

Company registration number : 1748046

**St Nicholas Hospice (Suffolk)**  
**(A company limited by guarantee and**  
**not having a share capital)**

Annual Report and Financial Statements

Year Ended 31 March 2011

# ST NICHOLAS' HOSPICE (SUFFOLK)

## Contents

### Page:

1	Report of the Trustees
21	Report of the Independent Auditors
22	Consolidated Statement of Financial Activities
23	Consolidated Balance Sheet
24	Charity Balance Sheet
25	Cash Flow Statement
26	Notes forming part of the financial statements

## ST NICHOLAS HOSPICE (SUFFOLK)

Trustees report for the year ended 31 March 2011

---

### TRUSTEES AND ADVISERS

#### Board of Trustees

The Revd Canon R. Norburn MBE <sup>3</sup>	President
Mr A. Robinson	Chairman
Mrs J. Rutherford <sup>24</sup>	Deputy Chairman
Mr D. Barclay <sup>15</sup>	Honorary Treasurer
The Countess of Euston <sup>4</sup>	Retired 20 October 2010
Mr P. Marchant <sup>15</sup>	
Mrs B. Martineau <sup>4</sup>	
Ms P. Nicholson <sup>3</sup>	
Dr. E. Wallace <sup>3</sup>	
Mr A. Williams CBE <sup>2</sup>	

#### Secretary and registered/principal office

Julie Roy  
Macmillan Way, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QY

#### Chief Executive

Barbara Gale

#### Senior Management

Paul Abbott – Fundraising & Marketing Director  
Jane Doughty – Personnel Director  
Julie Roy – Finance Director  
Jacqueline Saunders – Clinical Services Director

#### Auditors

Baker Tilly UK Audit LLP, Abbotsgate House, Hollow Road, Bury St Edmunds, Suffolk, IP32 7FA

#### Solicitors

Gross & Co, 84 Guildhall Street, Bury St Edmunds, Suffolk, IP33 1PR

#### Bankers

Barclays Bank plc, 52 Abbeygate Street, Bury St Edmunds, Suffolk, IP33 1LL

#### Investment managers

Rathbones Investment Management Limited, 159 New Bond Street, London, W1S 2UD

**Registered Charity number** 287773

**Registered Charity name:** St Nicholas Hospice (Suffolk)

**Other name used:** St Nicholas Hospice Care

**Company number** 1748046

<sup>1</sup> Finance Committee member <sup>2</sup> Personnel Committee member <sup>3</sup> Clinical Governance Committee member <sup>4</sup> Fundraising and Marketing Committee member <sup>5</sup> Director of St Nicholas Hospice Trading Ltd

## **ST NICHOLAS HOSPICE (SUFFOLK)**

### **Trustees report for the year ended 31 March 2011 (Continued)**

---

#### **Trustees Report**

The Board of Trustees present their annual report on the affairs of the charitable company, together with the financial statements and independent auditors' report for the year ended 31<sup>st</sup> March 2011.

#### **Charitable Activities**

Our Charity's purposes as set out in the objects contained in the company's memorandum of association are to:

"promote the relief of persons of either gender, without regard to either race or creed, while suffering from any terminal or life-threatening illness, or from any disability or disease, attributable to old age or from any other physical or mental infirmity, disability or disease, in such ways as the charity shall from time to time think fit."

By constant review over the years this has been developed so the charity's purposes are to:

- Benefit the public by providing relief to those who are suffering from a life shortening illness.
- Support the families of those who are affected during illness and bereavement.
- Promote the practice of good care for the dying in the local community.

#### **Ensuring our work delivers our objectives**

We review our objectives and activities annually, identifying achievements and outcomes. The review looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help, this ensures our objectives and activities remained focused on our stated purposes.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees considered how all planned activities will contribute to the aims and objectives they have set.

The Hospice's aim is to make living with dying better and to;

- Enable patients, families and carers to live with illness and bereavement
- Work in partnership with our communities to help them care for those affected

Our Vision:

- Services - To improve the quality of lives of patients and their families during illness, death and bereavement.
- People - A great place to work, inspiring staff and volunteers to be the best they can.
- Organisation - Continually striving for excellence and taking a lead in the field of hospice care.
- Financial - To work with financial integrity, giving best value and securing our long-term future.
- Partners - To build successful partnerships with our local community in a socially responsible way.

Our Values:

Leadership, Developing, Communication, Respect, Teamwork, Equality, Quality, Learning, Resilience and Integrity.

The clinical services are delivered by a clinical team led by a Clinical Services Director and Consultant. The team comprises professionals proficient in palliative care that includes: doctors, nurses (registered and nursing assistants), chaplain, occupational therapist, physiotherapist, complementary therapist, social workers, counsellors and psychological therapist.

Care is given to patients in:

- The local community, whether in their own homes or in other settings – including care homes, community hospitals and prisons.
- At the Hospice building in Sylvan Ward (In Patient Unit) or in the Orchard Day Centre.

## **ST NICHOLAS HOSPICE (SUFFOLK)**

### **Trustees report for the year ended 31 March 2011 (Continued)**

---

To support and enable our local community we also provide:

- A 24 hour advice line.
- An Education Department that provides internal and external programmes, locally and regionally.
- Attendance at Gold Standards Framework (GSF) meetings.
- Ongoing relationships with all providers of palliative and end of life services including working with social care, schools, prisons, mental health units and voluntary providers.

#### **Who uses and benefits from our service?**

All our services are provided free to our clients. Our objects and funding limit this service to the people who are living in West Suffolk and Thetford, a population of approximately 250,000.

We believe equal access to our services is vital to our success. With over 5,000 people dying in Suffolk every year, we give priority to patients and families with the most severe needs. Last year we saw 1,032 patients, 87.4% of whom have cancer, yet we are aware that only 27% of deaths are from cancer. We continue to work with our local community to increase access to our services for those who do not have cancer.

#### **Those who can access our clinical services are:**

Patients with a life shortening illness and their families, with continuing support to families into bereavement.

Up to March 2011 the service focused on patients over 18, but the team also began conversations with local children's hospices to see how we might meet the needs of young people needing to move from children's hospice to an adult hospice and how we might meet the need of teenagers accessing palliative care.

In addition we run Nicky's Way, a children's bereavement programme that can be accessed by any child or young person in our area, irrespective of the cause of death.

#### **How do we meet demand?**

It is acknowledged by the Public Health Department that there is increasing aging population, with more people living longer with often more than one illness. The Hospice has seen increasing numbers of referrals over recent years and has established a triage system to help manage demand.

The triage system enables the Hospice to prioritise those most in need and the integral advice service supports professionals who care for patients that either cannot be seen by the Hospice immediately or do not choose to be referred. All referrals are responded to by a triage practitioner within 24 hours, Monday to Friday.

Ward admissions are prioritised on patient and family needs and bed availability. Medical Outpatient and Domiciliary appointments are organised within 7 working days but an urgent appointment can be requested.

#### **Our structure**

On 31 March 2011 the Charity employed 109 staff (this equates to 96 whole time equivalents), almost half of whom were part-time, and 483 formal volunteers. This is an increase from March 2010 last year when we had 107 staff equating to 87 whole time equivalents.

This year the Hospice appointed a Head of the Orchard Day Centre to also be a Clinical Lead to develop the services given in Orchard and drive forward clinical practice across the organisation.

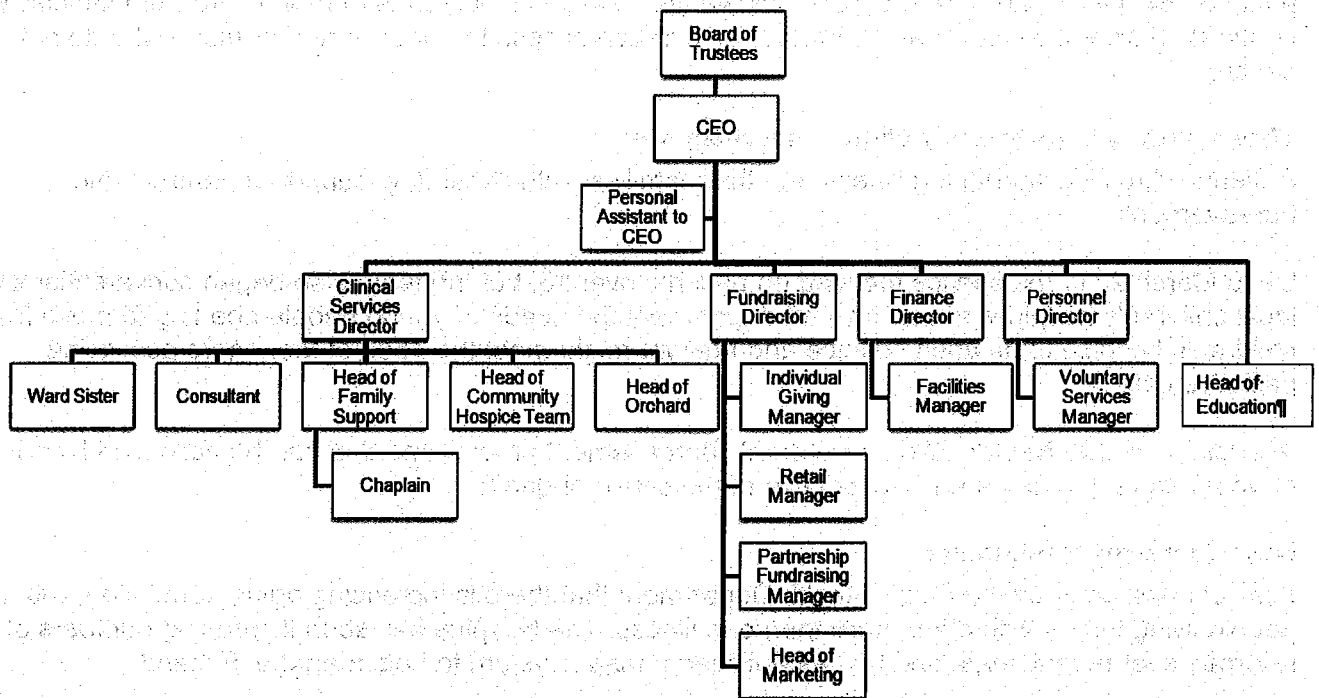
# ST NICHOLAS HOSPICE (SUFFOLK)

## Trustees report for the year ended 31 March 2011 (Continued)

The management and leadership of the Hospice is led by the Chief Executive who chairs a weekly Directorate meeting with the Clinical Services, Fundraising, Finance, and Personnel Directors. The Directorate with the Management Forum meets monthly to ensure good cross organisation planning and management. The Chief Executive meets formally with the Chairman and or Vice Chairman at least twice a month.

We have continued to further define our vision to be a great place to work, inspiring staff and volunteers to be the best they can by listening to our staff and delivering those changes that made St Nicholas Hospice Care a Top 100 Employer within the Public Voluntary Sector 2010 (Sunday Times/Best Companies Awards).

### Organisational structure



**ST NICHOLAS HOSPICE (SUFFOLK)**

**Trustees report for the year ended 31 March 2011 (Continued)**

**Our achievements in 2010 – 2011**

<b>In 2010 we said we would:</b>	<b>By March 2011 we had:</b>
<b>Manage the organisation's resources in light of the recession to ensure the sustainability of the Charity.</b>	<ul style="list-style-type: none"> <li>• Maintained income from fundraising.</li> <li>• Increased income from retail.</li> <li>• Kept expenditure tightly under control.</li> <li>• Used legacy income to re-open 2 of 4 beds which were closed in 2009-10.</li> </ul>
<b>Further develop community services enabling more people to die in their own home.</b>	<ul style="list-style-type: none"> <li>• Increased the support given to primary healthcare by greater attendance at GSF meetings resulting in a 44% increase in the numbers of patients discussed. This shows how much influence the Hospice has in relation to patients not directly in the care of the Hospice.</li> <li>• Worked with 3 local care homes to develop a model of support that improves care in care homes.</li> <li>• Developed prescribing guidelines produced for local health professionals for last days of life.</li> <li>• Helped avoid 220 inappropriate admissions.</li> <li>• Increased the telephone support to professionals by 47%.</li> <li>• Helped 83% of the patients known to community team die in their place of choice.</li> </ul>
<b>We said we would work with the local community in raising awareness about end of life choices.</b>	<ul style="list-style-type: none"> <li>• Used extensive marketing campaigns ensuring regular coverage in the local press about the work of the Hospice and the impact on people's lives.</li> <li>• Delivered four mailings to GPs, Nursing Homes and libraries containing information and posters on Hospice Services.</li> <li>• Delivered three news magazine mailings and one all catchment mailing on Light Up A Life.</li> </ul>
<b>Develop new ways of meeting demand for the service.</b>	<ul style="list-style-type: none"> <li>• Established triage practice.</li> <li>• Developed more volunteers to work across all departments.</li> <li>• Developed more group work for patients and families.</li> </ul>
<b>Develop a new five year strategy</b>	<ul style="list-style-type: none"> <li>• Agreed a new strategy of open access following consultation with staff, volunteers, users and other stakeholders.</li> </ul>
<b>Enhance Information Communications Technology systems</b>	<ul style="list-style-type: none"> <li>• Upgraded from PalCare to iCare ensuring that patient information could in the future be accessed more readily by staff working in the community.</li> <li>• Furthered consultation with West Suffolk Hospital to be able to access the patient information electronically. SLA to be signed by July 2011.</li> <li>• Thoroughly updated databases that hold records about volunteers and our supporters.</li> </ul>
<b>Expand volunteering in the community.</b>	<ul style="list-style-type: none"> <li>• Developed a volunteer scheme – Hospice Neighbours to provide practical support to people in their own homes.</li> <li>• New volunteer centre created in the centre of Bury St Edmunds to raise awareness about volunteering for the Hospice.</li> </ul>

## **ST NICHOLAS HOSPICE (SUFFOLK)**

### **Trustees report for the year ended 31 March 2011 (Continued)**

---

#### **2010 – 2011 Key achievements**

Because of a generous legacy in the previous year, the Trustees agreed to the reopening of 2 beds on Sylvan Ward, leaving 2 beds closed out of the 12.

A grant from the Department of Health meant that we were able to:

- Improve the gardens adding features and making them more accessible for patients and families.
- Improve the Chapel and enhance and add to consultation rooms.
- Refurbish Orchard Centre to improve rehabilitation facilities and enhance the lounge area for those using the room.

A company was commissioned to develop a new website that will be more user friendly and provide interactivity for those using it.

A grant from NHS Suffolk meant that the Hospice Neighbours project could be started.

During 2010 – 2011 our staff attended over 20 meetings to work with local stakeholders as part of the Marie Curie Delivering Choice project whose aim was to identify the gaps in end of life care provision and make recommendations for how services could be improved.

#### **Our people**

Our annual staff survey conducted in November 2010 provided valuable information and focussed dialogue on a number of important issues for staff. These are discussed at management, staff forum and departmental level. The views on staffing levels and pressures of work load have fed into the requests for new ways of working and additional staffing.

The staff forum continues to be an important forum for staff to feed in their thoughts and concerns to the CEO who chairs this group.

Whilst the constraints of the economic climate led to a pay freeze in 2009, all staff continued to work with the dedication and professionalism that exemplifies hospice staff and we were therefore pleased to be able to offer a pay award of 2.25% in October 2010.

We were also able to offer all staff cost effective access to a healthcare plan through Westfield Health that included counselling support in addition to a wider range of health interventions. This has been widely welcomed by staff.

Within the economic constraints affecting all organisations we were still able to deliver or enable 494 days of development and training to our staff and volunteers incorporating mandatory and statutory training as well as Continuous Professional Development (CPD). 82 members of staff and volunteers engaged in CPD activity that ranged from the Chief Executive Officer completing her masters in Palliative Care Leadership, a Clinical Nurse Specialist furthering her Masters in Palliative Care through to the more practical aspects of palliative care e.g. managing pain, the emotional aspects of death and dying etc.

With support from the Foundation of Nursing Studies three registered nurses developed their understanding and practice in relation to patient choice at the end of life.

The Clinical Services Director was unsuccessful in recruiting another medical Consultant, but did recruit a Senior Hospice Physician into a development post, approved by the Royal College of Medicine.



## ST NICHOLAS HOSPICE (SUFFOLK)

### Trustees report for the year ended 31 March 2011 (Continued)

---

#### Volunteering

Of our 483 volunteers, 218 work in our charity shops. The remaining 265 work across the range of our services, including fundraising, supporting and befriending patients, providing reception, administration, chaplaincy, catering, and maintenance or gardening services.

The organisation's retail volunteer placement scheme continues to help disadvantaged people. Volunteers have been doing essential work helping to sort and process donated goods at the Retail and Fundraising Centre warehouse operation as well as volunteering at the Hospice.

Volunteers provided approximately 1,688 hours a month of support and invaluable expertise, resources, time and local networking to the Hospice as a whole within the clinical department. Last year this included a volunteer doctor who was based on the ward, her work as a volunteer helped her return to medicine after a period of absence.

**Hospice Neighbours** - thanks to a grant from NHS Suffolk, this year the Hospice started an innovative project called Hospice Neighbours. The project aimed to recruit local volunteers to provide practical support in patients' homes. The project also recruited volunteer coordinators that will manage the volunteers in their locality.

By March 2011 pilots had been set up in Haverhill and Stanton, a coordinator and volunteers recruited in each area and following training volunteers started helping patients.

	Haverhill	Stanton
Volunteers	9	7
Patients visited	3	2
Hours of volunteering	3	2

The pilots will be evaluated next year and if proving successful will be rolled out across West Suffolk and Thetford.

#### Strategic review of services

This year we carried out a consultation exercise with patients, families, staff volunteers and local professionals to see how the hospice could improve its services to the local community. The consultation used workshops of staff and volunteers to explore current activity, gaps, strengths plus patient and family need.

It was clear that there is a large group of people needing support who never access support from the Hospice – specifically those with diseases other than cancer and those in marginalised groups. There was evidence from Hospice data of growing trends that many people being referred for support in their own homes were dying within 2 months of referral, leaving little time for the Hospice to support patients and families in preparing for a death. Yet it was clear that patients and families would have benefitted from Hospice support much earlier in their illness.

The work culminated in 2 "away days" with all staff and volunteer representatives and members of the Service User Forum attending at least one of them. The "away days" used a mixture of "blue sky" thinking and creative art work to describe how we meet the demands of those needing support of the hospice.

The result of these consultations resulted in the presentation to the Board of Trustees by the Senior Management Team of an open access strategy to be delivered over the next 3 years.,

## ST NICHOLAS HOSPICE (SUFFOLK)

### Trustees report for the year ended 31 March 2011 (Continued)

#### Strategic review of services ( continued)

Promoting the concept that a good death is possible wherever you are whether you are homeless, in hospital, at home in prison or in a care home. Hospice care can influence how you die, either by advising those who are caring for you or directly giving care. The Board of Trustees approved the Strategy in January 2011.

#### The strategy agreed the focus of our work in making living with dying better would include:

1. Ensure equal access for all whatever disease or stage of disease
2. Care in the community
3. Work in partnership with other providers of palliative care

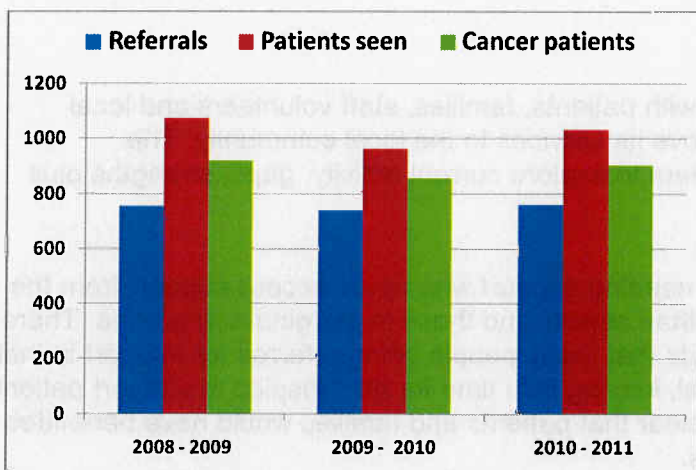
The annual patient and family satisfaction survey that is led by the Service User Forum again showed high levels of satisfaction by patients and families using the services. A survey of community services paid glowing tributes to the Nursing Assistants, 'it was the most supportive service to both me and my husband', being just one of the quotes. The model of care was appreciated by the majority of respondents (58 people, a response rate of 34%).

#### Clinical Service Activity

This year has seen some changes in activity that includes:

- An improved response time to referral from 1.2 to 1.07 days
- An increase in Nicky's Way activity
- A shift from an increase in visits to an increase in telephone support and activity at GSF meetings
- A continuing trend for late referrals often in the last 2 months of life.

#### People seen



The Hospice saw a 3% increase in referrals and a 7% increase in the numbers of patients seen.

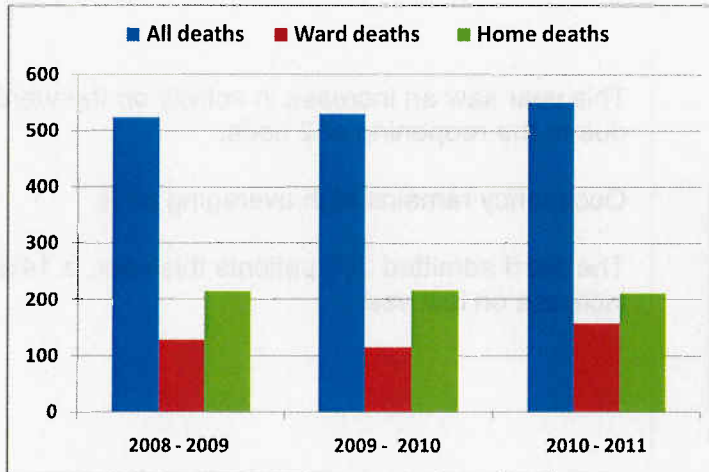
Patients with cancer continue to be the largest client group.

However this year the Hospice has seen a 1.4% increase in the numbers of patients with diseases other than cancer from 11% to 12.4%.

**ST NICHOLAS HOSPICE (SUFFOLK)**

**Trustees report for the year ended 31 March 2011 (Continued)**

**Deaths**

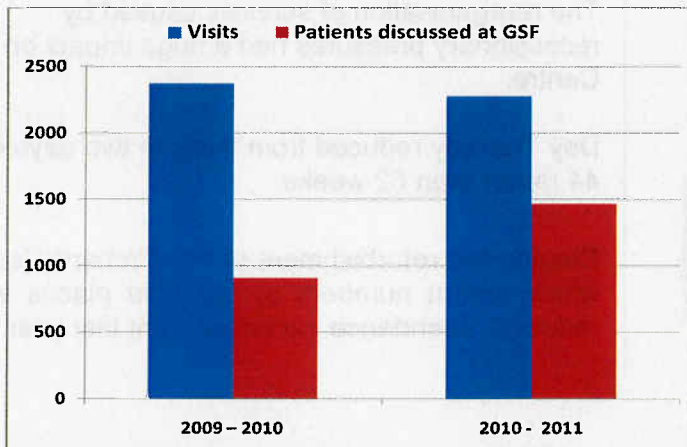


This year saw a 27% increase in the number of deaths supported on Sylvan Ward.

Although home deaths decreased slightly, 38% of all deaths supported by the Hospice were in people's homes.

**Community Hospice Team (CHT)**

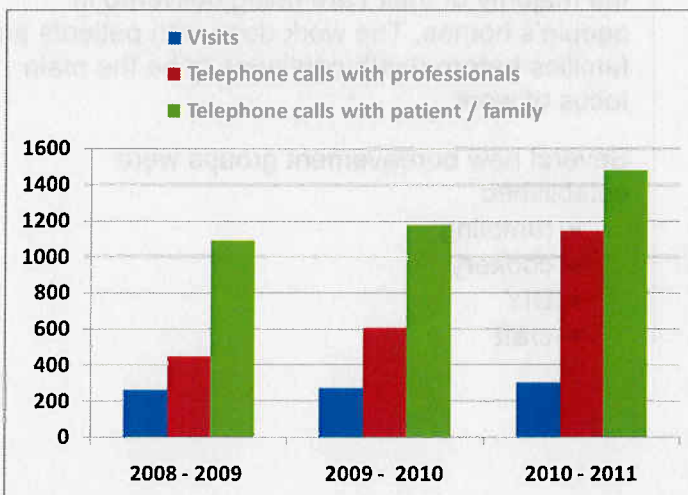
The strategy of the Hospice to try and influence the deaths of people in the local community is seen in this table. The patient and family survey identified that (69% of people asked) felt that the Community Hospice team supported them in making difficult decisions regarding their future,



Although community visits have reduced by 4% the numbers of patients for which the community team have been involved in GSF discussions about have increased by 38%.

The opinion of hospice staff is often sought and respected by local professionals. A point which should not be underestimated and reflects trust in our community focused approach.

**Out of office hour's activity**



The data showing the work done by the community team during weekends and bank holidays shows the most significant growth. Visits have increased by 10% and calls to patients and families by 20%.

The area of most change is an increase of 47% of calls with local healthcare professionals – this would include district nurse and the medical out of hour's service.

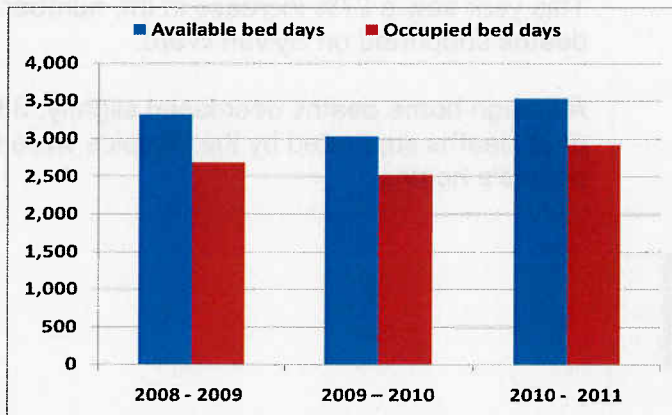
Advice is often given in relation to symptom management and the appropriate use of drugs in the last days of life, often preventing emergency admissions to hospital.

## ST NICHOLAS HOSPICE (SUFFOLK)

### Trustees report for the year ended 31 March 2011 (Continued)

#### Sylvan Ward (In Patient Unit)

##### Bed days



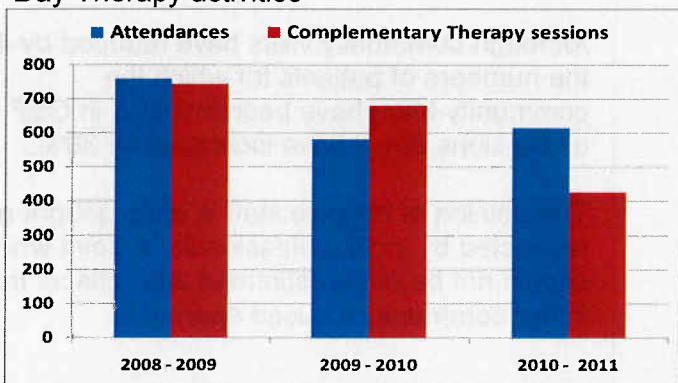
This year saw an increase in activity on the ward due to the reopening of 2 beds.

Occupancy remains high averaging 84%.

The ward admitted 253 patients this year, a 14% increase on last year.

#### Orchard Centre

##### Day Therapy activities

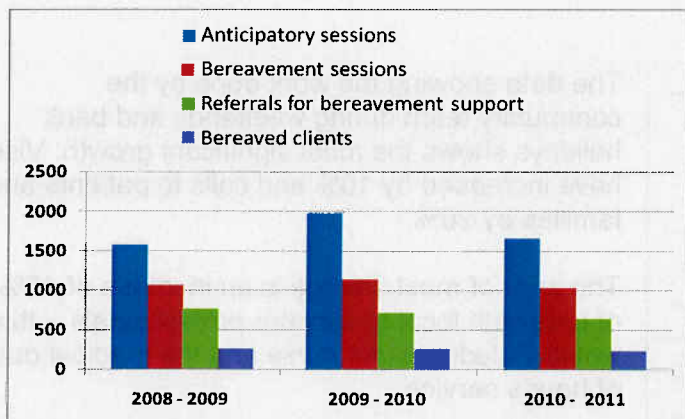


The reorganisation of services caused by recessionary pressures had a huge impact on the Centre.

Day Therapy reduced from three to two days over 44 rather than 52 weeks.

Despite the refurbishment of the Orchard Centre, which meant numbers of available places were reduced, attendance increased from last year.

#### Family Support



The Family Support Team continued to support patients and families across the organisation, with the majority of their care being delivered in people's homes. The work done with patients and families before death continues to be the main focus of work.

Several new bereavement groups were established

- rambling
- cookery
- DIY
- craft

