therapy: patients treated by service element 2015

Dysphagia training was provided to staff on the Specialist Inpatient Unit and a safe swallowing pack was developed in conjunction with the Dietetics Department.

A risk feeding protocol is being developed as part of an ongoing study and a bank of augmentative and alternative communication devices was created.

The department is working with the Music Department on the therapeutic singing research proposal mentioned above.

The **Nutrition and Dietetics** service 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 service strives to improve the 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.

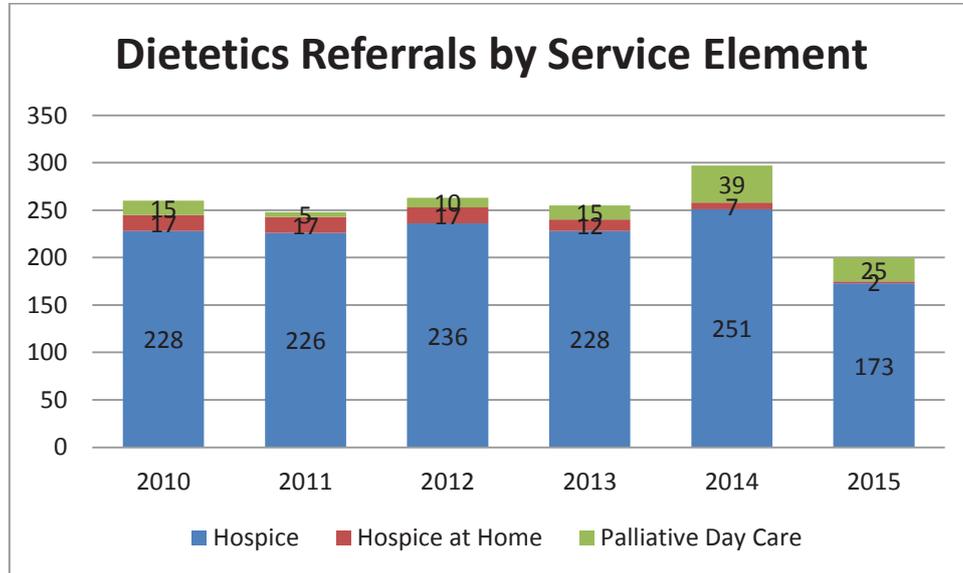
Dietary related problems such as anorexia, weight loss, eating difficulties and cachexia are frequently reported in patients with life-threatening illness. Dietary related problems are significantly burdensome to patients, carers and health care professionals.

The Dietitian, in collaboration with Clinical Nurse Managers in the Inpatient Unit, continued to develop and evaluate a quality improvement programme



for the management of patients with progressive neurological conditions dysphagia.

Due to a temporary reduction in staffing levels the number of referrals to the service decreased by 32.7%.



Breakdown of Dietitian referrals across service elements 2010 - 2015

The Dietitian facilitated the following education sessions:

- Two study days on the management and replacement of gastrostomy tubes
- Palliative care module to undergraduate Dietetic students attending TCD/DIT in conjunction with Dietitian from Specialist Palliative Care services, HSE Dublin North East Region
- Patients with dysphagia - completed with Speech and Language Therapist.

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 shrubbery near the Nursing Home as part of their Corporate Social Responsibility programme which improved the environment for residents.



Support was given to the Art Department in preparation for starting Phase III of the Mosaic project that will see clients facilitated to make individual pieces that will be brought together to complete the garden mosaic.



The therapist was invited by the Social and Therapeutic Horticulture in Palliative Care Organisation of the UK to present a talk on *How to Set up and Run a Horticulture Therapy Department*, including running a workshop on *Task Analysis and Planning a Year Round Social and Therapeutic Horticulture* programme. This took place at Marie Curie Hospice, Solihull, West Midlands.

This included undertaking and presenting research on:

- Evidenced based standards of best practice in the design of Therapeutic Gardens for the Hospice setting
- Designing a basic start up guide, including resources and costings, for hospice and nursing homes that would like to engage their clients in table top social and therapeutic horticultural activities. This was included in the information pack for attending delegates.

Pastoral Care held 18 bereavement masses to remember those who died in the Specialist Palliative Care Inpatient Unit during the year with over 300 families invited to remember those who had died.

It arranged and celebrated services in the Centre's Oratory as well as officiating at 57 removal and remembrance services in the Mortuary.

The 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 2014 and approximately 700 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.

End-of-life healthcare ethics is now a core part of its education remit, both in-house and externally, and this year staff contributed to Milford's facilitation of Caring for a Child with a Life Limiting Condition.

Pastoral Care is in its fifth year lecturing at University of Limerick.

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 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

The Good Neighbour Partnership was piloted with three patients during the Spring and in September an exploratory randomised controlled trial (INSPIRE study) commenced to investigate the effectiveness of the intervention. This will run to July 2016. As part of this initiative 12 volunteers successfully completed a 7-week training programme to enable them to fulfil the role of Compassionate Communities Volunteers with the Partnership. This is a new initiative whereby volunteers visit people living at home with advanced life limiting illness with a view to identifying their unmet social and practical needs and mobilizing the wider community to provide support.

Seed grant funding was awarded to 11 community based projects to develop local initiatives around of illness, death and bereavement. Highlights included the play *TALK* performed by the Northside Misfits, *Light on Stone* in Abbeyfeale Town Park and the opening of the walkway to the mortuary at University Hospital Limerick. The grant awarded to the Roscrea Bereavement Support project has led to formation of a drop-in support group for the town, as well as regular Café Conversations and education sessions relevant to issues associated with death, dying, loss and care.



*Light on Stone,
Abbeyfeale*

Café Conversations were held in Abbeyfeale, Limerick City, Ennis and Roscrea.

The one-day Working with Grief and Loss programme was delivered in Roscrea, in Limerick City and with teachers as part of the Mary Immaculate Summer School.

The Centre provided onsite education to a group of young people from the Early School Completion Project, who kindly made a quilt for display in the Restaurant, and hosted a drop in evening for people to find out more about the work of the hospice.

The *Let's Talk* leaflet series was redeveloped and obtained an NALA Plain English Award, and a film was produced which described our vision for Limerick to be named as the first Compassionate City in Ireland.

The team continued to exchange and disseminate learning from the project and presented various aspects of the initiative at conferences in Copenhagen, Dublin, Bristol and Belfast.

A chapter was written and published about the Milford Compassionate Communities Model in a book of European Case Studies of Compassionate Communities and an invited peer reviewed journal paper focusing on Café Conversations was published in Progress in Palliative Care.



In addition to the INSPIRE study, further research is being conducted regarding the role and experience of public-facing services working with people living with illness, facing death and the bereaved.

The project was shortlisted in the Limerick Chamber of Commerce Business Awards and the Project Co-ordinator won the European Association of Palliative Care Early Research Award.

A meeting was held in Autumn 2015 with the Mayor of Limerick and Limerick City Council to explore the Compassionate Cities Charter. By working through 13 actions, Limerick could become the first Compassionate City in Ireland and the first of three in the World. This will form a major work theme for 2016.

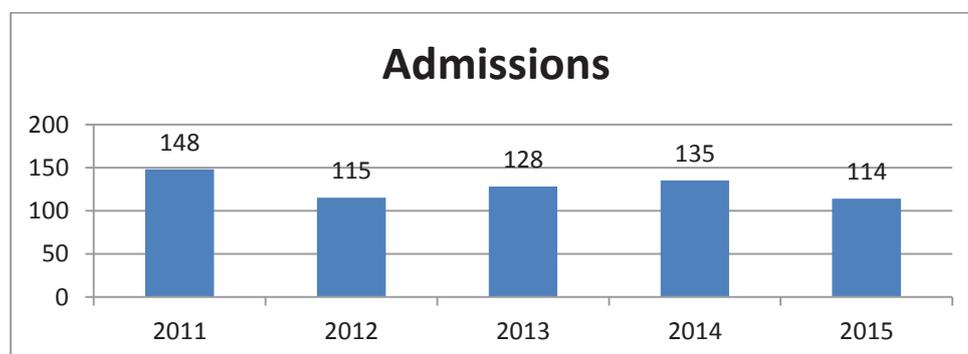
COMMUNITY SUPPORT BED NETWORK

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:

County	Community Support Bed Units
Clare	Regina House, Kilrush (2), Ennistymon Community Hospital (1), Raheen Community Hospital (2), Cahercalla Community Hospital, Ennis (5).
North Tipperary	Dean Maxwell Community Nursing Unit, Roscrea (2), St. Conlan's Community Nursing Unit, Nenagh (2), Hospital of the Assumption, Thurles (2)

There are also two Step-down Palliative Care Support Beds in Milford Nursing Home, Limerick.¹⁴

Admissions decreased by 15.5% (114 v 135) and there was a significant decrease in the number of bed days used (down from 3,393 to 2,925; a 23.6% decrease).



Community Support Bed Network: Total admissions by year 2011 - 2015

¹⁴ The Step Down Beds in Milford Nursing Home support the activities of Milford Specialist IPU.

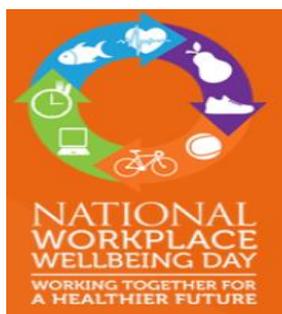
NON-CLINICAL SERVICES

Human Resources

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

The Centre's staff induction programme was revised and will be run four times a year. This is in addition to the departmental induction given to each new staff member on taking up duty.

The department ran a programme to update Line Managers on HR issues applicable to them.



The Wellbeing Week for staff introduced in 2014 was repeated in January with an emphasis on health screening and exercise. A series of talks and exercise classes were organized for staff along with a health screening check and eye sight test on site.

The Staff Handbook was updated and made available on the intranet.

The Department continued to develop the Human Resources Plan with emphasis on:

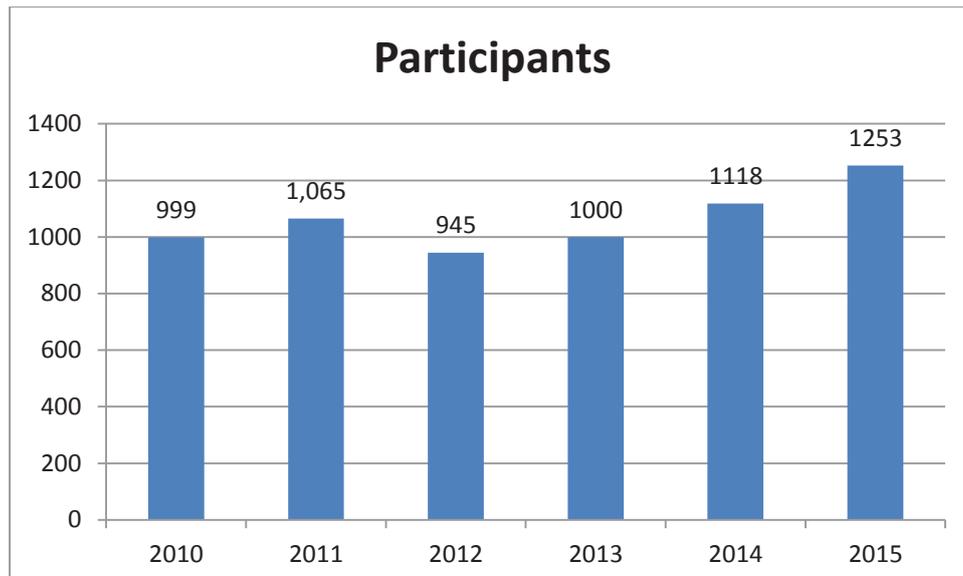
- Employee skills training
- Management training
- Continued review of policies and procedures to meet current legislation
- HIQA Standards
- Induction programmes
- Pension presentations.

Volunteers from a local company provided beginners (1) and intermediate (3) Excel training sessions for 40 staff as part of the Centre's computer skills enhancement programme.

Education, Research and Quality

There was an overall 12.1% increase in the number of participants partaking in 80 courses. 65 courses were provided onsite which facilitated a total of 1,063 participants and 25 were delivered off-site to 190 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.





Participants at Education Courses 2010 – 2015

A number of new courses were added including:

- European Certificate in Holistic Dementia Care
- The Conscious Approach to Caring – Thriving Rather than Surviving
- Grief and Loss

Workshops were also held on Responding to Behaviours that Challenge and an Introduction to Dementia Care.

Off-site educational programmes included:

- Introduction to Dementia Care
- Responding to Behaviours that Challenge
- Communications, Privacy, Dignity & Care
- Introduction to Palliative Care
- Pain Management
- What Matters to me
- Male Catherisation

Several E-Learning programmes were provided:

- *An Introduction to Palliative Care*, an accredited online interactive 1.5 hour programme developed by Milford Care Centre in conjunction with the All Ireland Institute of Hospice and Palliative Care
- *Formal Family Meetings: A Structured Approach to Communication in Palliative Care*, an accredited online interactive 4 hour programme developed by Milford Care Centre and Marymount University Hospital and Hospice, in conjunction with the All Ireland Institute of Hospice and Palliative Care
- *Intravenous Medication Administration for Registered Nurses, a Blended Learning Programme*. This blended learning programme allows the Registered Nurse to complete the theoretical component of this



programme online and then attend the practical element in the classroom. On successful completion of the 2 hour online session candidates can print a certificate

- *Delirium – Identification and management* – a short psycho-educational intervention programme for Milford staff to support them in the management of delirium. The psycho-educational intervention is being delivered in conjunction with the Staff Support Psychologist. This is part of a study which is a follow up to previous studies looking at compassion fatigue and nurses' experience of dealing with patients with delirium.

The Clinical Leadership Committee, in collaboration with the Education Department, circulated a survey on specialist palliative care staff knowledge, skills, education, research and audit to 146 clinical staff working in Specialist Palliative Care.

Arising from this the need for courses in caring for children with life-limiting conditions was identified. The level A & B courses in caring of children with life-limiting conditions will be delivered in Milford in 2016 in collaboration with the Centre of Children's Nurse Education (CCNE) in Crumlin.

The Librarian was awarded an education fellowship from the AIIHPC and visited Hospices and education providers who excel in the provision of palliative care education via e-learning.

The pilot of the Irish Hospice Foundation programme "A Journey of Change", which is supported by Milford, continues until December 2016. The initiative guides staff in residential care centres to develop excellence in end-of-life care. 15 nursing Homes and community hospitals in the region are engaged to date. Their staff have undertaken training and are involved in many quality initiatives such as facilitating after death reviews and coordinating bereaved relatives' and friends' questionnaires. A cultural change is evident in many centres, with initiatives such as a staff and residents' Guard of Honour being performed on removal of the deceased resident from the home. Interim evaluations have been very positive and the HSE have committed to support the programme in several regions when the pilot finishes in 2016. Poster presentations were made by the Mid-West Programme Coordinator during the year and have been accepted for both print and oral presentations in the 2016 EAPC conference.

Milford Care Centre's research and audit activity, including 7 posters from staff and students, was showcased at the Irish Association Palliative Care (IAPC) education and research study day.

Two studies conducted by staff were presented orally at the 15th Annual IAPC Education and Research Seminar.

Four Quality and Safety newsletters were published and an evaluation of residents' and their representatives' experiences of the Nursing Home was undertaken.



Departmental staff supported clinical audits of:

- HSE Code of Practice for integrated Discharge Planning
- Documentation of Resuscitation Status of patients in a Specialist Palliative Care Inpatient Unit.
- Audit of referrals to the Specialist Palliative Care Inpatient Unit.
- Medication Prescription & Administration in the Nursing Home
- Environment and Hygiene Audit in the Specialist Palliative Care Inpatient Unit.

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 role of the Health and Safety Specialist was expanded to include Risk Management.

The Department rolled out a medical oxygen E-Learning training programme.

Health & Safety audits were completed in respect of:

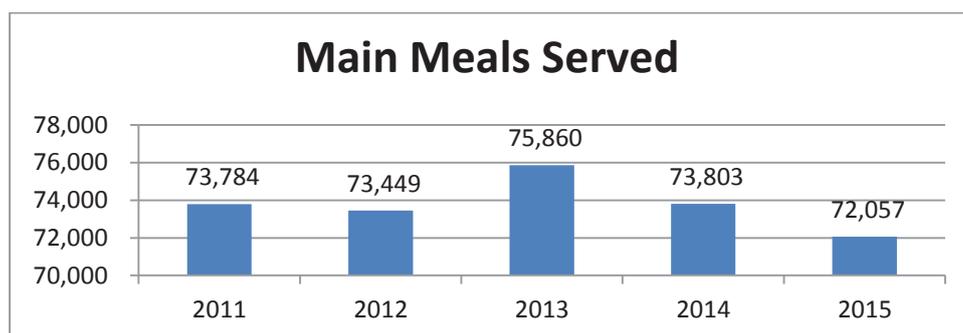
- Fire register and fire doors
- Dangerous goods
- Departmental Health and Safety checklists

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

The **Catering** Department entered the Ireland's Healthcare Caterer section of the *Keelings Farm Fresh Gold Medal Awards* scheme run by *Hotel and Catering Review* and was chosen as one of the finalists.



The Department provided 72,057 main meals, a decrease of 2.37% on 2014.



Number of main meals served 2011 – 2015

A catering consultancy company was commissioned to assist in the identification of all allergens used in menu preparation.

The new dining room in the Older Adults Day Care Centre was commissioned in February.



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 reduction in the waste going to landfill (10.73%) and a 2.89% decrease in landfill costs. Recycling disposal increased by 28.32%.

Our clinical and cytotoxic waste cost decreased by 2.76% and the disposal rate was 4.39% lower.

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 remained at the same level as 2014 (198,506 pieces).

The **Information and Communications Technology** Department had a very busy year upgrading the ICT infrastructure within the Centre, including the installation of a new SQL server and the broadband fibre in Milford and some of the external bases.

The department was centrally involved in the TMS software upgrade and the development, testing and roll out of the new website and its fundraising module.

Work in development at year end included a proposal for the replacement of the end-of-life telephone, paging and nurse call systems and associated Wi-Fi and research into a wandering resident alert scheme.

ICT staff were also involved in outlining the technology requirements for the new development project.

Administration continued to provide a high level of support throughout the organisation and its staff developed 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.

Three written requests were received during the year. One requester was granted release of the information they sought, two were refused, one of these provided insufficient information to enable a search and the other request was refused as a possible link with the patient was not supported sufficiently by the evidence of relationship presented.



Finance

As a whole, the financial budget targets approved by the Board of Directors at the commencement of the year for the Centre were achieved. Existing fundraising income streams remained steady with attention focusing on additional future fundraising targets required in the light of progressing capital development plans for the new Hospice Inpatient Unit. 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.

In accordance with annual statutory requirements, Milford Care Centre's Company Accounts were independently audited by PriceWaterhouseCoopers resulting in an unqualified Audit report. This was the first year the company has presented financial statements complying with the new requirements of Financial Reporting Statement (FRS) 102. The consolidated financial statements for the prior year were approved by the Board of Directors at the Company's AGM held in June.

MCC gratefully acknowledges the ongoing support of our partners in the HSE, reflected in the annual Service Level Agreement between the parties in respect of our Specialist Palliative Care and Day Care services. We remain grateful to all organisations who offered funding and financial grant support to the Centre during the year. Whilst the overall economic climate remains financially challenging, MCC remains committed to using all of its available resources as efficiently as possible to maintain and develop its current service levels.

Fundraising

During 2015 Fundraising continued to play a vital role in financing the operational budget requirement of running and developing the Specialist Palliative Care and Day Care services. Each year this continues to be a challenging task and so it was pleasing to note that during the financial year 2015, net fundraising income remained broadly in line with the previous year. This was owing to an active calendar of fundraising events which reflected the wonderful generosity of the people of the Mid-West Region who continued to support of the Centre's own Fundraising events and organised many other fundraising initiatives within their own communities.

Milford's own fundraising events got off to a flying start in January with the Annual Milford 10k Run / Walk. Numbers increased to over 1,700 participants, jogging and walking in support of our services and it turned out to be a very enjoyable day.

Church gate collections were organised and supported by community volunteers throughout Limerick City and County during March. In early May, many marathon participants once again 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 annual event organised in conjunction with the Irish Hospice Foundation, took place over two days in mid-June, and was well supported throughout the City and County. Mary Ryan, Hospice volunteer, represented Milford as our Sunflower Hero in association with this event.



The annual Autumn fundraising event was rebranded this year as Milford Fair Hospice Fund-Day and took place on 30th August at the University of Limerick's Sports Arena. The event commenced with a 5k fun walk around the Campus which proved popular with all participants and activities continued

both within the Arena and the outside Bowl area throughout the day. Once again, this popular fundraising event was a great community success, reflecting the wonderful voluntary efforts of everyone involved in its organisation. We extend thanks to everybody associated with it.



Ireland's Biggest Coffee Morning sponsored by Bewley's took place in mid-September with TV personality and broadcaster BB Baskin joining patients, residents, staff and volunteers at the Centre's Restaurant on that morning. Local GAA and rugby personalities joined in to celebrate the event and coffee and cupcakes were enjoyed by everyone.

We are very grateful to all the Coffee Morning hosts throughout the Mid-West region and acknowledge and express sincere thanks to them and their guests for organising and attending the numerous events held on that day.

In December, our Light up a Memory Tree in the grounds of Milford Care Centre, allows our supporters to remember their loved ones in a special way by sponsoring lights on this tree which remains illuminated throughout the Christmas season. This can be done on-line or by contacting the Fundraising Office. Our diverse range of Christmas Cards also proved very popular with our supporters and these can be viewed and purchased through our website or at various retail outlets throughout the area.

Sincere thanks also to the Milford Hospice Friends Association under the chairmanship of John Le Gear, for their work in assisting with scheduled fundraising events throughout the year. We also remain indebted to the numerous individuals and community groups who have continued to support us throughout the year by planning and organising fundraising events in their own homes and communities; their ongoing assistance is vital to allow Milford to continue providing the highest quality Specialist Palliative Care to its patients and families.



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 six complaints during the year. Three complaints were resolved to the satisfaction of the complainant, one complaint was not pursued by complainant when contacted for further information and one complaint was anonymous. In the last case the complainant did not accept findings of the report, or the apology expressed. This complainant did not request a review of the complaint.



DIRECTORS FINANCIAL COMMENTARY AND OVERVIEW

Governance Arrangements

Milford Care Centre (MCC) 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 with the Charities Regulatory Authority (CRA No. 20038113 and Charity Exemption No. 12761) and conforms fully to the requirements of the Charities Act. The organisation operates within strict governance structures with the Board fulfilling 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 and it can assure their supporters that all funds raised in support of Milford Hospice's services are used solely for those purposes.

Funding Position

Milford Care Centre is a voluntary, not for profit organisation governed by an independent Board of Directors. There are 3 specific operating entities within Milford Care Centre, which provide a range of both publicly supported and privately funded healthcare services as follows:

(a) Milford Hospice and Milford Day Care Centre

Hospice Inpatient & Hospice-at-Home Community and Day Care Services, which are publicly supported services, cover both Specialist Palliative Care and Older Adults care. The operating costs of these designated services, both pay and non-pay, are funded by a number of sources:

- Circa 78% by Health Service Executive (HSE), through a Section 39 Agency Service Level Agreement, which prescribes agreed service levels in the areas of both specialist palliative care and day care
- A further c. 14.5% is derived from a combination of private health insurance income, education, catering & other income
- The balance of c. 7.5% of all operating costs, including the pay and non-pay costs for all staff engaged in these publicly supported services, are met from the proceeds of fundraising activities. For 2016 the operating fundraising requirement equates to €1.5 million.

Milford Hospice is the sole designated 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 with an annual turnover of approximately €19m. 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.

All issues relating to the remuneration of the Centre's Chief Executive is within the direct responsibility and governance of the Board of Directors. In this regard, the Directors can confirm that the total current salary of the Chief Executive is €119,883 per annum and that the Chief Executive is a member of a contributory defined contribution pension scheme. Full salary details payable to the Chief Executive and the Senior Management have been made available to the HSE.

Financial Overview 2015

For the financial year to 31 December 2015 MCC opted to change its accounting policy to comply with a new Financial Reporting Standard (FRS) 102, which requires that where the conditions of a grant or specific purpose large endowment are met, they should be treated as income in that year, on the basis that the directors are confident that the conditions of the grant / endowment have been satisfied. Previously, MCC, in compliance with previous relevant standards, spread such income over a specified term, typically the anticipated useful life of the related asset. The updated policy also complies with the current accounting recommendations of the Charities Regulator. This change in accounting policy has resulted in MCC being obliged to amend its 2014 comparative results, to recognise a once off release from deferred liabilities, of grants and endowments of €7,724,983 in 2014, and also a reversal of the grant amortisation booked in that year under the old accounting policy. The net effect of this is that the total equity of MCC at end 2014 showed an increase of €7,351,511, with a corresponding reduction in respect of the grants / endowments deferred liability.

Income of €18,454,264 for 2015 showed an increase year on year of €116,863 or 0.6%. Voluntary donations and fundraising activities accounted for €1,823,682 of the overall total income for the year which was broadly in line with the previous year and so deemed to be a satisfactory outcome in the existing economic climate. Healthcare and related activities income showed marginal increases to areas including patient related health insurance, education and other project refunds with the HSE Service Level Agreement allocation for 2015 remaining on par as previous year.

Overall, expenditure at €18,427,495 was down by €450,589 on the 2014 reported figure. Expenditure relating to the direct provision of services totalled €15,448,726, reflecting a decrease of €163,813 or 1% on the previous year. Administrative expenses also showed a reduction of 2.37% on 2014 levels totalling €2,327,360. There were cost savings associated with other operating services of €230,063 arising from reductions in project costs which directly related to project income. In all operating areas, efforts were made to maintain on-going efficiencies across the services in 2015



Interest Receivable, reported as €62,165 for 2015, reflected a further decrease of 42% compared to the 2014 figure, again mirroring the ongoing decline in deposit interest rates on offer from the mainstream investment institutions.

All in all, the year-end financial position was broadly in line with operational expectation across all the care areas. In the context of the reported year-end financial result, the Directors expect that the present level of activity will be sustained for the foreseeable future and the Centre's financial position will be managed accordingly.

PriceWaterhouseCoopers have issued an unqualified opinion for Milford Care Centre in respect of the financial statements for year ended 31st December 2015 which were prepared in accordance with the Companies Act 2014 and Financial Reporting Standard (FRS) 102 and which were approved by the Board of Directors on 27th May 2016. They will be filed with the Companies Office by end September 2016 in line with Company Law requirements.

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.

The Centre' Board has approved a new Capital Development Project covering both Palliative Care and Older Adults services at an updated estimated total cost of €11.98m. This amount includes a provision of €0.984m in respect of adaptation work/expansion of Milford Nursing Home, which is a non-publicly funded service and this is to be funded directly by the Nursing Home.

The balance of €11m relates to the building of a new 34 bed Specialist Palliative Care Inpatient Unit for patients throughout the Mid-West Region. The JP McManus Benevolent Fund has approved a grant of €3m towards the project, together with a further €0.4m being committed from the JP McManus Pro Am Event 2010, together totalling €3.4m.

In order to meet the remaining €7.6m, the Centre has designated a total of €3.6m from within its existing reserves at financial year end 2015, towards this project and has applied to HSE for a capital grant of €1.8m. On the basis that this grant is approved by HSE there will remain a shortfall of €2.2m to be raised from fundraising sources over a four year period from 2016 onwards in support of this Project.

The Board of Directors would like to acknowledge and thank all of its funders, including the general public and HSE, for their ongoing support and to reiterate its commitment to continue delivering high quality patient centred care remaining absolute.



Milford Care Centre

INCOME AND EXPENDITURE ACCOUNT
Year Ended 31 December 2015

	2015 €	2014 €
Turnover		
- Healthcare and related activities	16,630,582	16,502,517
- Fundraising activities	<u>1,823,682</u>	<u>1,834,884</u>
Total Incoming Resources	<u>18,454,264</u>	<u>18,337,401</u>
Expenditure		
- Administrative expenses	2,327,360	2,384,073
- Provision of services	15,448,726	15,612,539
- Other operating expenses	<u>651,409</u>	<u>881,472</u>
Total Resources Expended	<u>18,427,495</u>	<u>18,878,084</u>
Operating Profit /(Loss)	26,769	(540,683)
Interest receivable	62,165	107,793
Profit /(Loss) for the financial year	<u>88,934</u>	<u>(432,890)</u>

Turnover and the operating profit 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 comprehensive income has been presented

The financial statements were approved by the Board of Directors on 27 May 2016.



Milford Care Centre

STATEMENT OF CHANGES IN EQUITY
For the financial year ended 31 December 2015

	Capital reserves €	Profit and Loss Account €	Total €
Balance at 1 January 2014 (previously reported)	<u>9,341,985</u>	<u>8,141,385</u>	<u>17,483,370</u>
FRS102 Adjustment	<u>0</u>	<u>7,724,983</u>	<u>7,724,983</u>
Revised Balance at 1 January 2014	<u>9,341,985</u>	<u>15,866,368</u>	<u>25,208,353</u>
Loss for the financial year (previously reported)	-	(59,418)	(59,418)
FRS102 Adjustment	<u>0</u>	<u>(373,472)</u>	<u>(373,472)</u>
Revised Loss for the financial year	-	(432,890)	(432,890)
Total comprehensive income for the financial year	-	<u>(432,890)</u>	<u>(432,890)</u>
Balance at 31 December 2014	<u>9,341,985</u>	<u>15,433,478</u>	<u>24,775,463</u>
Balance at 1 January 2015	<u>9,341,985</u>	<u>15,433,478</u>	<u>24,775,463</u>
Profit for the financial year	-	88,934	88,934
Other comprehensive income	-	-	-
Total comprehensive income for the financial year	-	<u>88,934</u>	<u>88,934</u>
Balance at 31 December 2015	<u>9,341,985</u>	<u>15,522,412</u>	<u>24,864,397</u>

The financial statements were approved by the Board of Directors on 27 May 2016.



Milford Care Centre

BALANCE SHEET Year Ended 31 December 2015

	2015 €	2014 €
Fixed assets	<u>17,321,490</u>	<u>17,826,608</u>
Current assets		
Stocks	84,592	75,391
Debtors	1,105,129	1,257,273
Cash at bank and on hand (<i>*Note 1</i>)	<u>8,888,191</u>	<u>8,419,111</u>
	10,077,912	9,751,775
Creditors - amounts falling due within one year	<u>(2,535,005)</u>	<u>(2,802,920)</u>
Net current assets	<u>7,542,907</u>	<u>6,948,855</u>
Net Assets	<u>24,864,397</u>	<u>24,775,463</u>
Capital and reserves (<i>*Note 2</i>)		
Capital reserves	9,341,985	9,341,985
Revenue reserves	<u>15,522,412</u>	<u>15,433,478</u>
	<u>24,864,397</u>	<u>24,775,463</u>

The financial statements were approved by the Board of Directors on 27 May 2016 and signed on its behalf by:

Pat Gilmartin	Director
Joe McEntee	Director



Milford Care Centre

BALANCE SHEET
Year Ended 31 December 2015

*Note 1

Cash balances on hand as at 31 December 2015 comprise the following:

	2015	2014
	€	€
Cash at bank	3,298,244	3,656,814
Designated cash	5,163,058	4,043,058
Restricted cash	426,889	719,239
	<u>8,888,191</u>	<u>8,419,111</u>

Cash at bank and in hand as shown above, together with other current assets and current liabilities result in Net Current Assets of €7,542,907 at financial year ended 31st December 2015. Reflected in the overall year end cash total is an amount of €5.163m which has been designated for both future Capital Development Projects and ongoing operational deficit requirements. Other restrictions apply to the uses of a further €0.4m of this total.

*Note 2

Reconciliation of movement in reserves

	Designated reserves	Restricted reserves	General reserves	Total
	€	€	€	€
At 31 December 2013 and 1 January 2014	312,864	7,724,983	17,170,506	25,208,353
Annual operating commitment	1,230,194	-	(1,230,194)	-
Capital commitment	2,500,000	-	(2,500,000)	-
Deficit for the financial year	-	(408,479)	(24,411)	(432,890)
At 31 December 2014 and 1 January 2015	4,043,058	7,316,504	13,415,901	24,775,463
Annual operating commitment	19,999	-	(19,999)	-
Capital commitment	1,100,000	-	(1,100,000)	-
Profit for the financial year	-	(393,832)	482,766	88,934
At 31 December 2015	<u>5,163,057</u>	<u>6,922,672</u>	<u>12,778,668</u>	<u>24,864,397</u>

During the financial year ended 31st December 2015, a further sum of €1.12m was designated from existing reserves to meet both capital commitment and operating deficit requirements as outlined above, bringing the cumulative designated reserves total to €5.163m at the balance sheet date.



PUBLICATIONS/PRESENTATIONS

A Cross-Sectional Investigation of Cognitive Function in Palliative Care Inpatients. Davis B, Leonard M, Twomey F, Lucey M, Conroy M, Ryan K, Meagher D. Accepted for publication, National Institute of Health Sciences Research Bulletin, December 2015

An observational research study to evaluate the impact of Breakthrough Cancer Pain on the daily lives and functional status of patients. F Twomey, T O'Brien, M O'Reilly, C Bogan, J Fleming. Irish Medical Journal. 108(6): 174-176. June 2015

Audit of Referrals to a Specialist Palliative Care Unit - Identifying Areas for Improvement. Carney, J., O'Reilly, M. (2014) National Institute for Health Sciences Research Bulletin, 7(2):71.

Butterfly Glioma Involving Splenium of Corpus Callosum. Kiely F. and Twomey F. International Journal of Clinical & Medical Imaging, January 2015

Delirium in Palliative Care: Investigating the relationship between delirium specific diagnostic features and various cognitive domains. Davis B, Mohamad M, Leonard M, Twomey F, Lucey M, Conroy M, Meagher D. Poster presentation at UL Hospitals, Annual Research Symposium, Limerick 2015.

Do Funeral Directors really care? The changing capacity of a community to care for its bereaved and dying through increased use of professional services - a phenomenological study. Milford Care Centre and Limerick Institute of Technology. R Lloyd, D Sutton. Poster presentation at IAPC Study Day

Driving and Medication – knowledge, attitudes & experiences of specialist palliative care professionals. O'Reilly V., Specialist Registrar. Oral presentation at the 15th Annual IAPC Education and Research Seminar 2015.

Driving and medication amongst palliative care population - knowledge, attitudes and practice of specialist palliative care professionals. O'Reilly V, Twomey F. Oral presentation, IAPC, Feb 2015.

Effectiveness of a Physiotherapy Led Rehabilitative Programme and Suitability of Functional Outcome Measures in Palliative Care Patients. Oral Presentation at IAPC Conference 2015

Effectiveness of Physiotherapy in improving function and reducing falls risk in patients attending specialist palliative day care. Cobbe, S., Senior Physiotherapist, (presented on behalf of Mc Mahon, F., Senior Physiotherapist). Oral presentation at the 15th Annual IAPC Education and Research Seminar 2015.

Evaluation of a virtual learning environment (VLE) to support the delivery of the European Certificate in Essential Palliative Care, Milford Care Centre. J Callinan, K McLoughlin. Poster presentation at IAPC Study Day

Health Care Professionals, barriers and facilitators to using E-learning in palliative care education, Milford Care Centre and University of Limerick. J Callinan, O McGarr. Poster presentation at IAPC Study Day

How to manage persistent or intractable hiccups in the absence of solid evidence. Finnerty D., Kiely F. (2015) European Journal of Palliative Care, 22(4) 162-164.



Implementing Outcome Measures within an Enhanced Palliative Care Day Care Model. Kilonzo I., Lucey M. and Twomey F. (2015) *J Pain Symptom Manage*, 50(3), 419-23.

INSPIRE (INvestigating Social and Practical supportS at the End of life): Pilot randomised trial of a community social and practical support intervention for adults with life-limiting illness. McLoughlin K, Rhatigan J, McGilloway S, Kellehear A, Lucey M, Twomey F, Conroy M, Herrera-Molina E, Kumer S, Furlong M, Callinan J, Watson M, Currow D, Bailey C. *BMC Palliative Care* 11/2015; 14(65).

Learning at the coalface, Evaluating graduate medical student's experiences following placement at inpatient specialist palliative care unit. O'Reilly V., Storan, A., & Twomey F. (2015) Poster presentation at: Irish Association for Palliative Care Annual Education & Research Seminar, 5th February, Dublin.

Learning at the coalface, evaluating graduate medical student's experiences following placement at inpatient specialist palliative care unit. Dr Val O Reilly, A Storan, & F Twomey. Poster presentation at IAPC Study Day

Methods of Rotation from another Strong Opioid to Methadone for the Management of Cancer Pain: A Systematic Review of the Available Evidence. McLean S., Twomey F. (2015) *J Pain Symptom Manage*. 50(2):248-259.

Neuropsychiatric Profiling of Irish Palliative Care Inpatients: A Cross-sectional Analysis of Delirium, Pain, Fatigue, Cognitive and Depressive Symptoms. Mohamad M, Davis B, Leonard M, Twomey F, Lucey M, Conroy M, Ryan K, Meagher D. Oral presentation at College of Psychiatrist Winter Conference, Strand Hotel, Limerick, Nov 2015.

Pain & Depressive Symptoms in Palliative Care inpatients: A cross-sectional analysis. Mohamad M, Davis B, Leonard M, Twomey F, Lucey M, Conroy M, Ryan K, Meagher D. Poster presentation at International Palliative Care Conference on Palliative Care and Care of the Older Person, Marymount University Hospice, Cork, Oct 2015.

Pain and depressive symptoms in an inpatient palliative care setting: do they overlap? B Davis, M Leonard, F Twomey, M Lucey, M Conroy, K Ryan, D Meagher. Poster presentation at UL Hospitals, Annual Research Symposium, Limerick 2015.

Palliative Care Staff Perceptions on Formal Family Meeting Practice and Educational Needs, Marymount University Hospital and Milford Care Centre. G Lynch, A Brosnan, J Callinan, M Clifford, G Farrell, S Moran, I Murphy, R Murphy, E O'Donovan, M O Reilly, L Mulcahy, S, Quill, J Rhatigan, M Richardson, J Sheridan. Poster presentation at IAPC Study Day

Shaping Services for Older Adult Day Care: Clients' Perspective. A client satisfaction survey, evaluating our service, helping us to improve, inform and develop our services. Smyth, H., Holmes, J., Hanley, J. Poster presentation at International Conference on Palliative Care and Care of the Older Person. Cork. October 2015.

Specialist Palliative Care Screen Experience of Genetic Cancer Screening & DNA Banking: a case series, Milford Care Centre and Marymount University Hospital. Kiely F., Battley J.E., Finnerty D., Twomey F., Murphy M. (2015) Poster presentation at: Irish Association for Palliative Care Annual Education & Research Seminar, 5th February, Dublin.

Specialist Palliative Care Screen Experience of Genetic Cancer Screening & DNA Banking: a case series, Milford Care Centre and Marymount University



Hospital. F Kiely, JE Battley, D Finnerty, F Twomey, M Murphy. Poster presentation at IAPC Study Day

The good neighbour partnership: why do we need it? Who is going to do it? How on earth are we going to evaluate it? McLoughlin K., Rhatigan J., McGilloway S., Callinan J., Wright M., Kellehear A., Lucey M., Conroy M., Twomey F., Kumar S., Herrera-Mollina E., Furlong M., Watson M., Currow D., Bailey C. *BMJ Support Palliat Care*. 2015 Apr;5 Suppl 1:A13.

The Impact of Guidelines and a Documentation Form on Formal Family Meeting Practice. Moran S, Brosnan A, Clifford M, Conneely I, Conroy M, Mulcahy E, Murphy I, Farrell G, O'Donovan E, Murphy R, O'Reilly M, Rhatigan J, Richardson M, Sheridan J. Poster presentation at IAPC Annual Education & Research Seminar, February 2015

The Impact of Guidelines and a Documentation Form on Formal Family Meeting Practice, Milford Care Centre and Marymount University Hospital. S Moran, A Brosnan, M Clifford, I Conneely, M Conroy, E Mulcahy, I Murphy, G Farrell, E O'Donovan R Murphy, M O Reilly, J Rhatigan, M Richardson, J Sheridan. Poster presentation at IAPC Study Day

Written Communication - An Audit of Patient Healthcare Documentation in a Hospice Setting. Jezewska U., O'Reilly, M., Conroy, M. (2015), *National Institute for Health Sciences Research Bulletin*, 7(2):70.









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.



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