



ST. JOHN'S HOSPICE

ANNUAL REPORT 2008

CHANGING LIVES



About St. John's Hospice

In 1977, the Sisters of Mercy, and the Brampton Trust, which has helped to fund the Hospital of St. John & St. Elizabeth since 1907, started discussions around the possibility of having beds available in the Hospital for the admission of cancer patients both on medical and social grounds. However, it was not until 1980 that plans for the development of what was then known as the Catherine McAuley Unit began to take shape. From 1981 to 1984, the unit consisted of a five bedded ward situated at the front of the Hospital overlooking Grove End Road.

The success of the Catherine McAuley Unit led to the development of a ten-bedded purpose built unit which would become known as St. John's Hospice. The Hospice formally opened on 29th May 1984. It was situated where the Day Services Centre is now, with a four bedded men's bay and a similar women's bay, plus two single rooms.

In 1987, the Hospice extended its work with the addition of a Day Centre and a major New Development Plan was drawn up to extend the hospice and increase the number of beds.

The new wing, which included the new Hospice opened on 3rd July 1991. In 1999, a further wing was added to the Hospice increasing the number of beds to the existing 19.

Any history of the Hospice would be incomplete without noting the enormous contribution made to the development of the service by Dr Philip Jones, who was our Medical Director for 17 years, until his death in 2002. Philip steered the Hospice through many important stages of our growth, notably the decision to admit patients living with HIV/AIDS, when there was still much ignorance about the conditions. He is remembered with great affection by those who worked alongside him and benefitted from his care.

Patron

His Eminence Cardinal Cormac Murphy O'Connor

President

The Earl of Gainsborough

Board of Trustees

General the Lord Guthrie of Craigiebank GCB LVO OBE DL
(Chairman of the Board)

Sir Mark Allen
Mr Nicholas Coulson
Dr David Grant
The Lord Grantley
Professor Margaret Johnson
Mrs Monica Kerr
Nicholas Mostyn QC
Mr Jonathan Scherer
Mr Julian Schild
The Rt. Rev'd George Stack
Mr Charles Fitzherbert
Mr Norbert Reis

Working in partnership with the Hospital of St. John & St. Elizabeth

The Hospital of St. John & St. Elizabeth, although a private hospital, is also a registered charity. Founded in 1856 by the Sisters of Mercy, an order of nuns who worked with Florence Nightingale in the Crimean war, the Hospital pioneered the use of advanced nursing techniques to help the sick, the dying and the needy in the local community.

Now, over 150 years later, the nuns have gone, but their ethos remains at the heart of what is regarded as a unique London hospital. Nowhere else does the work of a private hospital invest in supporting charitable services in the way that 'John and Lizzies' does.

St. John's Hospice is the main beneficiary of The Hospital of St. John & St. Elizabeth. In addition to providing financial support, our relationship with the Hospital is crucial to the unique model of care we are able to offer our patients. All of our X-Rays, Pathology and Pharmacy are delivered on site, enabling us to offer a less stressful experience for our patients and an immediacy of care that could not happen in most other hospices. The aim of both institutions is the same now as it was over 150 years ago - to provide the highest quality health care for all those who seek it.

Chairman's Report

On behalf of the Board of Directors, it is a pleasure to present our latest annual report, which I believe illustrates the breadth of work that St. John's Hospice undertakes, as we celebrate our 25th anniversary.

2008 was an extremely memorable year for us with the launch of the redeveloped Hospice Day Service, which incorporated a larger facility with additional consulting and treatment rooms, and a designated meeting room. Day care has become a fundamental part of the strategy of allowing people to be at home and giving them choice and independence. The redevelopment gives the opportunity for greater access and the chance to treat more people alongside the services our Inpatient and Community teams provide.

2008 has also seen a substantial expansion in the work of our Hospice@Home team which provides crucial support to patients, enabling them to have the choice to die at home, as well as providing respite for families and carers. In 2008, we provided over 6,000 hours of care in people's own homes, which often made the crucial difference in enabling them to die in their preferred place.

I am grateful to and very proud of the staff who work tirelessly and devotedly to ensure that the provision of healthcare at St. John's Hospice is maintained to the highest standard. The clinical quality of the care delivered to our patients at St. John's Hospice remains our first priority, and is reflected in the feedback we have received from our patients and their carers. This care is also delivered by the large number of dedicated volunteers who willingly give of their time and talents in both enhancing the experience of patients and in fundraising to ensure that we can continue to perform at the highest levels.

Everyone at St. John's recognises that without the generosity of the people and organisations that support us we would not be able to provide the high standards of care for which we are renowned. Without your very generous support, St. John's simply would not be able to provide the care that we do.

General the Lord Guthrie of Craigiebank
GCB LVO OBE DL

“IN 2009, WE WILL CELEBRATE THE 25TH ANNIVERSARY OF ST. JOHN'S HOSPICE, AND I AM DELIGHTED TO NOTE THAT WE CONTINUE TO DEVELOP NEW SERVICES THAT CREATE REAL FLEXIBILITY TO MEET THE CHANGING NEEDS OF THE COMMUNITY WE SERVE.”



Medical Director's Report

2008 has shown an increase in our general activity, not only in terms of numbers of people receiving our services, but also in terms of the increased complexity of need shown by our patients.

Our relationship with the Hospital of St. John & St. Elizabeth enables us to offer a level of service well beyond that of most hospices, and I believe that this is well reflected in the nature of the work that the Hospice takes on.

Across all areas of the Hospice's workload, we have seen an increase in people accessing our services who do not have cancer or HIV as their primary diagnosis. This is a welcome development and helps to spread Specialist Palliative Care services

to all people with advanced, progressive, incurable illness. We look forward to developing this aspect of our work further in 2009.

Despite the challenges faced by our medical staff, the team have continued to provide a service of excellence to all patients in need regardless of diagnosis, be they at home, attending the Day Services Centre or on our Inpatient Unit.

We have over 40 medical students a month both from Imperial and from UCLH who come and shadow the team, either on the wards or in more lecture based teaching, and the feedback we have received from these students is excellent.

I hope that 2009 will be equally successful for the Hospice. Whilst working at St. John's can be busy and sometimes challenging, it is important to remember that the service we provide makes an enormous difference to our patients and their families and friends. I am proud to say that the care delivered by St. John's is second to none, and is going from strength to strength!

Chris Farnham
Hospice Medical Director



Our Achievements

- 230 people were admitted to the In-Patient Unit, and the service provided 4,751 nights of care, up 11% on 2007.
- The Inpatient Unit operated at 69% occupancy.
- The refurbishment of the Day Service with the introduction of individual therapy suites, means that a full range of complementary therapies can now be offered, set out as scheduled sessions along with weekly or monthly clinics (e.g. acupuncture, podiatry). Patients can access and book a series of sessions to focus on particular pain, mobility, mood and symptom management issues.
- 147 people attended the Day Service, up by 4% on 2007.
- Through the establishment of a bank of computers with free internet access, patients are able to learn new skills, connect with family and friends, access information, and seek support.
- The Community Team supported 218 patients and their families at home for as long as possible, up by 15% on 2007.
- The Community Team had 2,198 contacts (face to face & telephone) in 2008, up by 8%.
- The Community Team attended regular meetings with 10 of our GP practices.
- The Community Macmillan Nurse Specialist Team have given education sessions as part of a cancer awareness training for Chinese, older people, carers, refugees and asylum seekers.
- Hospice@Home supported 94 people and provided 6,248 hours of care in people's own homes, up 49% on 2007.
- The Lymphoedema Service saw 61 people in 2008, and provided 260 therapy sessions.
- The Bereavement Service further developed our work with bereaved children. We took referrals from schools last year for one-to-one work with children who have been bereaved, and also developed a Children's Bereavement Workshop which has been devised by the social work team and have opened up this resource to local schools.
- We have developed a Bereavement Library containing a number of written and audio resources covering a wide range of information for individuals and we have a large selection of children's books. The library is free to use and provides individuals with an immediate alternative sources of information and advice.

Our Plans for the Future

- We will strengthen the Hospice team with the introduction of the new posts of Director of Clinical Services and Business Manager.
- We plan to recruit a full-time Coordinator for the Hospice@Home team, as well as actively recruit a dedicated Nursing Bank for the Hospice@Home and Inpatient and Day Services.
- We hope to attain the 'Investing In Volunteers' standard as a demonstration of our commitment to involving volunteers in our work.
- We hope to recruit new volunteers, with a particular focus on supporting the Hospice reception.
- We will audit the effectiveness of the Liverpool Care Pathway for Dying Patients on the Inpatient Unit.
- We plan to develop an Ambulatory Care project aimed at improving the experience of patients receiving blood transfusions and bisphosphonate infusions.
- We will pilot a Carers Support Programme.
- We will work in partnership with Housing 21, to pilot a Specialist Nurse post for End of Life Care for patients living with Dementia.
- We plan to work with Primary Care Trusts in North West and North Central London to further analyse the costs, data, and core services to be included within any future tariff arrangements for payment.
- We plan to expand the number of GP meetings covered by the Community Team.
- We will continue to develop our fundraising activities and relationships with PCT's to secure the resources we need to continue providing our unique level of care to our community.
- We will work closely with local PCT's in facilitating the Living Well—Life Club programme for people with HIV and work with community organisations such as YMCA to broaden the range of activities available with Day Services.
- We plan to strengthen our links with Imperial College Healthcare NHS Trust and University College London Hospitals NHS Foundation Trust.

Our Inpatient Unit

Our Inpatient unit is run by a dynamic team of specialist palliative care nurses and health care assistants, led by a Ward Sister. The unit provides specialist palliative care service for people with a range of life-threatening illnesses mainly cancer, HIV, end stage cardiac disease, and end stage respiratory disease.

Our emphasis is on helping patients to live as well as possible with their illness, maintaining as much independence as possible, paying particular attention to dignity. Nursing care is based around the individual regardless of diagnosis.

A holistic approach is used taking into consideration every aspect of the person's life in order to maintain optimum quality for the individual. This is achieved through expert specialist palliative nursing, addressing areas such as symptom management problems, complex

psychosocial issues, and family dynamics to name but a few.

The nursing team takes pride in the high standard of care it provides. We are constantly reviewing and reflecting on practice in order to deliver the very best to patients at a critical time in their lives. During 2008, all of the staff nurses on the unit attended a variety of study days and courses. We all attended IV and blood transfusion study days and have completed competencies regarding these. This was particularly welcome as we now do transfusions quite frequently in the hospice. All nurses also had their yearly drug assessments. Our Health Care Assistants have also attended a number of courses to update their knowledge and skills.

The Unit participated in a research study of medication practices carried out by Bradford Teaching Hospitals and this has

had a positive effect on practice on the Inpatient Unit.

We also took part in the annual Help the Hospices Patient Survey and are looking into developing new ways of getting more feedback from patients and relatives.

We have students from King's College on a regular basis and find that both students and ourselves benefit from this link.

This year, we have also been happy to welcome groups of overseas visitors (including visitors from Finland and Norway) to see the Hospice and learn about our positive approach to End of Life Care.

Tanja Vepsalainen
Nurse Manager

'Because all the practical elements of looking after Tom were dealt with by the wonderful nurses, I could relax and enjoy spending time with him, rather than worrying about how I would manage to do all the things he needed. Tom seemed less frightened. The staff were so wonderful that he began to feel safe. When he passed away, it was so peaceful and dignified, just as he wanted really. Our last weeks together were spent laughing and talking, and that is what I will always remember now.'



“The nursing team takes pride in the high standard of care it provides. We are constantly reviewing and reflecting on practice in order to deliver the very best to patients at a critical time in their lives.”

Our Day Services

For Hospice Day Services, the year started with the long-awaited opening of the re-developed centre. Our patients now have a number of spaces within the centre in which to utilise all aspects of the service, and the multi-disciplinary team can conduct assessments, hold group and individual sessions and set out programmes of care.

The new facility allows us to offer, maintain and constantly develop comprehensive packages of support which are monitored and reviewed and are responsive to the changing nature of progressive disease and palliative care. The capability to provide more flexible packages of care allows for more people to be referred to day services. Built into this approach is the ability to appropriately re-introduce patients to community supports, external services, further education, return to

work processes and wellness programs, with a view to gradually reducing their need for and dependence upon day services.

The addition of the consulting room means that doctors are able to offer a robust medical model of care, carrying out regular assessments and reviews and focusing on areas of specific need and concern. Clinicians and other members of the multi-disciplinary team at the hospice utilise this space for consultations and sensitive discussions and reviews with patients, partners and family members.

The nurse at the day centre will regularly assess patients on attendance in the centre itself and can offer a variety of interventions (e.g. medication observations and adherence) as well as liaise with their primary care supports and organise around additional resources and care.

A thriving arts programme is available, which is a direct result of increased activity space for both group and individual sessions. Artwork created in sessions is displayed throughout the centre. Patients are given the opportunity to join a variety of exercise classes tailored to capabilities and personal fitness goals.

The most important thing about Day Services at St. John's is that it continues to build on the ability to provide a therapeutic environment in which people feel safe, supported and cared for and where they can learn, understand and create ways to effectively manage their illness, maintain their independence, and have as good a quality of life as possible, for as long as possible.

Sheena Boyd
Day Services Manager

JACQUELINE'S STORY

I came to the centre when I was receiving radiotherapy treatment for brain cancer. I was wary of coming because I thought "this is the place you go to die"!

However, I decided to come after my Macmillan nurse advised me to give it a try. The day centre is a really welcoming place; staff, volunteers and other clients make me feel so happy. The centre is like a family – everybody cares about everybody else.

If one feels bad or low there is always someone, be it the centre manager, a nurse or other staff member who will offer you professional advice and support.

I have really benefitted from the complementary therapies such as massage, cranio-sacral therapy, acupuncture and a facial today. Besides the excellent lunch (3 courses) there are activities you can do such as painting, creative writing, lectures about different artists, visiting cartoonists and musicians. There is always something to do. If you like to be quiet you can go into the lounge and read a paper, go on the internet or just have a nap.

Many of us are alone a lot of the time so the day centre is extremely important. Besides making friends you can know that

if anything goes wrong there is the doctor, staff, nurse and volunteers who are happy to listen to us tell our woes and give support via the social worker, physiotherapist or exercise programme.

To put it in a nutshell, St. John's Hospice is irreplaceable!

Jacqueline

Our Community Team

The Community Macmillan Nurse Specialist Team at St. John's Hospice consists of five Clinical Nurse Specialists in Palliative care. The Community Macmillan Nurse Team Leader, Melissa Reddish, also manages our Hospice@Home service. The team visit patients in The Borough of Westminster and work closely with the City of Westminster Primary Care Trust. During 2008 the team supported over 200 people in their own homes.

Following initiatives from the government in end of life care the team are working closely with GP's and District Nurses to provide support and anticipatory care for our patients at home.

The team currently provide syringe driver training for District Nursing teams - a three monthly syringe driver workshop with an alternate programme of beginner and refresher courses taking place in individual clinics. We also provide training for GPs, running information sessions regarding common drugs used in palliative care focusing on the last days of life.

As an annual event the team host a Hospice day as part of St Mary's Hospital palliative care programme. It is hoped that the team will also be very much part of an overall programme on foundations in palliative care to be run by St. John's Hospice.

The team has representation on the West London Palliative Care Network and the Westminster PCT End of Life Care Steering group. We are involved in working with the network and PCT looking at out of hours provision, rolling out of the Gold Standards Framework and being part of education and training network wide.

As well as working closely with Primary Health care teams, the team has also been building relationships with teams in the acute setting such as St Mary's Hospital

and University College Hospital, other hospices and palliative care teams and members of the Westminster PCT Continuing care group. These relationships are important in continuing referrals being made to the Hospice, sharing of ideas and keeping updated in local palliative care initiatives.

Melissa Reddish
Nurse Specialist Team Leader



HOSPICE@HOME

Hospice@Home provides specialist support by placing Health Care Assistants experienced in community work and trained in palliative care in a patient's home. The service started in 2004, but has really taken off over the last year with 94 patients benefitting from the service in 2008, and the amount of care being delivered increasing by over 2,000 hours to 6,248.

The service has been developed to enable patients to have a realistic choice of where they are cared for, whether this is to

facilitate a death at home, enable a patient to stay at home for as long as possible, reduce admissions to acute or hospice settings or to provide respite for family carers. The service is tailored to the need of the patient, and can provide a minimum of 2 hour blocks of care through to being able to deliver 24 hour care in the terminal phase of a patient's illness. Care is usually provided for up to two weeks.

Hospice@Home has been a key development for St. John's as it meets the wishes of the majority of people who

would prefer to die at home. The most recent research suggests that only 20% of people in Westminster die in their own homes. Hospice@Home is seen as a vitally important service in increasing that proportion.

To date, Hospice@Home has been available as part of our contracts with Westminster and Brent Primary Care Trusts, and we are delighted that in 2009, we will be contracted to deliver the service for the first time in Kensington & Chelsea.

Our Volunteers

Volunteers are absolutely vital to the work that we do here at the Hospice. They generously give their time to help us in all aspects of our work.

On our Inpatient Unit and in our Day Services Centre they provide both practical and emotional support to our patients. As well as serving meals and refreshments, they are there to provide companionship and support to patients - something we place great importance on.

Over 120 volunteers offer their time to St. John's Hospice and the Day Services and 2008 has once again seen an increase in the number of younger volunteers, which includes students applying to study

medicine who wish to gain practical work experience.

Volunteers at St. John's range in age from late teens to the over-80s and come from all faiths and walks of life. Many people offer their time to Fundraising and the charity shop as well as to our clinical services.

Our Befriending Volunteers are truly unique individuals; each volunteer is matched with one of our Hospice patients who might be in need of that extra bit of company and friendship. Together, they forge a reliable, trusting and consistent relationship, often enabling a patient to fulfil everyday tasks and simply enjoy themselves more.

In 2008, our volunteers have been incredibly adaptable, reliable and supportive of staff and patients throughout the time the Day Centre was being built and in the move back. They have helped staff to provide real continuity and a seamless transition.

In June 2008, on St. John's Day, five more volunteers were awarded medals for more than 10 years of service by the Knights of Malta at a ceremony at the Brompton Oratory.

Sophie McEwen
Volunteer Co-ordinator



"The Hospice Social Worker was fantastic. I was having horrendous problems with my housing and benefits, and ran the very real risk of being made homeless. What I appreciated was that the Social Worker didn't just take over, but helped me through a crisis and gave me the breathing space to take control of my own life again. It was the first time that I felt like I was a person and not just a case. St. John's was literally a lifeline for me."

Social Work

When people are first referred to St. John's they are often facing many difficulties in their lives and they may feel very out of control and uncertain about the future. Our team of three Social Workers at St. John's Hospice is there to help and support individuals and families from the point of referral right through to bereavement.

Our social workers provide emotional support and counselling and can also advise on a range of practical matters for all family members including wills, finances, welfare benefits, debt, housing and employment. It is often forgotten that long-term illness and bereavement causes a great financial burden for patients and

families who may struggle to pay essential bills and funeral costs.

Our team can fill in forms, write letters, make telephone calls and advocate on behalf of patients. This support is much valued as typically families have little idea of their entitlements and how to access them after a bereavement. The team are able to work with all patients and their families in different settings, whatever their situation and diagnosis.

The team recognises that people are individuals and everyone copes in their own way. There is no right or wrong way of doing things when you are facing a life-threatening illness. We are guided by

our patients. Sharing feelings can often be painful and difficult but can also be an enormous help.

The social workers offer counselling to individuals and their partners, and work closely with families and children facing the death of a parent or close family member. We also offer teaching and training around social and emotional issues in palliative care.

The social work team are also able to offer access to group work.

Suzy Croft
Senior Social Worker

The Bereavement Service

2008 was a busy year for the bereavement Service, and we have introduced a number of new initiatives to help people to access the service in a way that is tailored to their individual needs. A bereavement group for service users was started as well as providing support on a one to one, and due to the success of this, we have decided to continue to run such groups.

We have also continued to develop our Bereavement Teas; these are an opportunity for bereaved relatives to return to the hospice and meet up with each other and with the staff to discuss how they are coping and what support they might still need. These have proved an invaluable opportunity for individuals to access support.

We have become aware that older people are especially vulnerable due to isolation and are at considerable risk when they experience bereavement, and as a consequence we have worked with the Volunteer Co-ordinator so that befriending can now also be provided to older isolated people who have

experienced a bereavement to reduce the impact of their isolation.

We have further developed the Children's Bereavement Workshop and have opened up this resource to local schools. This is an invaluable workshop of activities that supports children to express their feelings around loss and provides them with the opportunity to ask any questions. The workshop also provides parents with the opportunity to meet up with each other and discuss coping strategies. We support more than 30 bereaved children every year.

The service has also developed support strategies for both our staff and volunteers who are working with challenging situations. Support groups have been established with the aim of providing staff with the opportunity to discuss situations which impact upon us.

Robert Moroney
Bereavement Co-ordinator

Specialist Palliative Care Therapies

The Specialist Physiotherapist and Occupational Therapist provide a wide range of services to each of our Inpatient, Day Services and Community patients including assessing the need for specialist equipment and support to help people to make practical adjustments to living with a terminal illness or returning home after a Hospice admission, advice on ways to achieve pain control and maximise comfort and developing goal focussed rehabilitation to maximise physical function, promote independence and help people to adapt to their condition.

We also provide a dedicated exercise class to clients within Day Services and a dedicated Out-Patient Physiotherapy Clinic.

The Lymphoedema Service provides care to patients suffering from upper and lower limb lymphoedema, both chronic and acute. The service is predominantly delivered through an outpatient clinic, however treatment is also provided on the Inpatient unit, or by domiciliary visits.

Clarissa Gifford
Occupational Therapist

VERONICA'S STORY

In April 2006 my husband Michael, was diagnosed with advanced bowel cancer. We were both devastated but did not want to take the passive route. For some 20 months we searched and researched every avenue that might provide a cure for this monstrous disease. Our search was fruitless. Just before Christmas 2007 Michael finally passed away whilst in St. John's Hospice. I consoled myself briefly that he had passed peacefully and had been looked after in the best possible way by the hospice staff.

When I returned home to our flat I was in a state of profound shock. I could hardly move or speak and felt as if I was in a black hole of despair from which there was no escape.

After a few days in this state, I received a letter from the hospice telling me there was support available if I wanted it. It was like food for the starving. Suddenly there was a chink of light in the darkness and I responded immediately.

A few days later, after a phone conversation, Robert Moroney, the hospice's bereavement services coordinator, visited me at home. I found him warm and empathic. Here was someone who was able to recognise and understand what I was going through and make sense of the emotional intensity. I actually felt as if I was going mad before Robert's visit. He continued to visit me every few weeks and then came more often when I experienced another bereavement. He was able to recognise the different 'stages' of bereavement and 'hold' me when I needed it. There was also the offer of telephone support. I have not used this very much but it's important for me to know I have that option.

Robert's knowledge as a social worker was invaluable and he was able to help me get financial support I was entitled to. I had no idea that I was entitled to some benefits.

I hope the above makes it clear that the bereavement support offered by the hospice is invaluable. It fills a gap in our society where people are too often told to 'pull themselves together' or referred for psychiatric help which is often inappropriate. In a society which regards death as a taboo subject, discouraging people to talk about it, the hospice's work is very important.

V. Dodds

A Special Thanks...

Our work is only made possible with the support and contributions we receive from generous supporters of the Hospice.

We would like to extend a special thank you to the following groups who once again committed their support throughout 2008:

- The countless individuals whose donations of time and money enable us to continue with our work.
- Local community groups and organisations - including schools, clubs, businesses and religious groups who tirelessly fundraise on our behalf.
- Volunteers who everyday help the Hospice provide for our patients and community, help staff our Charity Shop and support our fundraising efforts.
- Charitable trusts and foundations for their valuable support and contributions to our special projects.
- Those who chose to leave a lasting legacy to St. John's Hospice by remembering us in their Will.
- Staff of St. John's Hospice and The Hospital of St. John & St. Elizabeth for their hard work and dedication.

If you are interested in supporting St. John's Hospice or becoming a volunteer please call our fundraising team on 020 7806 4011.



Matron's Report

I am delighted to have this opportunity to thank St. John's multidisciplinary team of paid and voluntary staff for their continued hard work and dedication. Together, they have delivered another year of outstanding care across a range of services, the Inpatient Unit, Day Service, Community Service, Hospice@Home, Lymphoedema Service, Occupational Therapy, Physiotherapy, Social Work and Bereavement Service.

At St. John's, our staff deliver a model of care in partnership with seven London boroughs that covers a community with an area stretching from Hammersmith in the West, the City in the East, from the Thames in the South and the M25 in the North. Day and night the specialist staff at

St. John's deliver extraordinary care, compassion and expertise in the field of palliative medicine. They do so free of charge to patients who may be facing a variety of life-threatening illness, including cancer, motor neurone disease, renal failure and respiratory disease, HIV and AIDs.

In order to cover our running costs and to ensure the continuous improvement of the range of palliative care services on offer at St. John's, we rely heavily on external funding and charitable giving. On behalf of the staff and patients of the Hospice, I would like to express my gratitude to each of the grant-making trusts, community groups and corporate supporters as well as individual donors who give up their time, energy and skills to fundraise for our

hospice - whether by making a grant, by organising an event or by participating in a sporting challenge to raise funds or simply shaking a collecting tin in aid of the Hospice.

The year ahead of us will see the 25th anniversary of the Hospice and no doubt many more exciting challenges to which the team will rise, as it always does, in order to provide exceptional care that impacts upon hundreds of patients and their loved ones from across the capital.

Christine Malcolmson

Christine Malcolmson
Matron

“On behalf of the staff and patients of the Hospice, I would like to express my gratitude to each of the grant-making trusts, community groups and corporate supporters as well as individual donors who give up their time, energy and skills to fundraise for our Hospice.”



Summary of Financial Information for the Year Ending December 31st 2008

The figures on the following page show that 2008 was a very challenging year for the Hospice.

In line with other charitable organisations, the Hospice is reliant on fundraising in an increasingly difficult economic climate. Consequently, the net contribution of fundraising is lower than in previous years.

In addition, despite offering an increasing range of services to patients, our overall income from NHS Primary Care Trusts has remained static over the last two years.

Staffing, of course, remains our highest cost and accounted for 75% of our expenditure during the year. In order to recruit and retain our high calibre of doctors, nurses, therapists, social workers and other health staff we have to keep our salaries comparable to those paid within the public sector, and accordingly for 2008 our costs have increased above our income.

The Hospice must continue to develop our current income sources and identify new sources of funding, in order for our aspirations to deliver high quality, flexible services to our community to continue to be met.

Signed on behalf of the Trustees



David Marshall
Finance Director

The financial information contained in this Annual Report has been extracted from management reports for the Hospice. Its purpose is to show the financial performance of the Hospice during the period January 1st 2008 to December 31st 2008, as the period referred to throughout this Report.

These accounts have been audited as part of the full annual accounts for The Hospital of St. John & St. Elizabeth.

The Hospital's accounts, along with the trustees' report and external auditors' report can be obtained from:
The Fundraising Office
Hospital of St. John and St. Elizabeth
60 Grove End Road
London
NW8 9NH
Tel 020 7806 4011



Financial Report 2008

INCOME		All figures are £
Hospice Income		
PCT		£2,268,360
Miscellaneous Income		£19,339
Sub Total		£2,287,699
Fundraising Income		
Fundraising (unrestricted)		£456,887
Fundraising (restricted)		£57,089
Shop		£63,567
Legacies		£148,000
Sub Total		£725,543
Total Income		£3,013,242
COSTS		
Hospice Running Costs		
Inpatient Care		£2,119,960
Community		£169,746
Day Centre		£514,298
Hospice@Home		£159,771
Sub Total		£2,963,775
Fundraising costs		
Fundraising		£165,005
Shop		£76,988
Sub Total		£241,993
Total Costs		£3,205,768
Total Income		£3,013,242
Total Costs		£3,205,768
Carried Forward		-£192,526



St. John's Hospice

60 Grove End Road
St. John's Wood . London . NW8 9NH
020 7806 4011

www.stjohnshospice.org.uk

charity number 235822