

Galway Hospice Governed Services

**Operational Quality and Risk Review
2024**



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1.0 Introduction

We are proud to present this report for Galway and Mayo Hospice for 2024. This annual review describes how we deliver our vision:

‘to be a leading example of excellence by delivering a specialist palliative care service, in appropriate settings, to people living with advanced life-limiting illnesses’

Galway Hospice Governed Services provides specialist palliative care services to Inpatients and Daycare patients in Galway Hospice, and to patients in the community in the Galway area. In addition, it has operational and clinical governance for Inpatients and Daycare patients in Mayo Hospice. This report covers all services governed by Galway Hospice (both Galway and Mayo Hospice will be referred to as “the Hospice”).

In this report, our aim is to show how the Hospice measures quality, involves patients, carers and staff and strives to always look for areas where we can improve our care. A Quality Account is an annual report to the public from providers of healthcare about the quality of services they deliver. Quality sits at the centre of all the Hospice does. Our teams in Galway and Mayo work to ensure that anyone with any life-limiting condition will have high quality care and support at the end of their life, in the right place, at the right time. As a voluntary hospice with a Section 38 service agreement with the HSE, we collaborate with a wide range of partners and stakeholders to deliver the highest quality services for people who need end of life care in Galway and Mayo. Serving a population of 408,234 we enable people living with advanced serious illness to live life as fully as possible. We provide compassionate, expert care to those living with a life limiting illness and we support people through the challenges of grief and bereavement. Our care and support are provided free of charge and in 2024 we supported 1,344 patients and their families.

This report demonstrates the Hospice’s ongoing commitment to delivering specialist palliative care and supporting generalist palliative care for our local communities. We help patients and their families maintain dignity and quality of life by providing exceptional compassionate care in the place of their choice. Care is based on an implicit concept – that the person is more than the illness. Each of us, sick or well, has unique physical, emotional, social and spiritual needs at Galway and Mayo Hospices we try to respond to these needs in ways which place the highest value on respect, choice and empowerment. As the specialist palliative care servicer serving the communities in Galway and Mayo, we will continue to lead in the development of specialist palliative care services for the people of these counties and work with our key funder, the HSE to achieve this aim. Our values of compassion, dignity, excellence, community and working together are fundamental to our specialist palliative care and underpin everything we do. This review reports on the systems and frameworks in place which evaluate and validate the quality of care, and those that monitor and manage risk.

As we proceed with delivering on our Strategic objectives for 2022 to 2026, our focus as always is our patients, their families, carers and communities. Quality improvement is a theme that runs through all our work as we work to provide personalised high-quality care and support to patients and families in an environment that respects their wishes, whilst being a supportive partner to our HSE and community colleagues. Patient and family feedback about the care our teams provide continues to be overwhelmingly positive, and we proactively consider any potential areas for improvement arising from complaints or comments. The feedback that we received during 2024 from comment cards and from our annual survey clearly demonstrate that our staff and volunteers are delivering for our communities as Galway and Mayo Hospice scored on average 9.64 out of 10 across all categories in both documents.

In January 2024 we completed the transition program to Section 38 status in our agreement with the HSE and the Department of Health which was a significant milestone giving us certainty about the level of state funding that we will receive going forward.

In May 2024 the Hospice completed the accreditation against ISO 9001. The final ISO CHKS report confirmed full compliance by the Hospice with all the standards and criteria surveyed.

The gradual progress of implementation of the electronic healthcare record, iCare, a paper light project continued to progress during 2024 with support of the steering committee and commitment of managers and staff throughout the organisation.

The organisation demonstrated its commitment to shared learning by facilitating staff to attend many educational forums and by supporting the education of primary care colleagues around end-of-life care.

Project ECHO, a distance learning model that breaks down hierarchies of specialist knowledge by creating virtual local networks of community and practice, which initiated in 2023 was successfully rolled out to nursing homes around Galway, Mayo and Roscommon during 2024 and we delivered 10 successful Echo sessions with excellent engagement and participation from the nursing homes in our region. We will continue with the program in 2025 and deliver one session each quarter and supplement these sessions by also providing in person education sessions nursing home staff.

Awareness initiatives carried out this year included a Falls Week Awareness week which focused on education for staff led by internal and external representatives, and Palliative Care Week where we held successful open evenings in both sites and also partnered with the CNME to host a very successful Education event “Let’s talk Palliative Care “ during the week to further raise awareness of palliative care amongst colleagues in the community.

Patient engagement continued to be a key priority this year as we worked through the guidelines documented in the HSE’s Better Together Patient Engagement Roadmap. We have identified 9 individuals who have agreed to participate in our Patient Council. These representatives have agreed Terms of Reference for the council and have also agreed a program of work for 2025. The council reviewed our patient survey in 2024 prior to it being issued and also reviewed some patient information leaflets during 2024.

Demand for our services continues to grow, we cared for 1,017 patients in the community during 2024. Occupancy in the inpatient unit in Galway increased by 8% and occupancy in the Mayo inpatient unit increased by 5%. There were 576 attendances to our day service in Galway and 415 attendances to the service in Mayo during 2024.

We all know that once someone has received a terminal diagnosis no one can change the end of that story. However, through high quality specialist palliative care, what we can do is take the time to get to know our patients and their loved ones; we can take the time to listen to them and hear what’s important to them as they approach the end of their life. We can then take the time to care – tailoring the support we provide to help patients live as well as they can for as long as possible. Our care again as referenced earlier is based on that idea – that the person is more than the illness. Our role has been, and will continue to be, pivotal for the community of Galway and Mayo, and we know that the expertise, commitment, and sheer compassion from all our staff and volunteers, will shine throughout this report. None of this would be possible without the dedication of our workforce, both staff and volunteers, and the generous support of our local community. We are grateful to all who have contributed this year and look forward to working together to continue to care in 2025 and beyond.

2.0 Governance

Our Corporate and Clinical Governance structures ensure that we have both the systems and processes in place to maintain a viable and responsible business, whilst ensuring that our services are of the highest quality and meet the aspirations of our vision. Governance of the Hospice is under the responsibility of the members of the Board of Directors, who volunteer their services. The Board of Directors of the Hospice is fully committed to discharging its duties and obligations to patients, staff, volunteers and all who come into contact with our services. New members are appointed with a view to ensuring that the Board contains an appropriate balance of experience relevant to the requirements of the hospice. A skills matrix-based system is used by the Board in considering the adequacy of its members, reflecting the organisation's need for a balanced mix of skills, both clinical and non-clinical. To further assist with improving governance at the hospice the Board appointed a part time Company Secretary during 2024. During the year she worked on updating our governance documentation to ensure that it reflects best practice and meets all our current regulatory and compliance obligations.

The Board works with organisational committees. The membership of these committees includes representatives from the Board and the Executive team, and when appropriate, external members who are selected based on their expertise and appointed by the Board. First line leadership of the hospice is provided by the Chief Executive, who is charged with ensuring that the Hospice is run as a cost-effective and sustainable charity, whilst providing the best possible care for patients and families. The Chief Executive is supported by an Executive Team, which comprises the Director of Nursing and Therapies, the Clinical Director, the Director of Human Resources (HR) and the Director of Quality. The Executive Team is supported by a line management team, which comprises the heads of departments.

A copy of the organisational chart is contained in Appendix 1.

The Hospice has developed an approach to optimal governance, which embraces both clinical and non-clinical risks:

Clinical Governance:

Clinical governance at the Hospice is a framework through which the multidisciplinary teams are accountable for the quality, safety and satisfaction of patients in the care they deliver. It is built on the model of the Chief Executive Officer (CEO) working in partnership with the Clinical Director, Director of Nursing and Therapy Services, Line Managers and Team Leaders. A key characteristic of clinical governance at the Hospice is a culture and commitment to agreed service levels and quality of care to be provided. Clinical governance at the Hospice helps to ensure that people receive the care they need in a safe, nurturing, open environment arising from corporate accountability for clinical performance. The benefit of clinical governance at the Hospice rests in improved patient experiences and better health outcomes in terms of quality and safety.

There are three key attributes to clinical governance at the Hospice:

- Recognisably high standards of care
- Transparent responsibility and accountability for those standards
- An ethos of continuous improvement

The quality and safety assurance framework at the Hospice is made up of both internal and external audit. Internal audit of the services provided within the Hospice gives us the opportunity to identify and manage specific risks and ensure a system of robust reporting and feedback mechanisms is in place throughout the organisation to ensure lessons are learned and processes are strengthened as part of our continual quality improvement programme. The Quality and Patient Safety Committee (QPS) is the overarching quality and safety committee that provides Board oversight for the services we provide to our staff, patients and their family and friends. This committee meets at least four

times per year; it sets Key Performance Indicators (KPI) for the services and monitors the programme of work to ensure satisfactory quality standards are in place and in line with best practice.

Non-clinical Risk Management:

The Governance and Audit Committee takes lead responsibility for non-clinical and business risk.

The Nominations and Remuneration Committee takes the lead responsibility for making recommendations to the Board on candidates nominated for Board Directorship and supports the CEO in setting the remuneration policy for staff. In addition, it considers HR policy and related matters brought to the attention of the sub-committee by the CEO.

The Hospice Board: Chaired by Dr Jim Browne, oversees the hospice's risk management strategy and is involved in the evaluation of our risk environment via the risk register. The Board works in conjunction with the Quality and Patient Safety Committee, the Governance and Audit Committee, the Nominations and Remuneration Committee and the Executive Team in its delivery.

Details of the Hospice's team committee structures are displayed in the chart below; terms of reference are in place for all committees.

3.0 Risk Management

The Hospice is committed to maintaining a strong positive culture of "quality and safety" which ensures that the quality of care & the health and safety of all stakeholders (patients, family members, visitors, volunteers, staff members and the wider community) are seen as fundamental to all staff and volunteers within the service. The team works to ensure that the highest standards of care and safety are in place. Key to achieving this is our risk management program, which ensures that a comprehensive risk assessment process is in place throughout the organisation.

The Q-Pulse software system is used to assist with managing risk for the Hospice and our risk register is maintained using this system. The relevant manager is assigned responsibility for each risk on Q-Pulse and it automatically escalates risks that have not been updated by sending an email detailing overdue actions to the relevant executive team member. During 2024 the risks on our risk registers were regularly monitored and updated to ensure that all measures were being taken to prioritise the safety of staff and patients. We also transitioned reporting of our risk register to the HSE's new risk register excel matrix during 2024 in line with the requirements of our service agreement. This has also assisted with analysing and reporting on the open and monitored risks on our risk registers.

All incidents, accidents and near misses are reported via Q-Pulse, our electronic incident management system. Incidents are also logged on the National Incident Monitoring system (NIMS) in line with the requirements of our service agreement with the HSE. Staff are supported by a suite of policies, training, procedures and guidance around incident management within the organisation. We have always encouraged openness and honesty, in line with both the professional and legislative requirements for open disclosure. Our culture encourages candour, openness and transparency across all departments within the hospice and in any communication with patients and families in relation to both notifiable safety incidents and non-notifiable safety incidents. We have ensured that the requirements to be open when things go wrong are explicit within our complaints, incident management and whistleblowing policies.

We seek to continuously improve our risk management procedures and to assist with this process our internal auditors reviewed our risk management procedures during 2024. The auditors reviewed our incident and risk management policies and reported that these policies were clear, appropriately

detailed, and aligned with HSE guidance. They did recommend that we develop a risk appetite statement and to assist with progressing this action a training workshop on risk appetite was delivered to the Board in late quarter 4, further training for the management team is scheduled for quarter 1 2025 and once completed the team will work in developing a risk appetite statement for board approval in line with HSE guidance.

4.0 Review of Quality of Performance

Patient Preference

We are especially proud of being able to provide evidence that we positively enable people to remain at home at the end of their lives, if this is their preference.

- 87% of patients who received care from our community palliative care team died at home. This is an increase of 2% compared to 2023
- 71% of patients taken on by our community palliative care team were never readmitted to an acute hospital setting.
- 46% of the patients admitted to our inpatient unit in Galway were discharged during 2024
- 27% of the patients admitted to our inpatient unit in Mayo were discharged during 2024

Access to Services

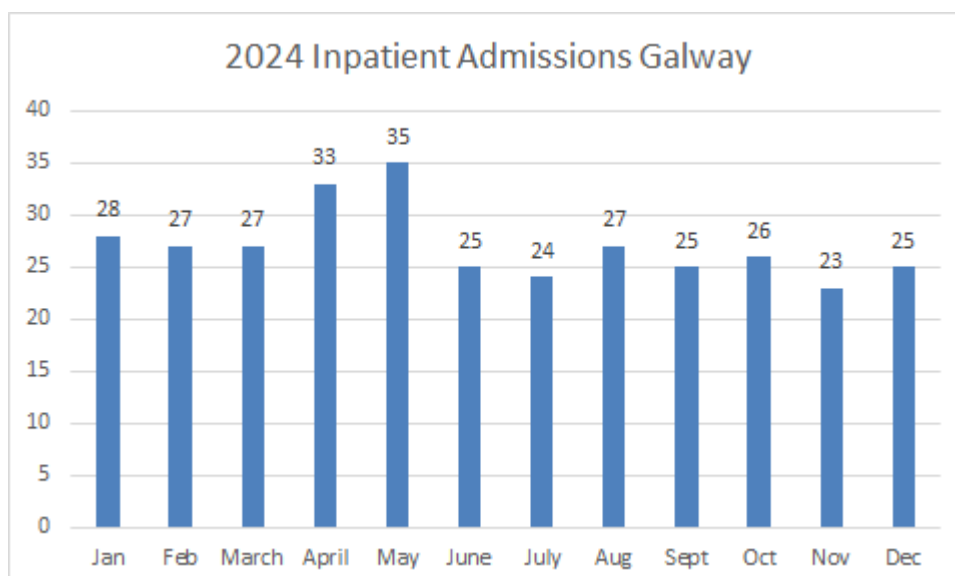
The wait times for admission to Hospice Inpatient units or for a visit by our community team were consistently less than the national target of 7 days

- 98% of patients admitted to our Galway inpatient unit had a wait time of less than 7 days
- 99% of patients admitted to our Mayo inpatient unit had a wait time of less than 7 days
- 98% of the patients referred to our community team were seen within 7 days

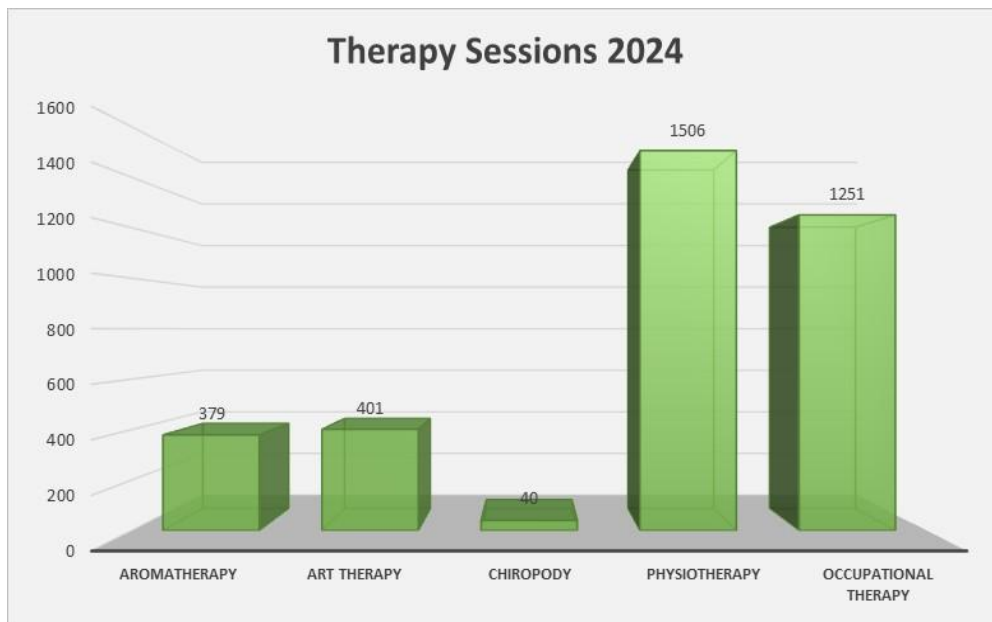
The Hospice uses 'iCare', an electronic patient records system into which all patients' details are entered, to track and monitor activity. The following data was extracted from that system for the year 1 January 2024 to 31 December 2024:

4.1 In-Patient Unit: Galway

- There were 340 patients treated in the Galway Inpatient Unit an increase of 10% on 2023. The length of stay increased by 4% during the year and occupancy for the year was 82% which is up 8% on 2023.
- There were 325 admissions of which 93 were re-admissions. 82% of admissions had a malignant diagnosis and 18% were non-malignant.
- 150 patients were discharged (93% to home or to another community-based setting) and 7% to an acute hospital.
- 179 (53%) patients died in the in-patient unit.

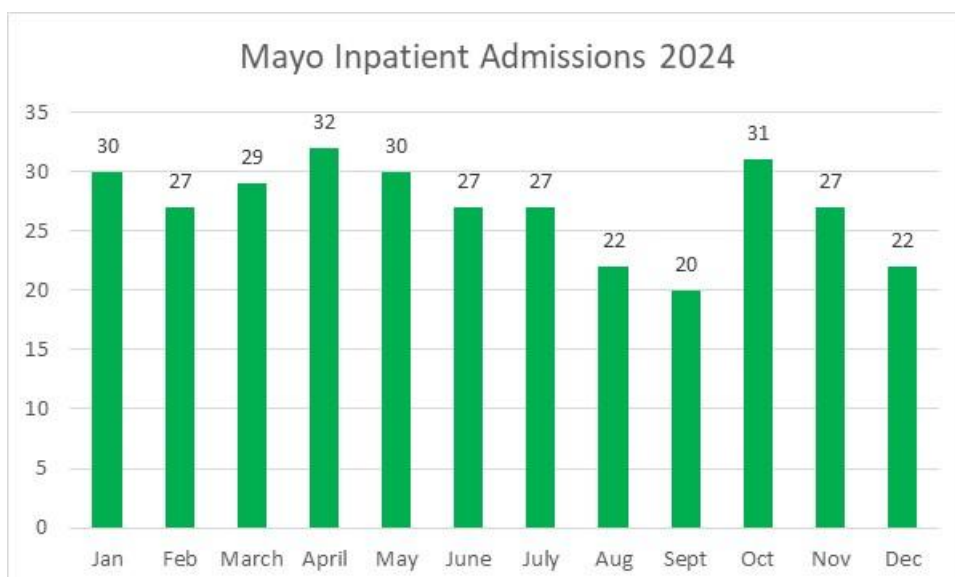


Inpatients in Galway Hospice attended 3,577 therapy sessions during 2024 and the following is a breakdown of the sessions attended:

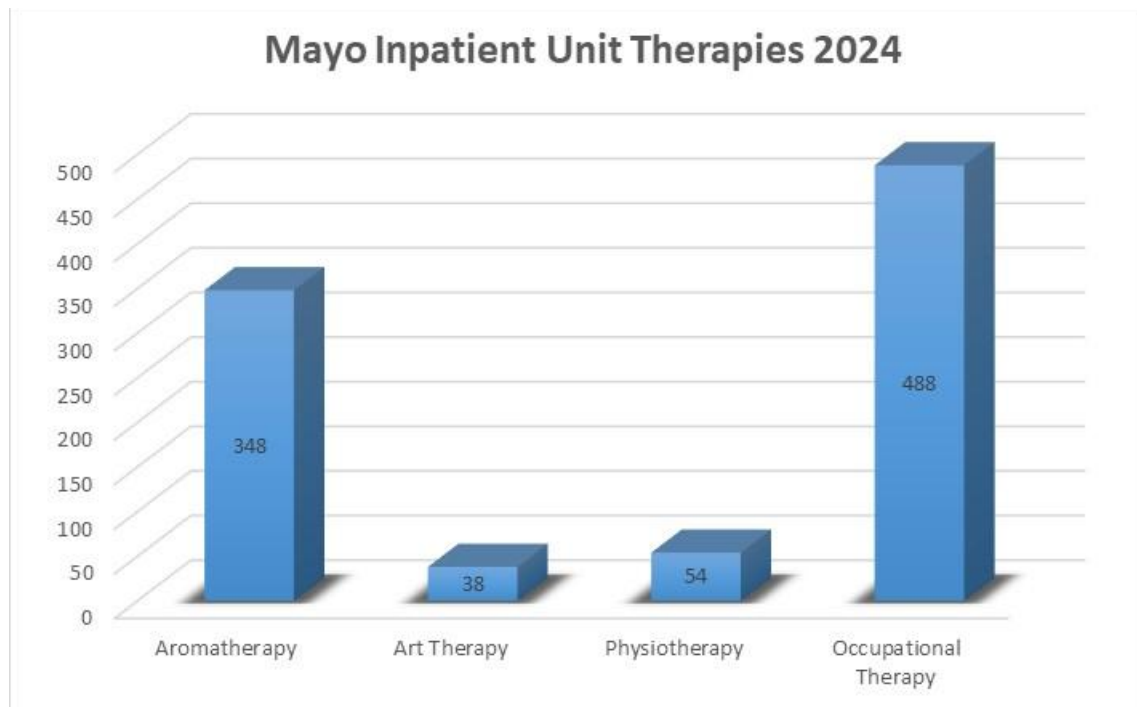


4.2 In-Patient Unit: Mayo

- There were 335 patients treated in the Mayo Inpatient Unit an increase of 25% on 2023. The length of stay decreased by 10% from 12 to 10 days during the year and occupancy for the year was 66% which is up 9% on 2023.
- There were 324 admissions of which 64 were re-admissions. 60% of admissions had a malignant diagnosis and 40% were non-malignant.
- 87 patients were discharged (93% to home or to another community-based setting) and 7% to an acute hospital.
- 240 (72%) patients died in the Unit

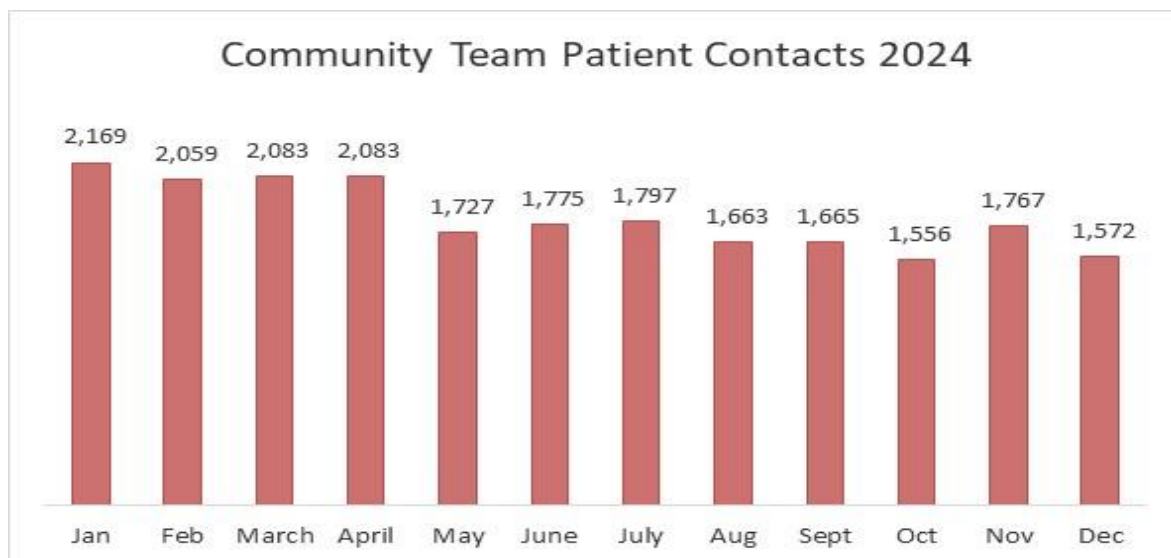
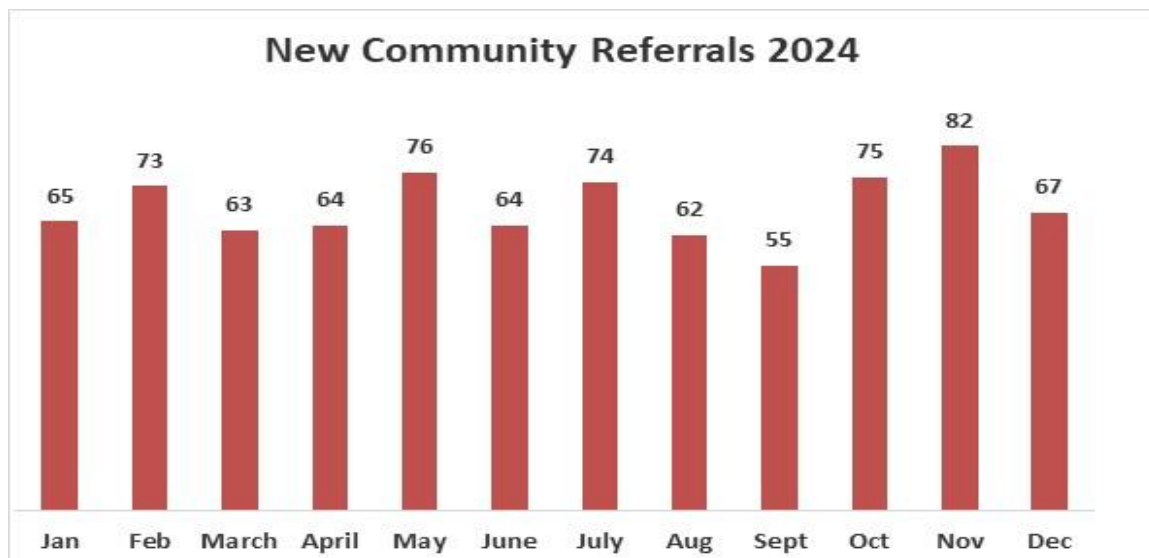


Inpatients in Mayo Hospice attended 1,428 therapy sessions during 2024 and the following is a breakdown of the sessions attended:



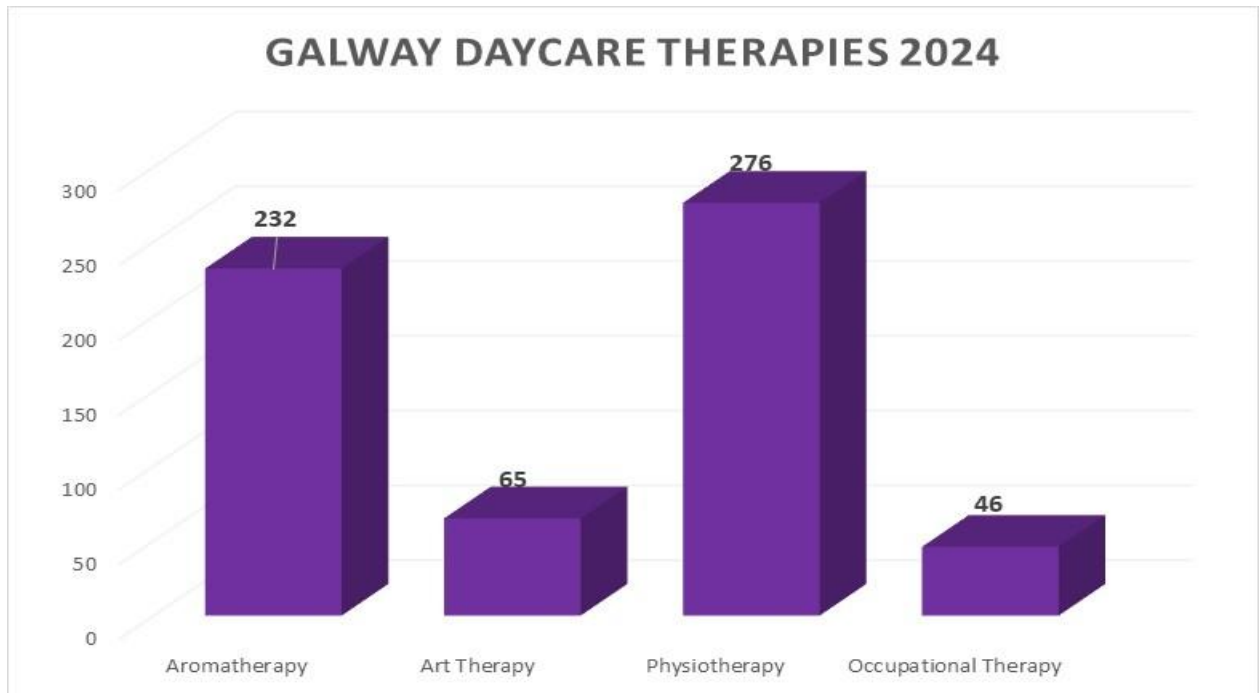
4.3 Galway Community Palliative Care (Homecare) Team

- 1,017 patients received care and support from the community team during 2024. There were 921 referrals of which 820 were new referrals and there were 101 re-referrals.
- 46% of new patients referred in 2024 had a non-cancer diagnosis compared to 53% in 2023.
- 21,916 patient contacts and 6,981 visits were made during the year.
- There were between 251 and 334 active patients per month on the team's caseload during 2024.



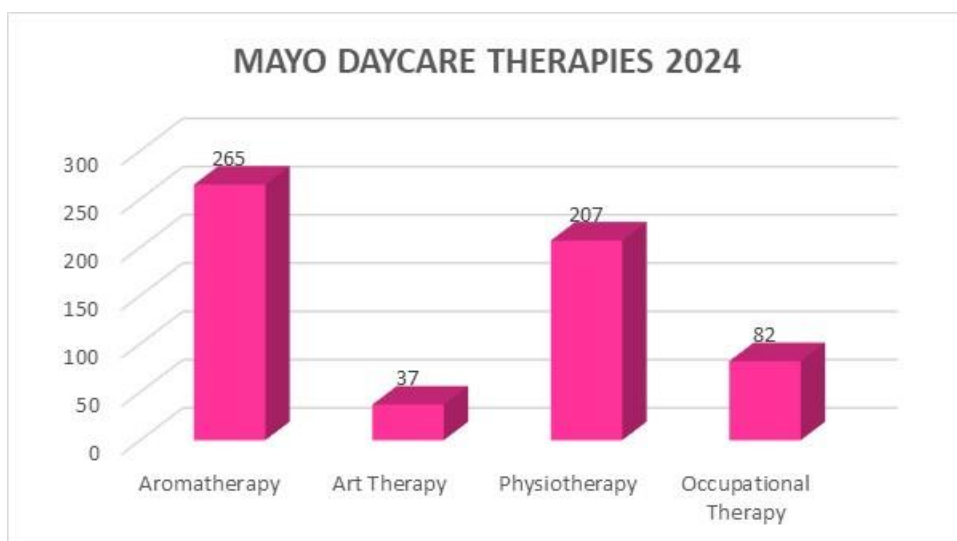
4.4 Day Care Galway

- 82 patients attended daycare during 2024 and there were 576 attendances to daycare
- The patients attended 619 therapy sessions during 2024, and the breakdown of these sessions is as follows:



4.5 Day Care Mayo

- 78 patients attended daycare during 2024 and there were 415 attendances to daycare
- The patients attended 591 therapy sessions during 2024, and the breakdown is as follows:



4.6 Medical Team

In 2024 the specialist palliative care medical team was led by a team of 6 consultants across both sites. All six work between the Hospices and the local acute hospitals. The philosophy underpinning their practice is that they provide a fully integrated service available to all appropriate patients, wherever and whenever it is required. The consultant posts are therefore structured so that they provide continuity and support across transitions of care (e.g. hospital to community; hospital to hospice) as each consultant post has joint commitments to the inpatient units to the hospitals and the community.

In 2024, the medical teams at Galway and Mayo hospices were heavily supported by a team of non-consultant hospital doctors (NCHDs). These posts are recognized training posts affiliated to the Royal College of Physicians of Ireland (R.C.P.I.) and the Irish College of General Practitioners (I.C.G.P.) The training requirements are determined by a comprehensive curriculum and the trainees are required to complete e-portfolios recording in some detail all components of their work-related activity. As well as day-to-day supervision and mentoring all trainees must have formal quarterly assessments by their supervising consultant trainers. There are mandatory requirements for NCHDs to have protected time to study and attend training courses. In 2024 we were delighted to have 2 GP trainees join every 3 months on rotation as part of their BST/General Practice training. We also had two Specialist Registrars undergoing HST in Palliative Medicine and one Registrar who spent a year working in the specialty as progression to HST training in Palliative Medicine or an affiliated specialty. The dedicated team of NCHDs support the consultants in delivering a Specialist Palliative Care service to the patients and families of the region. The feedback from these posts always includes positive comments on the standard of patient care provided, the learning opportunities afforded and the support they are given from staff of all disciplines. It is also regarded as a very busy but rewarding job for NCHDs in training.

The team continued to work to secure funding for an additional consultant post to support the increasing demands in the community in Galway.

The medical team support the roll out of the PCOC outcome measures in the inpatient unit by using the metrics to facilitate discussions on ward rounds and at the weekly multidisciplinary team meetings.

The weekly journal club/ doctor's education sessions in both Galway and Mayo continued during 2024 and a new induction pack for NCHDs was also developed during 2024.

One of our Mayo consultants delivered a teaching session at the Mayo ICGP Annual Meeting in March. The medical team also participated in teaching delivered by project ECHO. A registrar with support from a consultant conducted a literature review and developed a 'Guideline for Management and Temporary Drainage of Ascites'. Our consultant continued to support and provide input to Emergency Medications Guideline committee – working through guidelines in a staged process.

Heart Failure/Palliative Care collaboration had ongoing consultant input during the year and participated in the development of symptom control guidelines – currently being discussed at Medical Management Groups in a local acute hospital. Heart Failure Symptom Management Guidelines now available on Hospital buddy App and teaching was delivered to Mayo University Hospital Cardiology Club in October.

iValidate – NSO Spark Grant application submitted for funding for the development of iValidate communication skills training faculty in Mayo University Hospital simulation centre.

The team are providing ongoing input into End-of-Life management in children and young people a national blended programme for HSEland.

Medical Research:

Research project granted ethical approval – 'Palliative Integration in Heart Failure: The PAIR HR Study' – Consultant Cardiologist GUH primary investigator.

Attendance at 13th World Research Congress of European Association of Palliative Care. Two poster presentations:

- Leptomeningeal Carcinomatosis Management in a Hospice Inpatient Unit – Case Report. Healy L, Cran A, Brennock J, O'Connor N. Mayo Hospice. - Poster presentation at venue
- Audit of Oxygen Therapy Prescription within an Inpatient Hospice Setting. Healy L, Cran A, Brennock J, O'Connor N. Mayo Hospice. - Virtual poster presentation

Participation in 'Pilot of Future Care Plan' regional study. Awaiting final ethical approval.

Plan to commence in November 2024 (Mayo and Galway both research sites)

Submitted to IAPC/EAPC as part of MDT working groups:

A multidisciplinary approach: development of guidelines for treatment of emergency situations in palliative care

4.7 Nursing

Practice Development

- Medication Management Policy updated to include section on S/C PRN line use. S/C PRN Care Bundle was developed to assess and monitor use of S/C PRN lines and rolled out by our clinical facilitator
- Nurse Adaptation Programme commenced in quarter 1 in Galway and 2 successful adaptation candidates achieved competency and NMBI PINs. Feedback regarding our first adaptation programme and management of an unsuccessful candidate was highly commended by NMBI
- The Hospice is participating in National Professional Competence Pilot programme with NMBI Mobility Communication:
 - Working group assimilated with reps from Galway & Mayo nursing, HCA, O.T., Physio
 - Working draft developed and agreed with commencement date for use following education is February 2025
- The Induction and Orientation Booklet and Programme for Nursing in IPU was revised resulting in a newly developed booklet and programme to which was rolled out to new staff commencing in October.
- In conjunction with the Induction programme, a review of the Probation and performance review documentation commenced within the nursing department with a plan to have an approved revision of these documents alongside commencement of workshops for all staff who conduct and facilitate annual review and probation review meetings within the nursing department
- Bedrail risk assessment document review completed, MDT review of documentation and process. Roll-out with education of the updated document scheduled for February 2025, alongside Mobility Communication tool
- GHF collaboration with University of Galway: completing a research project titled "Experiences and perceptions of palliative care nurses participating in Clinical Supervision" - a qualitative study. Ethics application submitted July 2024 – awaiting update from UoG. Clinical Supervision Awareness Days held; Galway Wednesday 13th November & Mayo,

Thursday 14th November. Clinical Supervision policy inclusive of Peer Clinical Supervision Launched, Clinical Supervision Information Leaflet for Staff (SI-GEN-236) developed and launched, External Clinical Supervisor has commenced in Mayo.

- Following an audit completed in Galway IPU by GUH Blood bank and Haemovigilance a representative from Galway Hospice is invited to attend the GUH Blood Transfusion Committee meetings, as recommended by INAB. INAB Audit scheduled for 2025.
- Vital Signs Observations Chart review completed and draft awaiting final approval by Palliative Consultant.
- Transfer Out tracer audit identified need for a Nursing Summary – Acute transfers. This is now in draft awaiting final approval.

Nursing Education:

- HCA Study Days x 2 facilitated internally across Galway and Mayo sites
- End of Life Care in acute/non-acute setting study day facilitated by Mayo Hospice team in CNME Castlebar February 2024
- Syringe Driver Policy and Practice Education sessions provided to all nursing staff in both IPU's and CPCT, based on updated policy, practice and education and training requirements
- 3rd May 2024 – TVN ANP Marie O'Shaughnessy attended Galway Hospice and presented on 2 topics; Basic Principles of wound assessment and management & Wound Dressing Selection. Both sessions well attended by nursing staff both in person and virtually
- 8th May – Syringe Driver Train the Trainer training provided in Galway Hospice by Mary Gorman (Rockford Healthcare) and included introduction of our own Syringe Driver competency document
- Haemovigilance training provided in Galway Hospice by GUH Haemovigilance Officer
- Hoist specific manual handling training delivered across both Galway & Mayo IPU's alongside a review of manual handling equipment ie. Hoist slings
- ADON facilitated End of life care in acute/non-acute setting study day in CNME Castlebar, Nov. '24 · October '24 – HCA Study day and Shift Leader Study Day
- 'A Multidisciplinary Approach: Development of Guidelines for Treatment of Emergency Situations in Palliative Care' poster has been accepted for EAPC – Helsinki, May 2025. This portrays the work completed to date by the Emergency Meds. Guidelines Committee (J.Brennock, N.Manktelow, D.Lynott)

Nursing Operational:

- Drug Room in the Galway IPU was successfully relocated
- Patient Own Medications process reviewed and defined process agreed and rolled out, inclusive of patient own medication cards for use with allocated bed/room drawers/spaces in drug room. Policy amendment approved and actioned.
- 13th May – Mayo Chronic Illness HUB team attended Mayo Hospice and participated in an information sharing session, including tour of the hospice and services provided with a view to increasing awareness of our service and its benefits to both Respiratory and Cardiac Failure patients, referral pathways and potential for collaboration between our services
- Emergency Trolleys now in place in both Galway and Mayo IPU's in conjunction with Emergency Medication Guidelines which are being developed ie. Anaphylaxis, Hypercalcaemia, Hypoglycaemia, Opioid Toxicity
- Development of FAB Programme currently in progress as part of a full review of Mayo Daycare, supported by the Respiratory and Chronic Diseases HUB including Pulmonary Rehab and Respiratory teams in MUH. Full Palliative
- ADON appointed to Adjunct lecturer in Palliative Care post in ATU, Teaching hours on Undergraduate and Postgraduate Nursing Programmes.

- Member of ATU Mayo Nursing and Healthcare Partners Research Group, Access to Research support to commence research projects specific to Palliative Care setting Student Nurse Placements: · 6 (total) x undergraduate nursing students (Year 3), UoG and ATU (Galway & Mayo hospices) scheduled to complete placements Sept./October 2024 · ADON scheduled to attend ATU January 2025, to meet with all prospective undergraduate students and introduce the Hospice and Palliative Care services – as highlighted from the student evaluations that some first-hand information prior to placement would be beneficial · Postgraduate Palliative students attended Mayo Hospice November 2024 and received full introduction to specialist palliative care services in Mayo and tour of Mayo Hospice.

Student Nurse Placements:

- 6 (total) x Year 2 students completed 50-hour self-selected placements (Galway and Mayo hospices)
- 2 x Internship student nurses completed 1 x PRT day each with ADON/CNMII Mayo Hospice
- 6 (total) x undergraduate nursing students (Year 3), UoG and ATU (Galway & Mayo hospices) scheduled to complete placements Sept./October 2024
- Student Evaluations from 2023/2024 3rd placements received for both Galway and Mayo hospice:
 - “Got great exposure to role reversal! Was very supported with my placement”
 - “All the staff in the hospice were all so helpful and thorough if I asked questions and never made me feel left out, I always had something to do”
 - “My preceptor and link preceptor facilitated my learning greatly answering any questions and queries I had a talking me through everything they were doing”
 - “Nurses were great in giving me exposure to all learning opportunities! Got to do medications, dressings, and I couldn’t be more grateful for it. felt very included along with the MDT. Very happy with this placement. The Clinical Facilitator was brilliant for taking us for education sessions”
 - “The staff were all so lovely and very helpful and I think they provided a great environment for teaching students”
 - “Great preceptors, were great help and encouraged me to get the most out of my time on placement”.
 - “I really enjoyed my placement here, the staff really helped me to learn and supported me very well”.
 - “Great placement. Would recommend for 3rd year students after the ICU and ED placements. I learned loads thanks to the staff and the calm environment that is created by the staff.”
- Some constructive feedback as highlighted to timing of the CPC and Daycare placements during their IPU placements – this has been amended for this next intake of students where students will finish off their final week in CPC/Daycare with all learning outcomes met on IPU prior to this.
- ADON scheduled to attend ATU to meet with all prospective undergraduate students and introduce the Hospice and Palliative Care services – as highlighted from the student evaluations that some first-hand information prior to placement would be beneficial

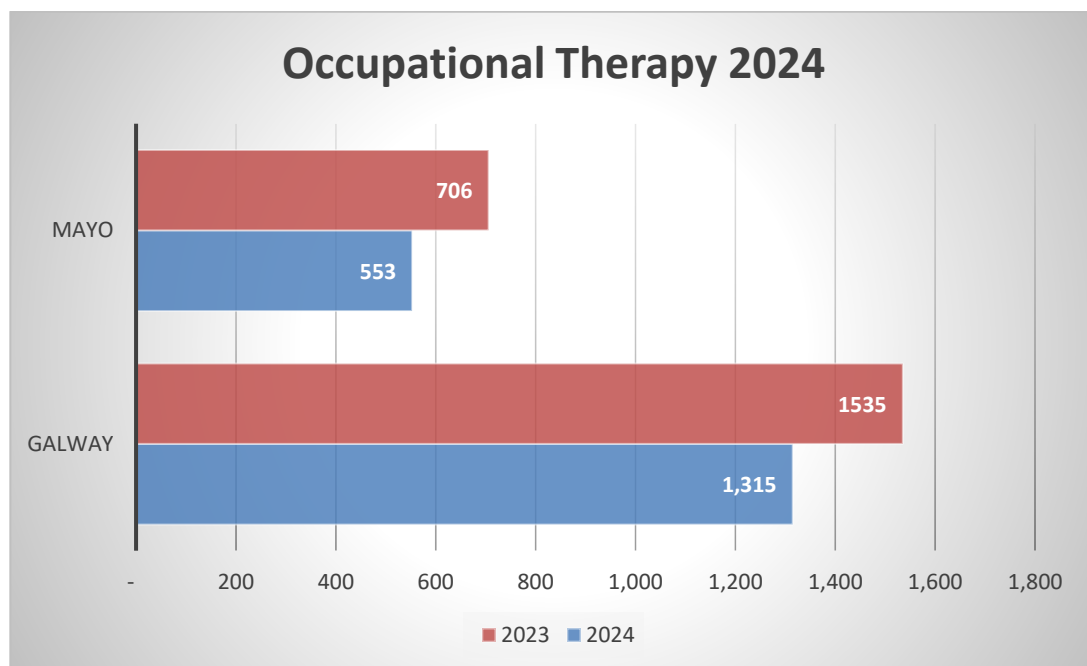
4.8 Therapies

In 2023 a Therapies Manager was appointed, and re-structuring of some therapy posts was carried out to enable service developments and progression of education and student placements.

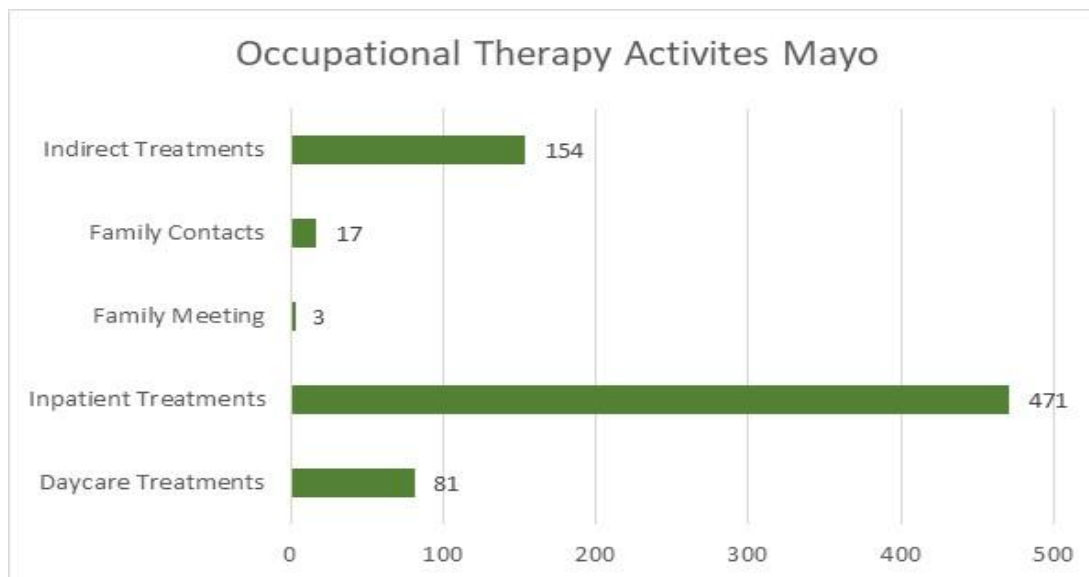
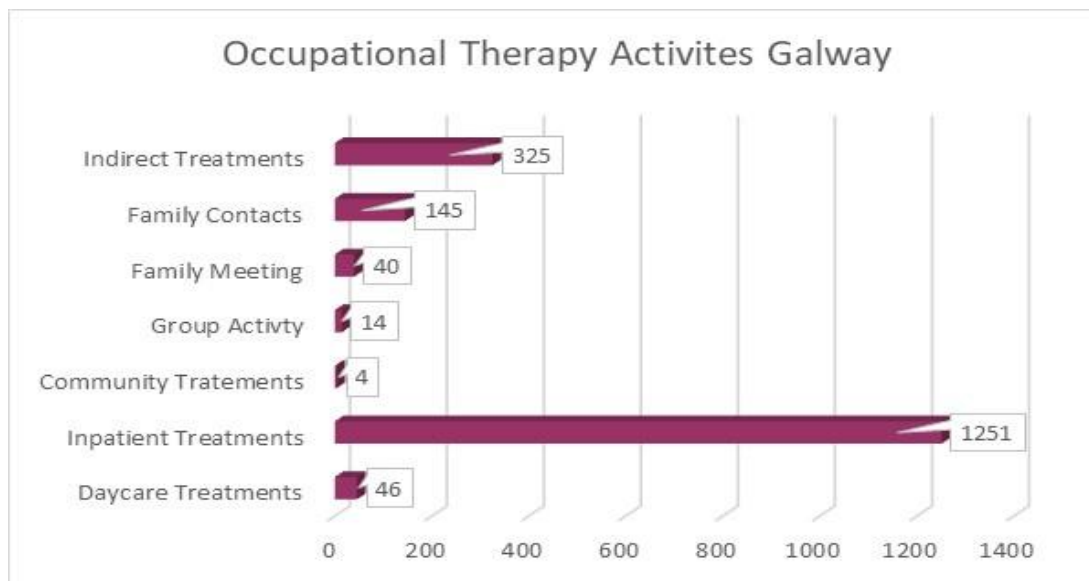
4.9 Occupational Therapy

Occupational Therapists work with people of all ages whose ability to function as they wish is affected. Occupational Therapists work with patients throughout all stages of their illness. Interventions take place with patients and carers to improve independence and participation in self-care, work and leisure activities. Goals are set with patients, and intervention is provided with the aim to promote function, comfort and well-being.

Activity levels in the Occupational Therapy (OT) department in both sites during 2024 were down on 2023 levels as there were gaps in staffing in both sites during the year. The department provided treatments to 263 patients in Galway and 151 patients in Mayo. A summary of the treatments provided to these patients is as follows:



A breakdown of the departments activities during 2024 are as follows:



Occupational Therapy in Galway commenced a Fatigue Clinic program in January. This included developing all resources, scheduling system, initial assessment form, implemented outcome measure and provided individualised patient-centred education. The program demonstrated reduction in fatigue, improved physical wellbeing, social/family wellbeing, emotional wellbeing and functional wellbeing for patients who completed the program. The team observed that program difficult to complete due to hospital admissions, sickness, changes in circumstances and declining further fatigue clinic input.

Following on from feedback from MDCT re communication challenges and seating/pressure care, particularly related to patients moving rooms and specialist seating and pressure cushions moving with them. The occupational therapist developed a communication whiteboard for all patient rooms and removable/attachable pictures of chairs and pressure cushions. This board is updated by the Occupational Therapist for their own monitoring of patient seating and pressure care needs and can be observed as a quick guide by any members of the MDT.

A quick reference tool for application of slings and selection of appropriate position/loops, based on Guldmann manual was developed and introduced, this resource included pictures and written guidance. The team worked with the Facilities department to sourcing new slings, linking with Primary care Occupational Therapy colleagues re slings in use in the Community and provided by Healthcare21 and Silvalea to improve continuity of care for patients.

The occupational therapy department continued to engage with the AIIHPC Community of Practice for Specialist Palliative Care Occupational Therapists, during the year

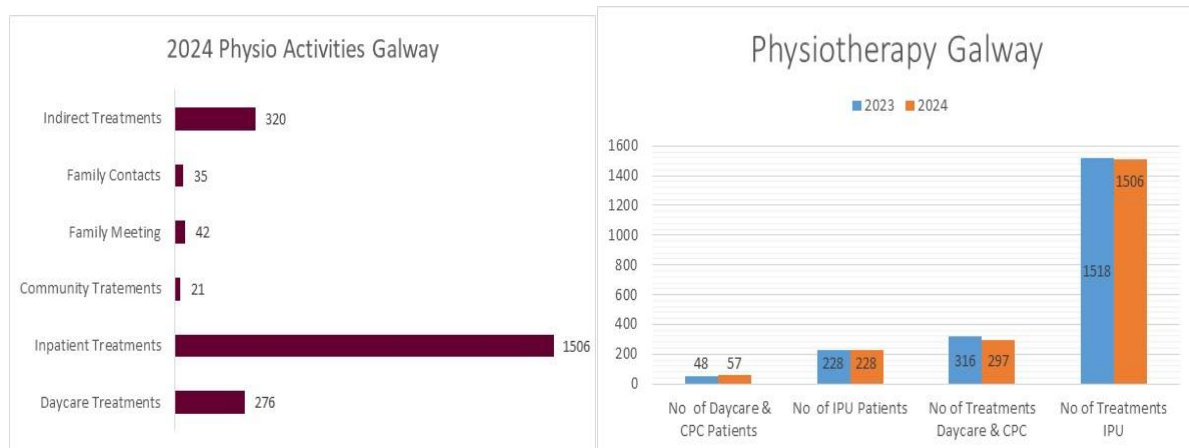
A number of team members attended: Accora seating event. The senior occupational therapist visited the National Rehab Hospital to inform on Assistive Technology Project for Galway site in October. The team in Mayo created links with Mayo Community OT teams to facilitate access to aids and attended the Mayo OT staff engagement day on Oct 18th,

Occupational Therapy delivered a joint Physio/OT education for Nursing Home staff on Non-Pharmacological Pain Management Techniques as part of ECHO programme.

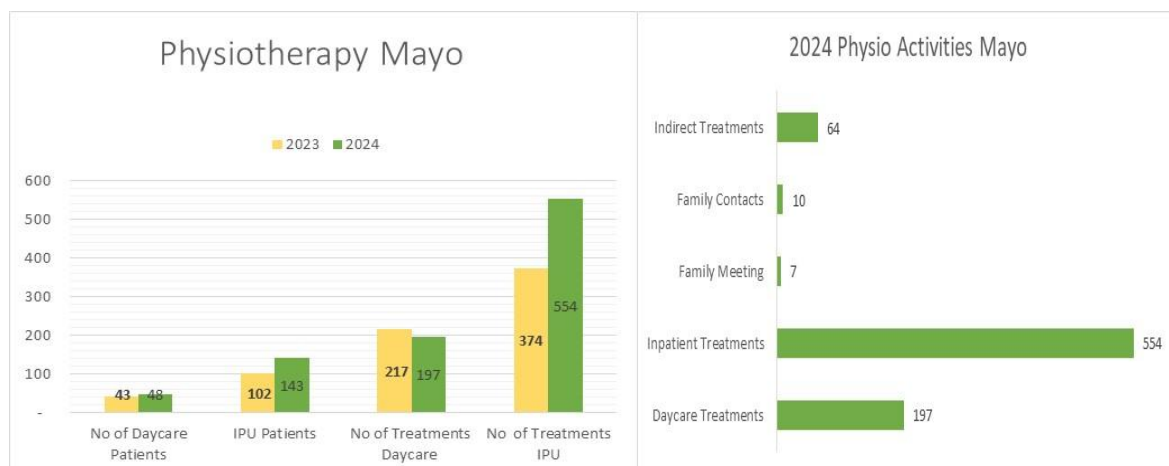
4.10 Physiotherapy

Our physiotherapists use a holistic approach to help patients and residents to set their goals and aim to maximise an individual's function, independence, and participation.

Activity levels in the physiotherapy department in Galway were in line with 2023 levels. The team provided 1803 treatments to 285 patients during 2024



Activity levels in the physiotherapy department in Mayo increased significantly compared to 2023. The team provided 751 treatments to 191 patients during 2024:



Together with the Daycare team the Galway Physio team developed “Motomed challenge” for Daycare patients - virtual cycle from Galway hospice to Clifden. The patients who participated in the challenge found it very beneficial and a second challenge of a virtual cycle of the wild Atlantic way was also facilitated in the latter half of the year. The team recorded a video of ‘How to safely move a Motomed’ and shared this via the Education shared folder. A new cough assist machine was purchased for Mayo and the team completed training on the device. The team developed instructions for patients and carers on the management of oxygen cylinders and these were also made available in the inpatient units. There were numerous events on both sites to mark falls awareness week and the team developed a safe footwear leaflet which was launched during the week. A mobility communication chart was developed.

The team also met with the team from St Francis Hospice to review their community service prior to commencing with a community service in Galway in the latter half of 2024. A questionnaire was designed as part of scoping exercise for the community physiotherapy service in Galway.

Oxygen Management education sessions were developed and delivered on Galway site to nursing and HCA's and the team also delivered education on Managing Breathlessness and managing oxygen as part of the HCA study day.

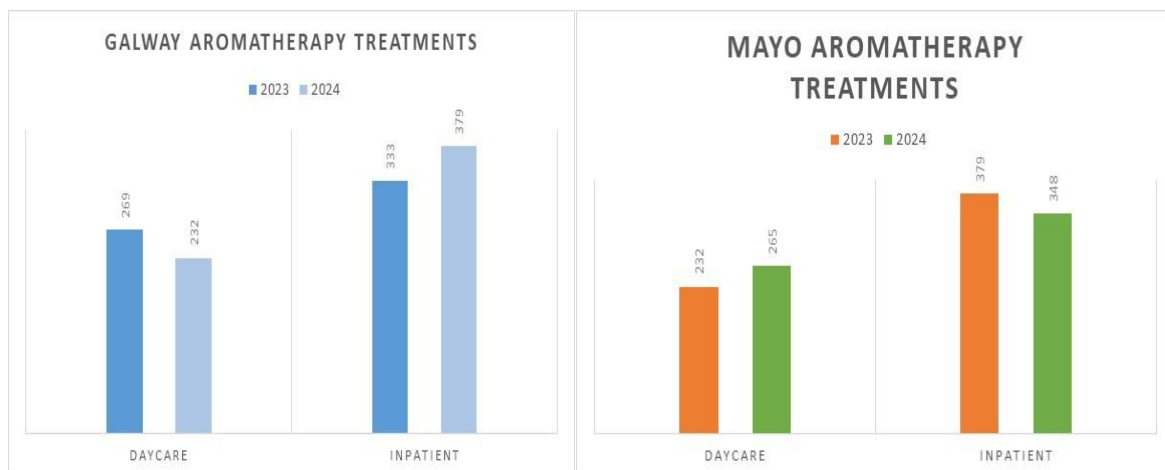
Both sites were involved in creating links with community services, respiratory hubs and pulmonary rehab groups to facilitate referral of patients not meeting inclusion criteria for their programmes. This cohort can be supported by Physiotherapy in the form of a Breathlessness Management Group. Due to commence in 2025.

Both sites have been involved with the development of a Competency Framework for use of AIRVO. Education format prepared ready for roll out early 2025 to all Physios and nursing staff.

The team continued to attend Community of Practice, National Group of Palliative Care Physios, monthly education sessions.

4.11 Aromatherapy

Aromatherapy is the use of essential oils, through massage, inhalation or hydrotherapy (bathing). Aromatherapy creates a general sense of well-being and contributes to physical, emotional & spiritual healing. Aromatherapy relieves stress, anxiety, grief or depression, relaxes muscles, improves sleep, decreases congestion and hydrates skin. We have two part time aromatherapists one on each site and they had a busy year during 2024, a summary of their activities are detailed below:



During 2024 our aromatherapist in Galway with support from her colleague in Mayo developed and delivered a course titled Massage and Touch Techniques for Cancer and Supportive Care – a continuing education course for qualified massage therapists. Evaluations on the course were positive and the team plans to run 2 further courses in 2025.

The aromatherapist developed an Oil of the month Initiative to highlight the benefits of various oils to staff. Links were created with colleagues in Our Lady's Hospice in Dublin to form working on the electronic notes systems for Complimentary Therapists as part of the new electronic healthcare project for palliative care.

The Mayo therapist team provided a Joint demonstration of gentle HEARTS techniques with Aromatherapist Galway Hospice at the 'Lets talk palliative' Event in September. The team also had a stand at the event to provide information to attendees about the benefits of aromatherapy and how it is tailored to each individuals preference.

At the CARU regional network event and learning programme. The team conducted six 10-minute interactive demonstrations, where participants were encouraged to pair up and actively engage in hands on gentle seated massage techniques.

A SharePoint folder was created with new and updated MSDS's of essential oils uploaded. And Chemical Agent Risk Assessment for essential oils conducted as required by health and safety. Essential oil diffusers sourced for both sites with safety parameters that ensure timed release and minimal handling of oils and water for infection control purposes.

4.12 Art Therapy

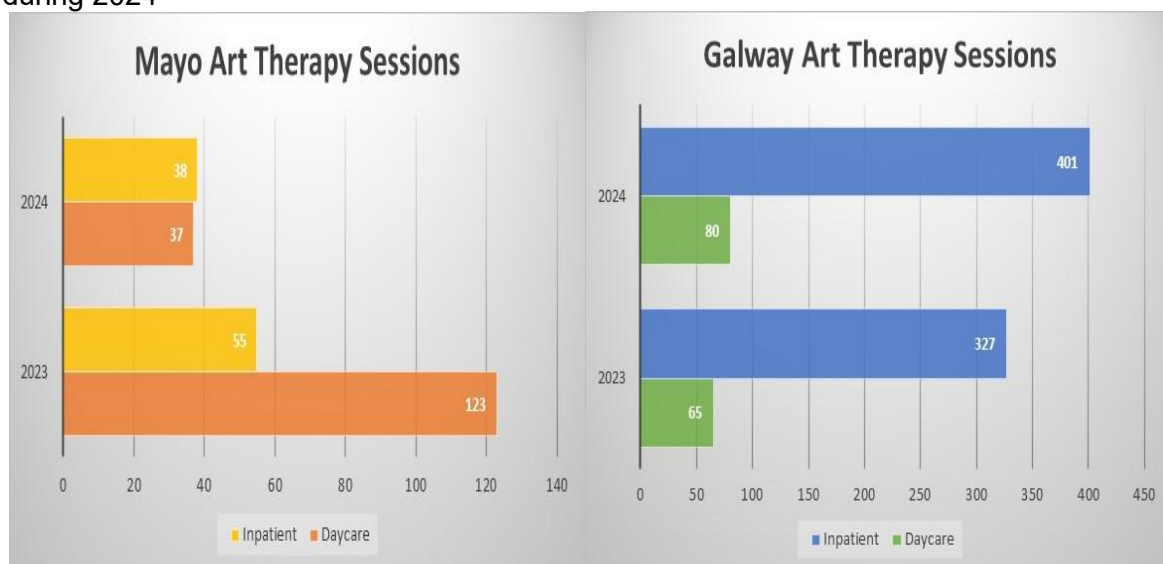
Art Therapy is a mental health profession that enriches the lives and emotional wellbeing of individuals through creative process and meaningful engagement.

This therapeutic journey supports self-expression, emotional exploration, and distress management. Art Therapy provides alternative modes of communication beyond verbal articulation - and people who struggle with verbal or emotional expression may find this process especially helpful.

Neither previous artistic experience nor natural artistic ability is necessary to benefit from Art Therapy.

Art Therapy provides a safe space for individuals facing physical, emotional or cognitive challenges to explore new pathways towards understanding, support and self-expression. Sessions are mostly individual and are a way to explore memories, feelings, experiences and reflections through a wide choice of art materials – guided and supported by an experienced Art Therapist.

It is used alongside conventional medicine, nursing and allied health professional treatments, as part of the holistic approach to patient care. During the year our art therapist continued to support both daycare patients and inpatients in both sites and the following is a summary of the sessions facilitated during 2024



Galway Bay FM recorded a documentary on the creative Art Therapies, speaking to several therapists working in a variety of settings in the west. This included a piece on Art Therapy in a Palliative care setting by the Hospices Art Therapist.

ATU Art college - Radius Project. Plans ongoing to include as many professionals and departments as possible for 'Therapeutic Sculptural Garden Project'. Request to form a core/steering group of staff from GHF to guide the brief and recommend from a patient safety and access viewpoint.

Attended IACAT (Irish Association of Creative Arts Therapists) in June. The art therapist also:

- introduced a patient feedback form - to review and compile patient response to the Art Therapy intervention and process.
- worked to create stronger links with the Art Therapy Department in Milford Care Centre for best practice patient care and developed a focus group to align documentation
- joined a new group – Psychological, Social & Spiritual Care Research Special Interest Group. This is part of 3 pilot groups set up and supported by AIIHPC.
- Compiled an Art Therapy education for nursing team to promote increased understanding of service process, benefits and patient/carer enquiries

4.13 Medical Social Work (MSW)

The Medical Social Work Department is committed to delivering high-quality psychosocial support to patients, carers, children and families at Galway Hospice and Mayo Hospice's. During 2024, the team have implemented key updates, enhanced their data recording systems, and improved patient and carer support services, including bereavement care.

Key Updates and Developments

1. Expansion of Services

- Provided support to patients [237 first contacts – IPU Mayo, 258 first contacts IPU Galway] (total of 683 first contacts with patients across both sites including Daycare and Community 133 -7% based on 2023). The team saw a high level of follow up with patients in IPU at 827 contacts and Mayo 524 respectively and community 156 -5% increase.
- Strengthened collaboration with multidisciplinary team members to ensure holistic care. In the community teams where appropriate and necessary the team conducted, joint visits with Nursing and Medical proved successful drawing from trauma informed practice.
- Redesigned leaflets for promotional purposes.

2. Workforce Development

- Recruitment of new graduate to enhance service delivery while MSW on maternity leave.
- Two members of the team joined the Hospice and Palliative care Social work National group as Vice Chair and Education member
- One Principal medical social worker continues to be a tutor for UCHG on the Master's Social work programme.
- A Senior Medical Social Worker acts as representative with NUIG Education committee.

3. Policy and Procedural Improvements

- Updated protocols for Medical Social Work and Bereavement referral pathways to ensure timely interventions.
- Introduction of new initiative for carer assessments in Day Care services to better identify needs (CSNAT).

Changes in Recording Activities on Database

1. Implementation of ICare

- Transitioned to Icare electronic health record (EHR) system for real-time data entry since May '24 in Community Palliative care team and expanded the Bereavement service system to be fully operational.
- All Medical Social work and Bereavement referrals are via ICare
- Enhanced security measures for patient confidentiality and data protection using password protection feature.

2. Standardisation of Documentation

- Developed SMART forms to ensure consistency in documentation.
- Introduced PCOC scores in Problem severity in ICare Medical Social Work referral form following audit review.

3. Data Analytics and Reporting

- MSW contributed to specific audits conducted to assess service efficiency and patient outcomes, documentation, family carer distress- PCOC -PSS, Bereavement telephone calls.
- Improved tracking of patient referrals and allocations to MSW by Admin on weekly basis.

Patient and Carer Support

1. Psychosocial Assessments and Interventions

- Due to a new activity code for recording Carer contacts since May 24 See Table 1 it is now possible to share data on the high level of carer support in the community and inpatient units.
- Provided individual plans, including financial guidance and emotional support taking into account first language- interpreter and individuals/family members status in Ireland. Responded to the many complex cases of safeguarding and disclosures. Developed a new activity code SWLETT to reflect the advocacy work occurring re accessing benefits/entitlements and communication with Department of Social Protection.
- Facilitated family meetings for patients in IPU on both sites.

2. Carer Support Initiatives

- All MSW retrained in CSNATI and a commitment given to increased CSNATI assessments.

3. Collaborative work

- Strengthened UCHG-to-IPU transition by networking with MSW colleagues in UCHG and with consent, transfer of information proactively given/ sought to enhance continuity of care of patient and family.
- In Mayo, strengthened communication between CPC team and acute Service Mayo General when patient transferred to IPU or attending Daycare service and in the post death calls.
- Hazel House utilised for patients family members both in GHF and UCHG.

Bereavement Care

1. Enhanced Bereavement Support Services

- Provided bereavement screening/ assessments to 182 bereaved individuals. See Table 2 for breakdown of details. This demonstrates + 51.9% increase across the service.
- Walk and Talk initiatives on both sites have shown growing interest and attendance. +46% increase.
- Established a post death telephone calls initiative in CPC Galway by Bereavement Volunteers.
- Delivery of Claddagh Camp for children and families which received Commendation under HSE Excellence award.
- Hosted an Annual remembrance event for families and regular Remembrance services across both sites. (Increase in services being offered at Mayo Hospice 2025 to meet demand).
- Project member of New Galway Grief Sherpa Network
- Arranged and attended a meeting with Northern Ireland Hospice Bereavement Lead as part of planning for a Bereavement Café. Our first Bereavement café commenced in the Secret Garden Café in August 2024 and has been well attended by families bereaved in the community. Some are known to Hospice care and some did not come under the care of the Hospice.

- Participated in pilot with IHF- E learning level 2 Bereavement volunteer foundation training, hoping Q1 2025 available to access.

1.Redesign/ Developments

- Revision of the Bereavement Support Services Leaflet for Galway & Mayo
- Revision of the Remembrance Service Booklet for both sites
- Bereavement Screening booklet revised for ICare.
- Created QR code for remembrance service evaluation (Galway)

Education: Training and Capacity Building

- Delivered Poster Presentation on Walk and Talk at European Grief Conference
- Additional training for staff in guardianship, Kinship, capacity, suicide prevention skills, trauma-informed care, Mandated Person’s Train the Trainer, Leadership & Coaching (both Principals completed), Sage service, Danai Papadatou.
- MSW conducted education for healthcare staff on topics related to communication skills, breaking bad news (HCA study days), safeguarding, child welfare and protection, advance care planning, bereavement telephone skills training, contributed to Echo programme, CPD event for solicitors (Galway) on advance care planning, Community of Practice on the Claddagh Camp & Walk & Talk, Masters in Social Work NUIG, Postgraduate course ATU, Castlebar and Palliative care study day.
- Provided guidance to three other Hospice on our design, planning and delivery of Walk and Talk initiative. This knowledge transfer followed a presentation at the Community of Practice opening session in May 24 that MSW from Galway Hospice presented. This transferring of skills has led to three more Hospices commencing this initiative.

Table 1.

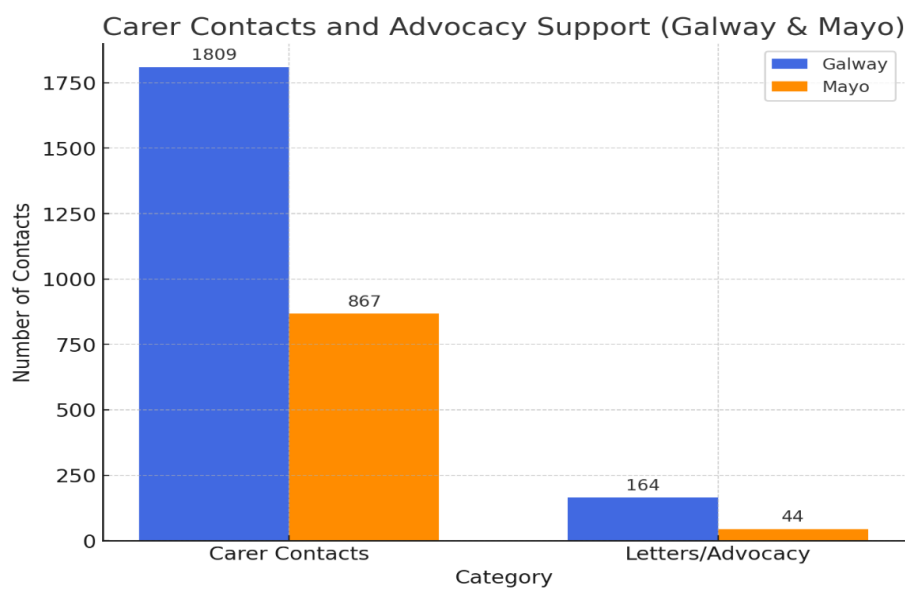
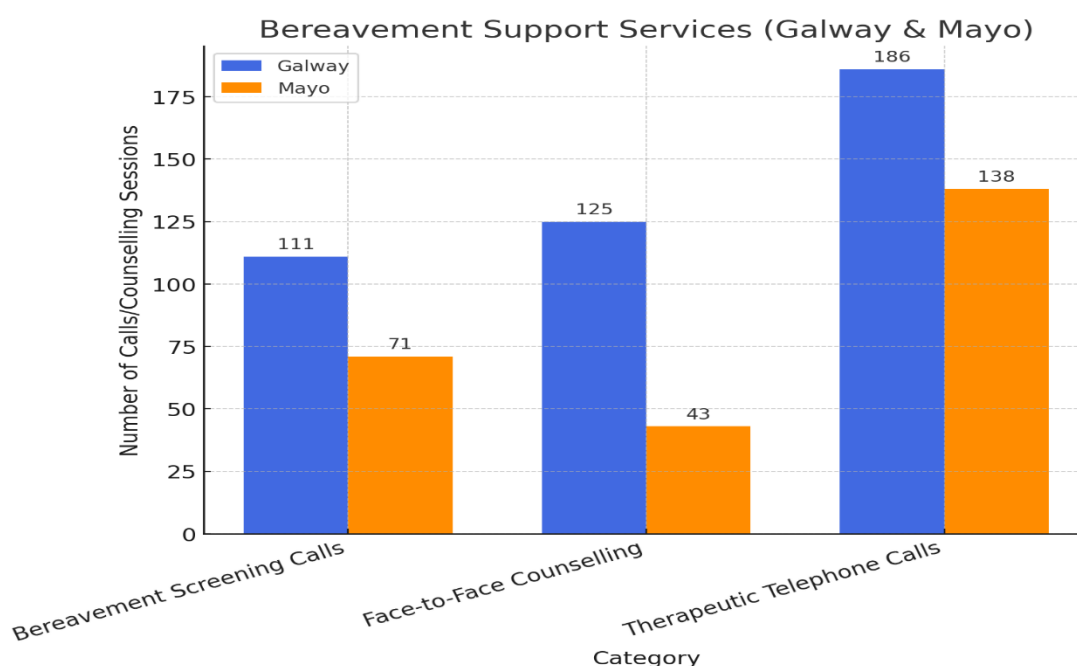


Table 2:



	SW DC FIRST	SW DC FOLLOW UP	SW HOME FIRST	SW HOME FOLLOWUP	SW IPU FIRST	SW IPU FOLLOW UP	SW TEL DAILY	Family Meeting	SWCHIL	SWCFAM	CSNAT
2023 (Mayo)	6	11	0	0	246	519	316	69	13	4	0
2024 (Mayo)	33	59	0	0	237	504	183	15	15	2	18
2023 (Galway)	24	55	135	148	221	1597	796	46	7	4	1
2024 (Galway)	22	22	133	156	258	827	731	70	18	12	18

4.14 Pharmacy

A two week trial of full pharmacist led medication reconciliation on patients admitted on high-tech medication to help quantify clinical benefits and resource implications was completed in quarter 1

Chief Pharmacist: presented at the following during the year :

- Oral Presentation at Trinity Health and Education International Research Conference 7th March - Improving Quality of Care Through Integration of Heart Failure and Specialist Palliative Care services: Development of a model of integrated care.
- Irish Association of Palliative Care Education and Research Seminar 8th February: Poster Presentation (Sole author): Opioid Conversion Chart Review: A Quality Improvement Project
- Poster Presentation: Prescribing Guidance for Symptom Management in advanced heart failure.
- Palliative pharmacist contributor for multi-site/service working group which has recently completed prescribing guidance document for palliative symptom management in advanced heart failure patients. Currently awaiting Drugs and Therapeutics Board approval within Saolta before upload to Hospital Buddy app to allow access for non-palliative specialist prescribers within the hospital group. Ethics approval received 2024 for Heart Failure: The

PAIR HF Study, this is a retrospective cohort study of patients with heart failure who died during 2022-2023 in Mayo/Galway/Roscommon region. Outcome measurement is focused on determining specialist palliative care referral rate, evidence of advanced care planning, and assessment of markers of good end-of-life care. Chief Pharmacist form parts of the research team behind this study.

- The Chief Pharmacist has worked with previous registrar, Medical Consultant, on a project relating to investigation of crisis pack prescribing practices in palliative patients who are at risk of terminal bleed; the registrar has now relocated to Australia and presented a poster on this work at the Australian and NZ Society of Palliative Medicine conference at Adelaide in September. Abstract on this research has also been submitted to the BMJ and to IAPC conference
- Chief Pharmacist commencing research project on community access to medications, initial meeting held with Dr Cathal Cadogan (Assoc. Professor of Pharmacy, TCD) around methodology planning. Chief Pharmacist is Vice-Chair of IAPC pharmacy group and has positive response from other members regarding collecting data from multiple hospice sites.

A working group was formed to examine recommendations of Systems Analysis Review Report completed in quarter 1 2024 (group involved: Chief Pharmacist, Clinical Director, Director of Nursing, Head of Quality). Recommendations to be subdivided for examination by discipline most involved and further focus groups including staff from other disciplines to be formed by the members responsible,. Governance recommendations all accepted by group including adaptation of Medication Safety Committee name/Terms of Reference to better reflect its medication management function, the need for a Medication Safety Strategy led by the chair of the aforementioned committee, and that a plan for development of pharmacy services should be facilitated by external review.

- Continual work on 'Emergency Medication Guidelines'. Completion of new medication management policies and continual review of existing policies when review dates arise.
- Manage medication shortages that have arisen more frequently because of day-to-day shortage challenges.
- SALAD/High Alert policy (Chief Pharmacist, DoN, Consultant representative): Policy completed other than awaiting confirmation on administering staff double checking oral anticoagulants. Nursing management discussing this currently.

4.15 Pastoral Care

Pastoral care participated and provided input to the Echo Program on the Topics of Death and dying and when to refer to the palliative care team and on Spiritual Care at end of life during 2024. The team in Galway together with colleagues in the Medical Social Work team organised and facilitated 4 quarterly and one annual remembrance service in memory of those who died while under the care of the team in Galway. Pastoral care in Mayo together with medical social work colleagues organised and facilitated 2 remembrance services and one annual remembrance service in memory of those who died while under the care of the team at Mayo Hospice. A summary of the evaluations received for the services on both sites is attached in Appendix 3

5.0 Key Performance Indicators

We have developed the following key performance indicators (KPI's) to demonstrate the activities of the Hospice. The KPI's are systematically recorded and reported monthly to senior-level committees and quarterly to the Board:

Key performance Indicator (KPI) Trends

The main Key Performance Indicator (KPI) trends of note for 2024 are as follows:

	Current Year 2024	Target	Trend to Target	Previous Year 01/01/23 to 31/12/23	Trend to prev Year
Wait Time - from referral to admission to the inpatient unit					
Galway					
0-7 Days	98.4%	98%	↑↑	95%	↑↑
8-14 Days	1.6%	2%		5%	
Mayo					
0-7 Days	98.6%	100%	↓↓	100%	↓↓
8-14 Days	1.4%			0%	
Wait Time - from referral to admission to the homecare service					
0-7 Days	97.6%	90%	↑↑	96.5%	
8-14 Days	1.8%	10%		2.8%	↑↑
14-28 Days	0.6%	0%		0.7%	
Development of Hospice Acquired Pressure Sores – IPU per 1,000 occupied bed days.					
Galway	5.5	TBD		7.6	
Mayo	6.3			5.9	↓↓
<i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>					
Number of patient falls IPU – per 1,000 occupied bed days					
Galway	6.5	12	↓↓	5.4	↑↑
Mayo	3.0			4.6	
<i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>					
% of Homecare Patients who died in hospital	13%	10%	↑↑	15%	↓↓
% of patients not readmitted to an acute setting following admission to the homecare service	71%		↓↓	73%	↓↓
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	87%			88%	
Patient Satisfaction Score (Rating Excellent or very Good)	9.64	9.6	↑↑	9.5	↑↑

Completion of Mandatory Training*:		(Annual)			
1. Manual Handling YTD	99%	95%		92%	↑
2. Hand Hygiene YTD	98%	95%		94%	↑
3. Children First YTD	97%	100%		88%	⇔
4. Fire Training YTD	96%	95%		92%	⇔
Number of Complaints Managed as per policy	2	0	↑	6	⇔
% Absenteeism	5.5%	3%	↑	5.7 (5.1% if Covid leave excluded)	↓

5.1 Wait times in the inpatient unit

In Galway Hospice Inpatient Unit, the wait time reduced with 98.4% of patients being admitted within 7 days from referral. In 2024 1.6% of patients were admitted between 8-14 days from referral a reduction of 3.4% from the previous year. Occupancy for Galway increased by 8% in 2024

In Mayo Hospice Inpatient Unit occupancy increased by 9% during the year. We continue to work with colleagues in the acute and community teams to increase referrals to the Inpatient Unit.

The Galway Community Team saw 97.6% of patients within seven days, which was well ahead of target and an increase of 1.1% from the previous year.

5.2 Percentage of Homecare Patients who died in hospital

We continued to support patients to remain at home where possible and 87% of our community patients died at home during 2024, an increase of 2% from 2023.

The percentage of patients who were not readmitted to an acute setting following admission to the community service was consistent with previous years with a marginal difference of 2%.

5.3 Mandatory Training

There is a significant increase in compliance for completion of mandatory training throughout 2024. This has been supported using Staff care matrix which allows line managers to monitor efficiently staff completion of training generating live dashboards to see rates of training completed and the training outstanding for staff.

5.4 Absenteeism

The level of absenteeism for 2024 was overall reduced in contrast to 2023. There is a number of LTA (non work related stress) which has a significant impact on attendance, particularly in the IPU.

	2023	2024
Jan	9.3	0
Feb	4.1	5.56
Mar	1.5	5.29
Apr	4	3.93
May	4.5	5.91
Jun	4.7	5.15
Jul	7.5	4.4
Aug	7	5.79
Sep	6	4.7
Oct	5.5	3.09
Nov	5.9	4.9
Dec	9.2	5.52

6.0 Quality Care Indicators

All incidents are reported, escalated in accordance with incident management framework, investigated, and managed as they occur. Regular meetings are held and chaired by the Director of Quality to review all open incidents and ensure that corrective and preventative actions are being put in place in a timely manner. Detailed analysis of the incidents reported are subsequently collated and reported to the Board through Quality and Patient Safety Committee. All incidents are

categorised according to the incident area and level of risk (which is scored in line with the HSE risk assessment tool).

In 2024 we can see similar number of overall incidents reported in Galway in contrast to 2023. A significant increase in the number of near misses reported is noted both in non-medication and medication seeing a 100% increase in medication near miss reporting and 135% increase in non-medication incident reports.

The number of incidents reported in Mayo continued to increase as activity levels in the inpatient unit grew during the year. There was an 38% increase in the number of overall incidents reported during 2024, with the increase across all categories.

Learning from incidents that occur at the Hospice is taken very seriously and is used as an opportunity to continuously improve and ensure quality safe care. We have a “no blame” culture for incidents reported and staff are supported to report and log all incidents and near misses. The continual reinforcement of this through our actions when undertaking reviews of incidents is pivotal. Education sessions to staff will continue intermittently throughout 2025 to support this approach across the organisation. We focus on ensuring change is undertaken collectively by those involved directly in the service ensuring effective review of structures and processes.

Both patient and relative/carer feedback has continued to be a focal point for the organisation in 2024. The organisation has undertaken significant work in developing its own patient council to further solidify the voice of the patient as central to the organisation and the service we provide. In 2024 the first patient council for the Hospice was established and met for the first time. We are delighted to have formed this committee and look forward to the work that can be undertaken collaboratively as it progresses into 2025 ensuring we develop our service to meets the needs of both patients and families that we care for. In 2024 there was a significant increase in the responses received from patient and families through the use of comment cards. This is a central feedback structure for the Hospice on how we deliver our care and overall service. Each quarter it is summarised and plans specified to ensure we undertake all actions necessary to allow continual improvement. In 2024 we saw a 30% increase in the responses received for our annual patient survey which has continued to grow in response rate year on year.

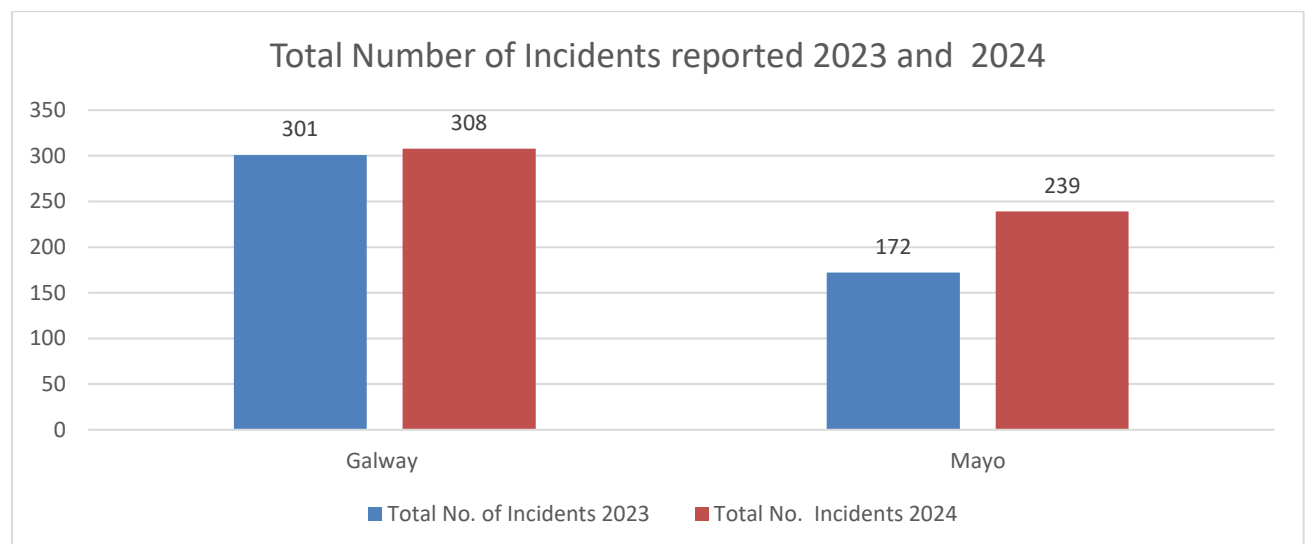
There were no Serious Reportable Events (SRE) reported during 2024.

2024 Incident Review Summary

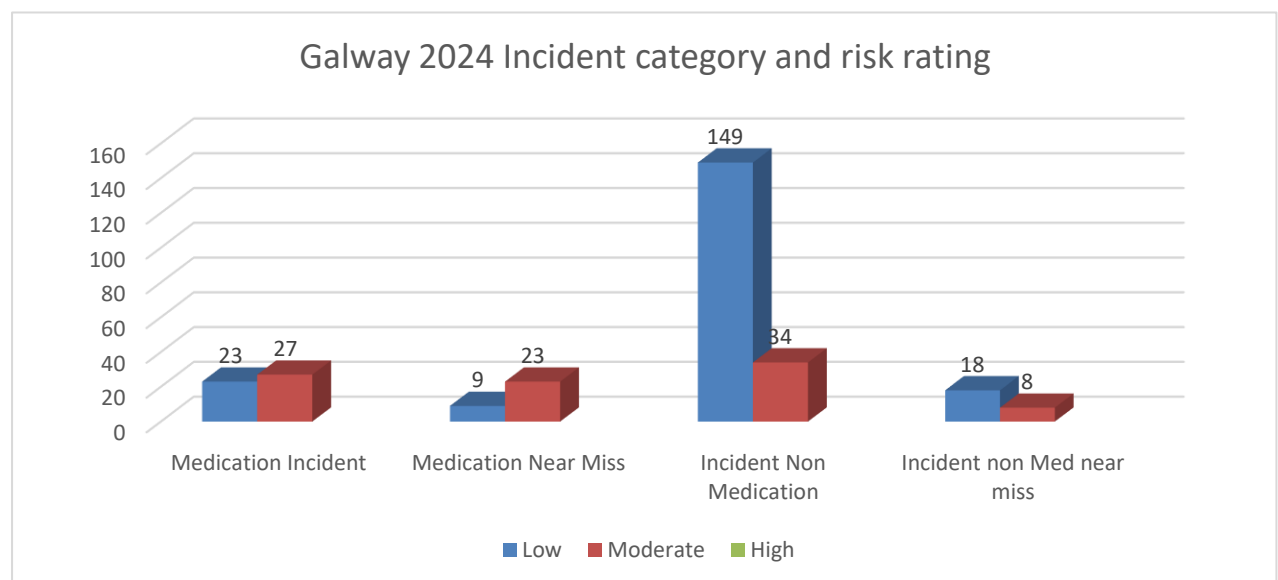
Total number	Moderate 2023	High 2023	Total 2023 2023	Moderate 2024	High 2024	Total 2024	Trend to previous year
Complaints							↔
Mayo	0	0	0	0	0	1	↑
Galway		0	6	0	0	1	
Incidents							
Mayo	33	1	172	51	0	239	↑
Galway	105	3	301	83	0	308	↑
Medication Incident							
Mayo	16	0	39	9	0	22	↓
Galway	36	0	62	27	0	50	↓
Medication Near-miss							
Mayo	2	0	2	0	0	11	↑
Galway	5	0	16	9	0	32	↑
Incident (non-medication)							
Mayo	25	2	120	35	0	183	↑
Galway	66	2	208	36	0	193	↑
Near Miss (Non-medication)							
Mayo	1	0	9	7	0	22	↑
Galway	0	0	14	11	0	33	↑
Slips, Trips & Falls							
Mayo	0	0	14	4	0	12	↓
Galway	9	0	35	7	0	36	↑
Hospice-acquired Pressure Sore							
Mayo	1	0	18	3	0	22	↑
Galway	7	0	38	7	0	30	↓

6.1 Galway and Mayo Hospice Incidents

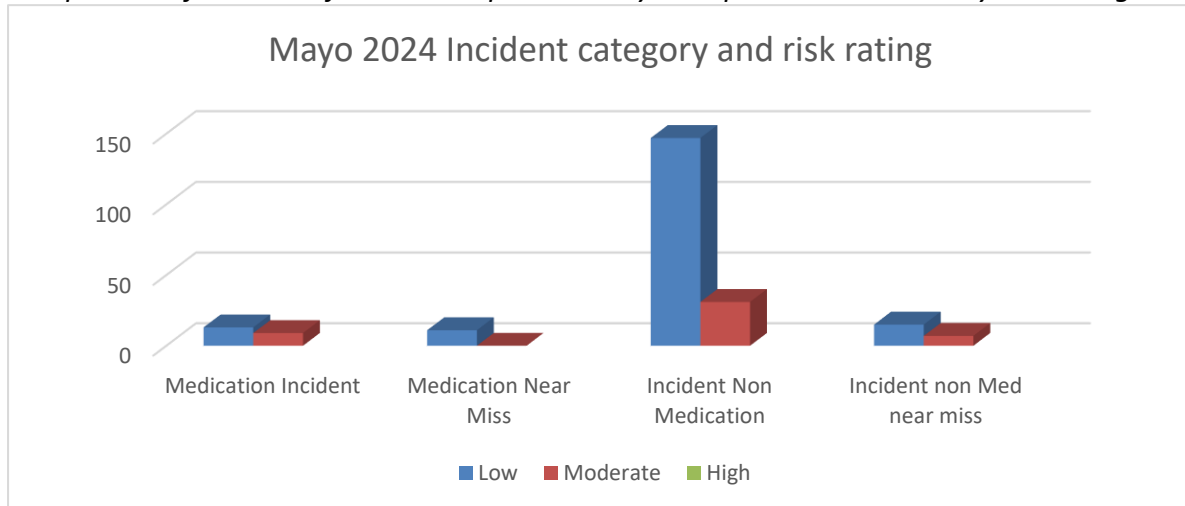
Incidents are analysed and graded in line with the HSE's incident management framework. Key stakeholders meet regularly to review all incidents assessing actions and ensuring accurate root cause analysis and thus robust preventative actions were put in place.



Comparison of number of Incident Reports in Galway and Mayo Hospice 2023 to 2024



Comparison of number of Incident Reports in Mayo Hospice 2023 to 2022 by risk rating



When an incident occurs, corrective action is taken immediately to ensure patient safety, followed by an analysis of root cause, ongoing preventative measures and trend analysis.

A minimum fortnightly review of incidents takes place at a team level in the Hospice. The Director of Quality and Chief Pharmacist are responsible for close out of incidents.

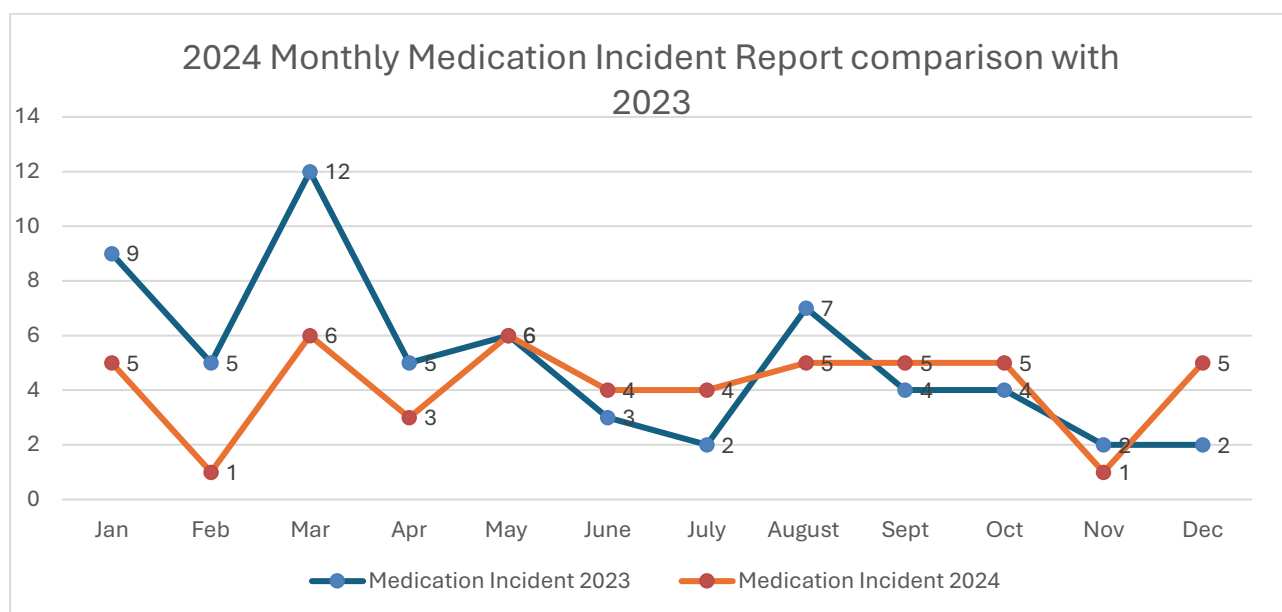
Quarterly report updates are undertaken via ISQC and Medication safety committee.

6.2 Galway and Mayo Hospice Medication Incidents

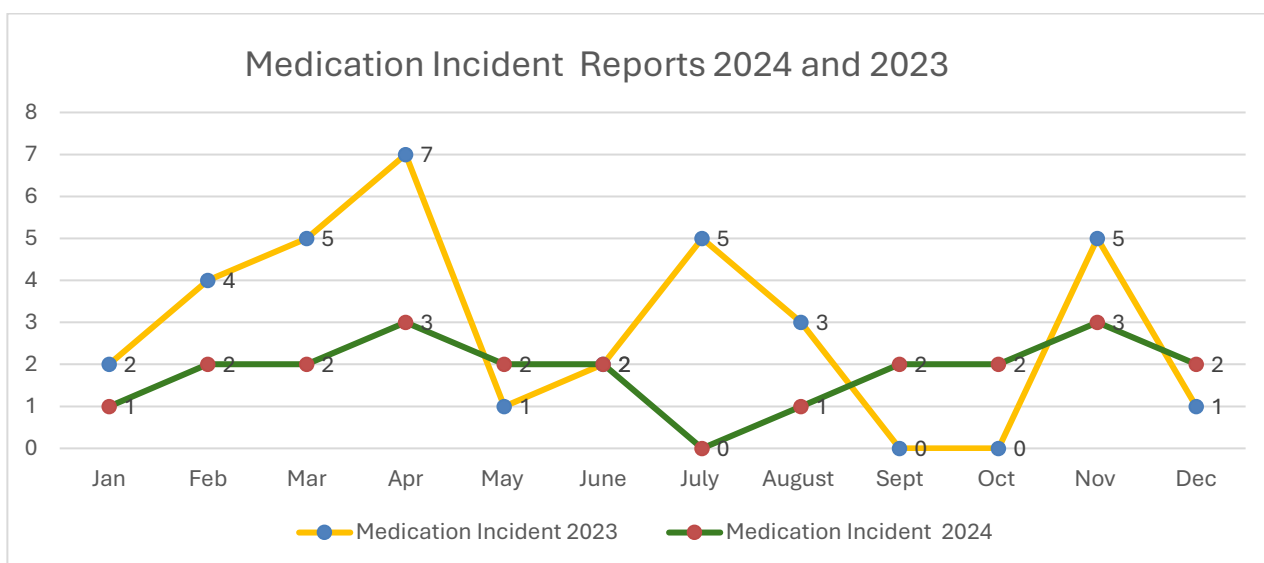
Medication Management errors are any incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines.

- There was no high-risk medication incidents reported during 2024.
- There is a significant increase in the reporting of near misses in both Mayo and Galway in 2024. In Galway there is a notable 100% increase in near miss reports from 2023 to 2024. In Mayo it was similar with an increase of 135% from 2 reports to 11.
- The completion of a medication systems analysis at year end in 2023 provided recommendations for implementation of action in 2024. This has now culminated in a medication safety plan for implementation and surveillance from 2025.

Comparison of Monthly Medication Incident Reports in Galway 2023 to 2024



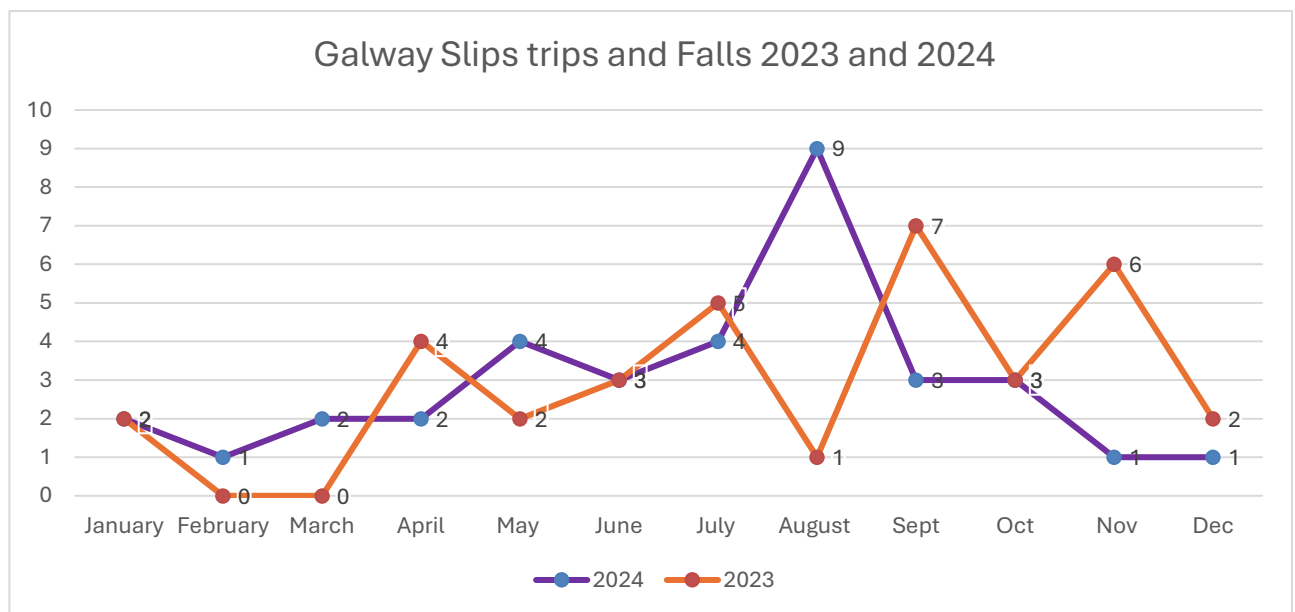
Comparison of Monthly Medication Incident Reports in Mayo 2024 to 2023



There was a slight reduction in the number of medication incident reports in both Galway and Mayo in 2024 in contrast to 2023

6.3 Slips/Trips/Falls

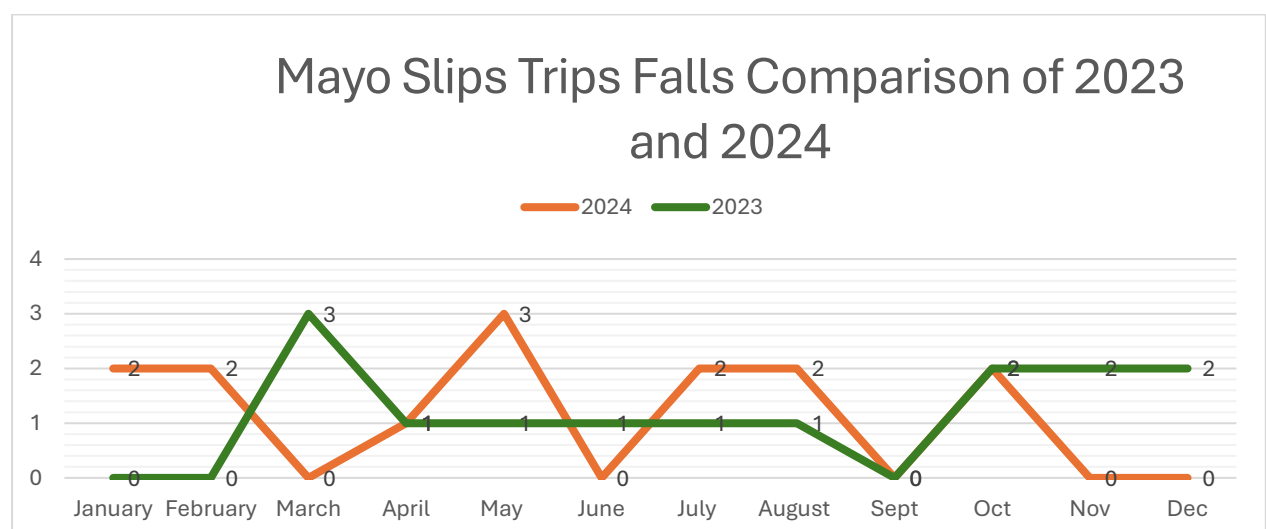
We strive to reduce the risk of patients falling and reduce the potential for injury if a fall occurs. Each patient admitted to the Hospice is screened for their risk of falling. The risk assessment tool, which is in line with NICE guidance and evidence based best practice, considers age and risk factors e.g. history of falls, cognitive impairment. This has proven successful and supports the ability to individualise a care plan in response to the risk factors of each patient. Almost all patients admitted to the Hospice are at risk of falls and thus the focus of falls prevention and management has been on reducing the risk of falls and reducing the potential for injury if a fall occurs.



Comparison of Monthly Slips, Trips and Falls Reports in Galway 2024 to 2023

The rate of Slips Trips Falls for patients per 1000 bed days for IPU Galway in 2024 is 6.3, a marginal increase from 5.4 in 2023.

Of the 34 falls reported in Galway in 2023, 9 were moderate risk and remainder were low risk.



Comparison of Monthly Slips, Trips and Falls Reports in Mayo 2023 to 2022

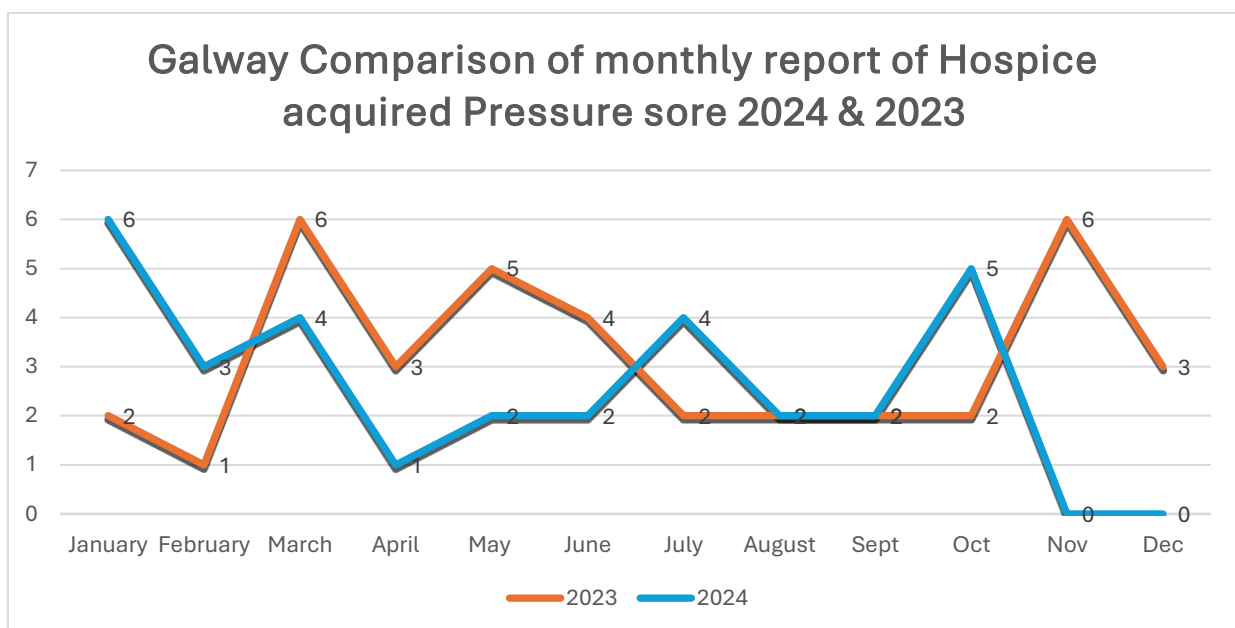
The rate of patient falls per 1000 bed days for 2024 was 3.0, a decrease from the rate of 4.6 in 2023. The total number of falls was 12, 2 were external to the Hospice and a total of 4 were moderate risk with remainder identified as low risk.

Falls prevention and management is a quality care indicator that has and will continue to have specific focus from a quality improvement initiative perspective. This includes review of specific standards of practice and application of the evidence-based guidance within the everyday care we provide. The importance of reviewing patients individual risk factors and implementing interventions in care that respond directly to those factors is key. In 2024 the hospice commenced its first Falls working group with multi-disciplinary input to support and continually improve how we best prevent injury from falls and reduce patients risk of falling.

6.4 Hospice Acquired Pressure Sores

There has been a continued emphasis on the prevention and management of pressure injuries throughout 2024. This focused-on review, in dept analysis of root cause of all pressure injuries reported and measures undertaken for the management of pressure injuries. The implementation of the SSKIN bundle is a significant practice measure in 2024 that has supported the application of evidence based best practice

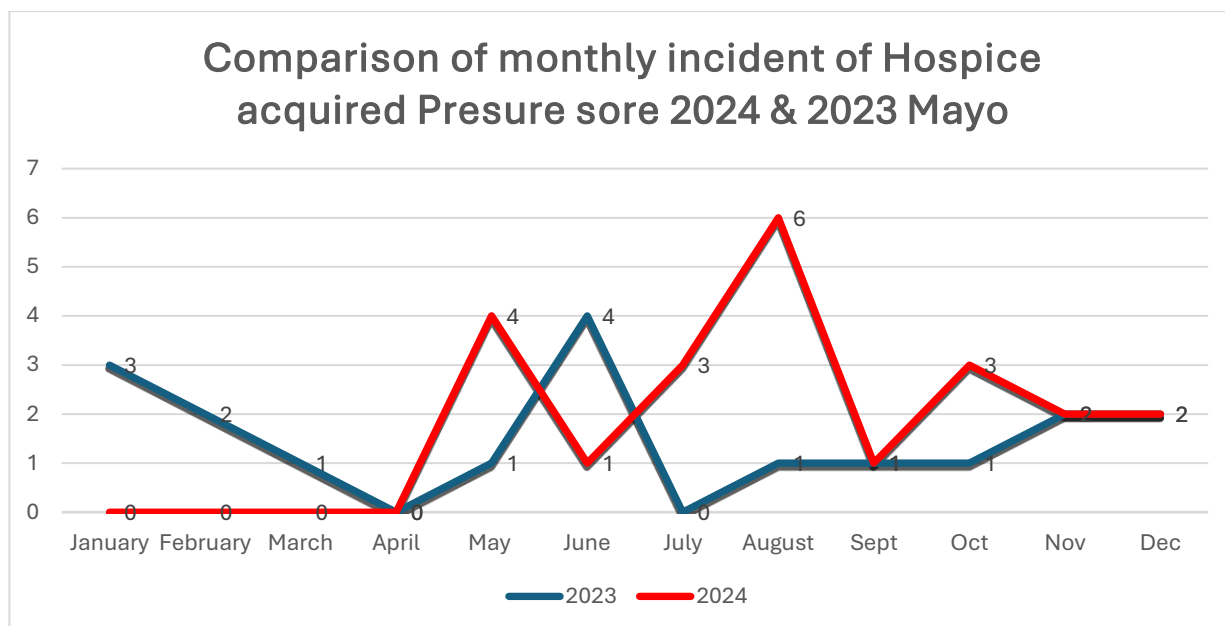
Early detection and the importance of identifying grade 1 pressure injuries is central to reversal where possible.



Comparison of Hospice Acquired Pressure Sore Reports in Galway 2023 to 2024

The rate of Hospice acquired pressure injuries per 1000 bed days for Galway IPU over the year 2024 was 5.5 a significant decrease from 7.6 in 2023

All Hospice acquired pressure injuries reported for 2024 were stage 1 and stage 2.



Comparison of Hospice Acquired Pressure Sore Reports in Mayo 2023 to 2022

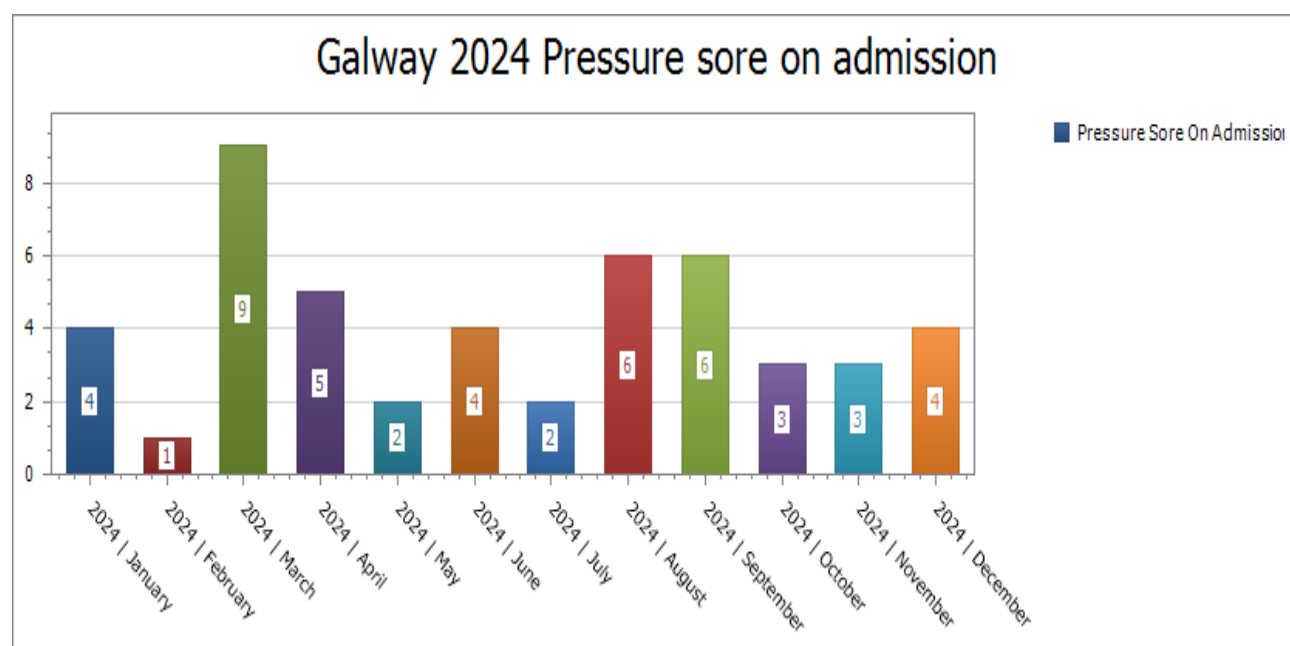
The 2024 rate of hospice acquired pressure injury per 1000 occupied bed days in Mayo was 6.5 in 2024 contrast to 5.0 in 2023.

6.5 Pressure Sores on Admission

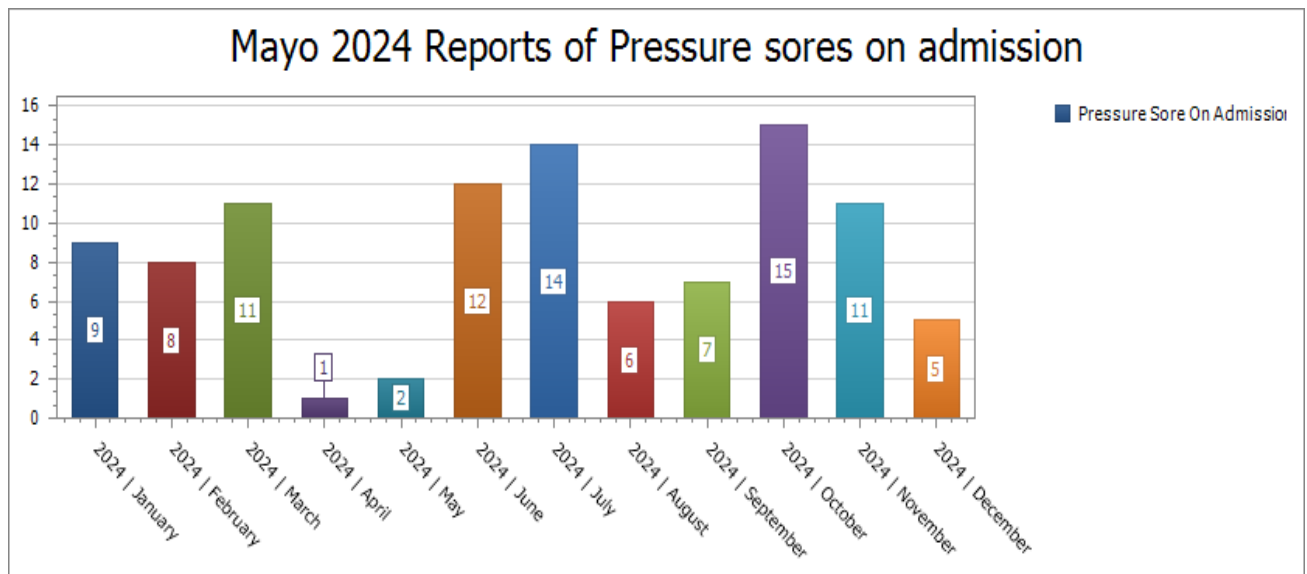
There has been a continued priority given to assessing and reporting of pressure injuries on admission in 2024. The total number reported is 49 for patients admitted to Galway Hospice.

There is continued communication by the Director of Nursing to the referring healthcare organisation when stage 3 and 4 pressure sores are identified on admission.

Pressure Sores on Admission: Monthly comparison Galway 2024



Pressure Sores on Admission: Monthly comparison Mayo 2024



6.6 Infection Control

Infection prevention and control is a core component to ensuring the Hospice provides safe quality care for our patients. Continuous education and quality improvements were undertaken throughout 2024.

Audit:

In 2024 regular infection control audits reviewed areas such as linen and laundry, cleaning and decontamination of patient care equipment, peripheral vascular cannulas, Urinary catheters and central venous access device access device care bundles.

MEG continues to be the reporting system used for Infection Control audits. All nonconformances identified were managed through a Quality improvement plan.

Alongside the facilities manager the infection control nurse completes audits covering legionella and disposal & segregation of waste. Further review and management of practices around waste will continue into 2025.

Education:

The Clinical Nurse Manager for Infection Prevention and Control (IPC CNM) provided education sessions for staff throughout 2024 in line with infection control training on HSELand.

Sessions were provided in person to enable staff to raise queries/concerns and to use scenario-based discussion to further troubleshoot challenges that may arise.

All new staff were met by the infection control nurse during their induction period to the organisation. Education undertaken with all Volunteers (n=120) and non-clinical staff by IPC CNM across both sites with good feedback and engagement ensuring IPC standards remain a key focus for all staff.

Working Group:

In 2024, the Hospice IPC CNM chaired the first Infection Prevention and Control forum across hospices within the All-Ireland Palliative care Institute QA+I group. The objective of this is to strengthen infection prevention control across hospice care and support standardisation and consultation to enhance safe quality care.

Equipment

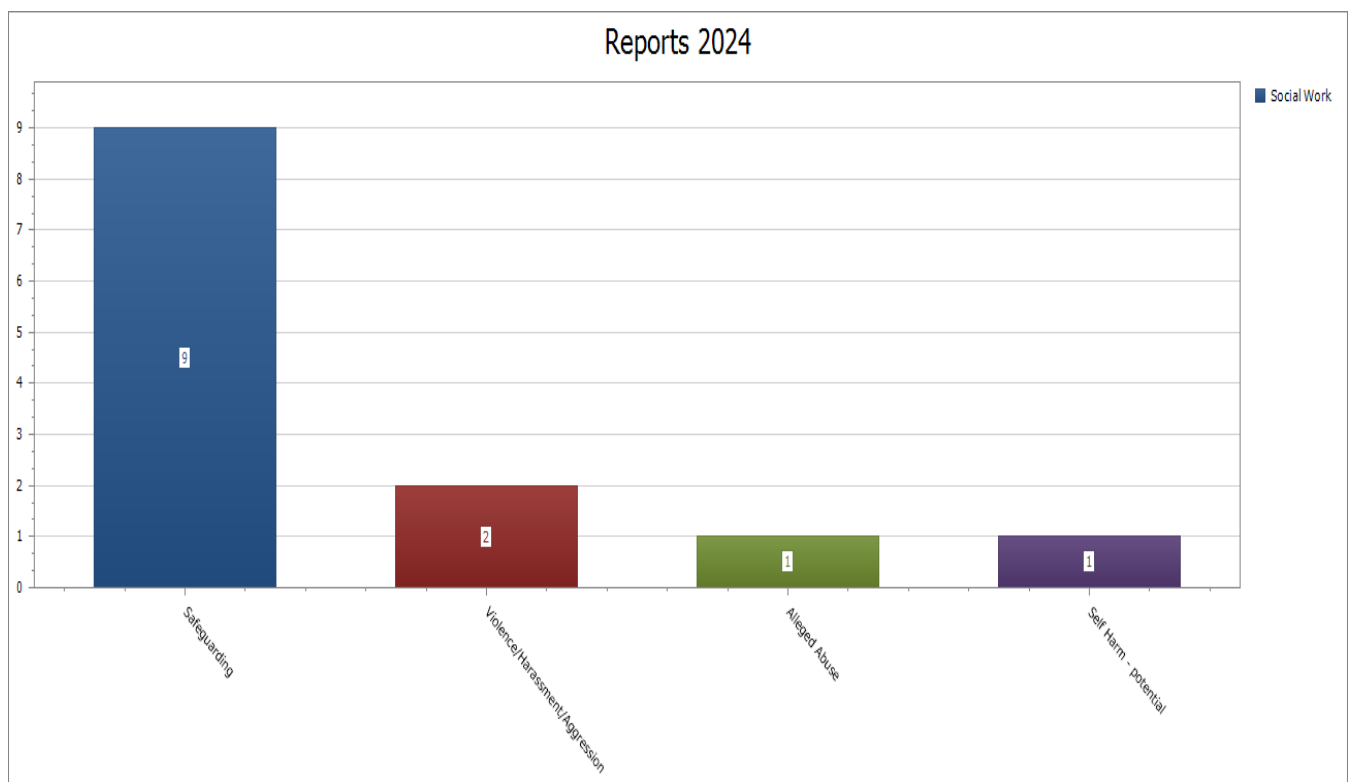
During the procurement process the IPC CNM links with relevant stakeholders to ensure any purchases comply with national equipment cleaning standards.

6.7 Safeguarding

The Hospice is committed to ensuring safeguarding is a key component in the provision of care to patients. We recognize that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and other professionals. We recognise our responsibility to uphold individual human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, and discrimination. Our Medical Social Work Team strive to ensure that all staff are knowledgeable, confident and equipped with the skills to deal with process and procedures when concerns arise relating to safeguarding and patient safety, this is reflected through our policies, incident management system, audits and training programmes. During 2024 our principal social workers and a nurse from each site completed a mandated persons train the trainer program and they will be rolling our mandated persons in house training to all relevant staff in 2025.

All mandated staff completed declaration forms confirming that they had completed training and understood their responsibilities during 2024.

The following is a summary of incidents reported during 2024



The reports are managed with Medical social work involvement with clear actions to support the person ensuring all measures are exhausted to support safety and effective engagement with all relevant resources by our Principal social workers, and wider medical social work team using the CAPA framework. Each quarter these reports have been reported through the ISQC committee and the Quality Patient Safety committee.

6.8 Complaints

The Hospice is committed to delivering high standard of care to anyone who comes into contact with our service. We see complaints as an opportunity to learn develop and improve our services.

During 2024 the Hospice received 2 complaints \ expression of concern and both were classified as low risk. No complaints required escalation externally. All complaints were reviewed in line with the complaints policy of the organisation

One complaint which was anonymous was in relation to an inpatient going on home leave at the weekend and the second complaint was in relation to the care provided to a relative. The individual declined to give specific details of the concerns about the care provided and despite a number of follow calls declined to engage further with the process. The CEO monitors all complaints; clinical complaints are discussed at the Integrated Safety and Quality committee and all complaints are reported to the board quality and patient safety committee.

6.9 Patient Feedback

The Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors.

Comment Cards:

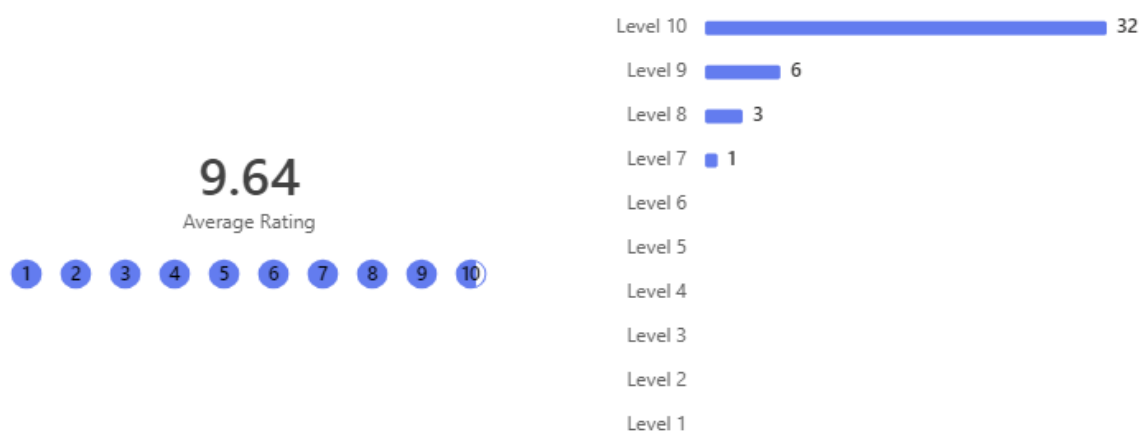
We have a number of comment boxes throughout the hospice building and we also have a “tell us what you think” section on our Website. The comment cards were revised in 2024 with new questions and visuals to encourage ease of completion. Work has been carried out on increasing the visibility of the comment cards around the Hospice building and reviewing the patients and family have access to the comment cards to provide feedback on the service. This has resulted in an increase of comment cards received back in 2024, 50 comment cards were received back in Q3 2024 and 20 in Q4, resulting in a large increase of feedback for the Hospice. Details of the comments received during 2024 are contained in Appendix 2.

HOSPICE ANNUAL SURVEY

We issued our annual survey to active patients in November 2024 and received 80 responses back. The Patient Council reviewed the Patient Survey form and provided feedback. The following is a summary of the responses received:

A summary of the results are as follows:

Overall satisfaction - *Possible rating 0 – 10, 0 had a very poor experience 10 had a very good experience)*



A sample of the comments received in the survey are as follows:

Was there anything particularly good about hospice care

16 respondents (28%) answered staff for this question.



- *The hospice community team offer wonderful support. Knowing they are at the end of the phone is invaluable. They are so helpful, compassionate and caring.*

- *We received community palliative care for our mother who has advanced alzheimers and bilateral breast cancer and the care is ongoing. Initially, we thought it was end-of-life terminal care but she has rallied again. The care, professionalism and empathy by the community palliative care team has been exceptional and we are greatly indebted for the wonderful care that mum and dad are receiving. For us as a family caring for mum, it is a wonderful sense of support and helps us maintain optimal care for mum at home*
- *The team is great and very compassionate, incredible service to have*
- *To whom it may concern, at the start of my journey of my illness, I was worried about the word Hospice, but with all who have come out to me have reassured me and they are here to help me and I will be forever grateful. Thank You.*
- *Everything was good about my hospice care. I was warmly welcomed. Daycare services was fully explained to me. I was given a choice of relaxation services to choose from and thoroughly enjoyed my choice of both aromatherapy and art therapy.*
- *Always at the other end of the phone. Always helpful. So, so educated, kind, practical, compassionate, amazing people.*

Was there Anything that could be improved

5 respondents (22%) answered No for this question.



- *The room would benefit by having a wash hand basin.*
- *We cannot come up with anything that could be improved upon for now.*
- *Room temperature control could be discussed prior to admission as was initially too warm for me.*
- *Yes, the level of noise from some patients televisions, particularly late at night.*

- *Excellent Service of very professional people*
- *More flowers in the garden would be lovely.*

6.10 Training, Education and Practice Development Department

The Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard. Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

In addition to the mandatory training programme, staff were provided significant educational and training opportunities in 2024. A detailed breakdown of the external training attended is included in Appendix 3. The Clinical Facilitator delivered a wide programme of education and development throughout the year.

There were a number of in-house education and training initiatives provided throughout the course of the year with topics for these education events being facilitated by representatives from all disciplines and departments, resulting in hugely positive feedback and overall very worthwhile days for all those staff who attended. All study days were facilitated in the designated education rooms in both Galway and Mayo hospices.

Academic Course/Formal Education & Training 2024:

Student Placements 2024

- 5 (total) x undergraduate nursing students (Year 3), completed placements from UoG and ATU (Galway & Mayo hospices)
- 6 (total) x Year 2 students completed 50 hour self-selected placements (Galway and Mayo hospices)
- 2 x Internship student nurses completed 1 x PRT day each with ADON/CNMII Mayo Hospice

7.0 Quality Initiatives 2024

7.1 CHKS

In June the Hospice completed the ISO CHKS Audit. This is an important independent review undertaken by CHKS, to monitor and ensure our compliance with the clauses as set out in ISO 9001. Seven core standards were assessed as follows by the CHKS surveyor:

- Section 1: General Information
- Section 2: Leadership, Governance and Financial Management
- Section 3: Risk Management
- Section 4: Internal Management (Quality) System
- Section 5: Management of Equipment and Facilities
- Section 6: Competent and Capable Workforce
- Section 7: Customer /Patient Focus – Patient Engagement

The final CHKS report confirmed full compliance by the Hospice with these standards and criteria.

7.2 iCare

iCare progression across the service continued during 2024 details as follows:

- Review of model of iCare support and training including staff feedback
- Review and updating of the iCare training manual
- Roll out of iCare electronic notes field in Community and Daycare (Galway)
- Optimisation of the use of the Whiteboard and PCOC Dashboards
- Recording calls received out of hours by IPU related to CPC patients, documentation is entered contemporaneously to the notes field of the patient's record on iCare.
- Daycare referrals from IPU are now electronic.
- Implementation of Electronic Inpatient Nursing assessment form

During 2024 the Hospice staff continued to engage and support the Palliative Care programme, Technology and Transformation (formerly eHealth) and the project teams with planning for the National Clinical Management System for Specialist Palliative Care:

- 7 staff members from across disciplines on both sites attended a Benefits Mapping Workshop for the new system.
- One of our consultants in Mayo is a member of the project's National Steering Committee as a subject matter expert.
- Our acting Head of Quality is on the National Steering Committee as representative for specialist palliative care services in the West \ North West Region.

7.3 Patient Engagement

Further expressions of interest have been communicated to those who have availed of the hospice care for patient and family/carer representatives. Focus groups were led out by the Quality Co-Ordinator to get valuable input from staff on the role of the patient and family engagement representatives. A semi-structured focus group guide was utilised. On review of the focus group findings, further consultation took place and a role description was devised. Which supported confirmation of the role of patient representative for the organisation within the outline of the HSE Better together roadmap.

With the support of the QPS chair the quality co-ordinator leading out on the project met with the family/patient representatives who have shown interest. The Chair and the Quality Co-Ordinator prepared a presentation of patient engagement, the roadmap and the scope of input in the Hospices. With the support from the QPS Chair, the quality team arranged a meeting with family/patient representatives who have shown interest. The meeting was carried out on the 08th of October 2024. The QPS Chair and the Quality Co-Ordinator delivered a presentation of patient engagement, the roadmap and the scope of input in the Hospices. Currently 12 patient/family Reps are available, and the team met with them on 1:1 and group basis during the year. Following on from these meeting draft terms of reference for the patient council was agreed for 2025 and regular Council meeting dates set and circulated to the Council, a Chair and Vice-Chair of the Patient Council was also agreed.

Hospice Comment Cards: The Hospice comment cards were revised during quarter 3 including the information and design. Posters were designed and placed beside the comment card boxes. A total of 80 comment cards were received back since the cards were revised. Please refer to the appendix for summary of responses.

2024 Experience Survey: The 2024 experience survey was circulated to the patient council whose feedback was that the survey was too long, so the survey was revised to reflect this feedback and sent out to all active patients in October. A total of 80 responses were received as outlined above in 6.10.

7.4 Project ECHO

Project ECHO continues. Staff across all disciplines in the Hospice have engaged well and supported in the role of session speakers or session panel members. The hospice ECHO facilitator continues to work closely with the AIIPC team. The programme had 33 nursing homes across the CHO2 area signed up with 188 participants registered during 2024. The sessions are interactive and consist of a speaker, a case presentation and open discussion in an all share all learn environment. Each session is recorded and available for the participants on the CARU Learning platform. The Project Facilitator will work closely with the network to facilitate the continuation of the network. The aim is to facilitate one additional sessions per quarter. Feedback is being gathered via the AIIPC and the Hospice Facilitator to ascertain the outputs/learnings/feedback and ideas for building the contacts and relationships fostered.

The initial Project ECHO Nursing Home program curriculum agreed by the participants was as follows.

	CH02 Project ECHO Nursing Home Network Curriculum	Speaker	Date
1	Death and dying and when to refer to the palliative care team.	Medical Dr -IPU	10/01/24
2	End-Of-Life Care; Symptom Management	CNM3 -CPC	24/01/24
3	Advance care planning for the resident in nursing homes	MSW -CPC	07/02/24
4	Pain assessment and management for nursing home residents at the end-of-life	Consultant -IPU	21/02/24
5	Medication Management; administrating anticipatory medication	Chief Pharmacist -IPU	06/03/24
6	Tissue Viability for residents in nursing homes	TVN	20/03/24
7	Ethical issues relative to end-of-life residents in nursing homes	CNSp -CPC	03/04/24
8	Improving a resident's quality of life	ADON	17/04/24
9	Communicating - Managing difficult conversations	MSW - IPU	01/05/24
10	Teamwork, resilience, self-care for staff members working in nursing homes.	Principle Social Worker	15/05/24

Project ECHO will continue in CH02 with one session per quarter for 2024 and 2025. The curriculum is decided by the participants as follows;

CH02 Project ECHO Phase 2	Curriculum	Date
Session 11	Caring for the resident with delirium at the end of life	18/09/24
Session 12	Update on Spiritual Care at End of Life	11/12/24
Session 13	Update on Infection Prevention and Control at End of Life	12/02/25

Session 14	Update on the Management of Dyspnoea	28/05/25
Session 15	Update on care of the Resident with Dementia at End of Life	03/09/25
Session 16	Update on Symptom Management at End of Life	26/11/25

CARU and Research /Project ECHO/Nursing Home education

- The hospice has worked alongside the CHO2 CARU lead for the Irish Hospice Foundation, staff from the Galway and Mayo Hospices attended a Regional networking day in Mayo and facilitated with the education sessions and had an information stand for the Project ECHO.
- The Hospice was invited by the AIHPC to deliver specialist education as part of the CARU National Webinar. The quality assurance co-ordinator was invited to Chair a National session and facilitated same. The speaker was the ADON from the Hospice –the session was well attended Nationally.
- The ECHO facilitator has been invited to speak about research carried out around – integration of services using Project ECHO at a research network in ATU in January. Poster accepted to Kaleidoscope conference on end-of-life nursing home network/integration of services using the methodology of Project ECHO and in-person education day.

7.5 Equality, Diversity Inclusion (EDI)

Research has been reviewed and a draft working plan circulated to executive team. Poster/email and communications from EDI facilitator was circulated inviting staff to be part of steering committee – 12 individuals have expressed interest, and meetings will commence in quarter 1 2025.

The EDI lead is mapping current EDI landscape in the organisation while considering the landscape of the communities we serve and is working on building links with HSE EDI leads and Community minority organisations.

7.6 Lightbulb moments

A new initiative “lightbulb moments” was introduced inviting staff to share their ideas for quality improvement in relation to any aspect of the service. Forms are available and can be placed in a post box located in a staff only area on each site. See appendix 2 of suggestions received during 2024 and the team have responded to these and actioned. This initiative will progress into 2025 with quarterly summary to review and assess status of agreed action plans.

7.7 Human Resources and Volunteers

Digital Transformation in Volunteering:

Successfully integrated the digital platform "Volunteero," enhancing scheduling and communication efficiency among volunteers. The HR department Initiated targeted training sessions for digital platforms, ensuring volunteers were equipped to utilise these tools effectively. Special attention was given to adapting training for volunteers less comfortable with technology and also offering 121 where required. Esp. for the above platforms Q-Pulse and HSEland

Continuous improvement in digital tools has led to increased volunteer engagement and flexibility, particularly through the use of Volunteerpro for real-time communication and task management.

Employee Wellbeing

22-26 April Employee Wellbeing at Work Week was celebrated across both sites with a number of talks and education sessions available to staff and volunteers together with some healthy snacks and treats (included stress management, aromatherapy, nutrition, etc.)

Investing in Volunteers (IiV)

The IiV accreditation is a nationally recognised quality standard that assesses how well we manage and involve volunteers. Achieving this accreditation will highlight our commitment to best practices and further strengthen our program. A workshop was held with staff and volunteers to review the standard and during the workshop, the participants delved into the six key areas of the accreditation process, helping us to plan, recruit, support, and recognise our volunteers effectively. We completed a self-assessment against the standards during 2024 and submitted this for evaluation by the lead assessor who will conduct follow interviews with key staff and volunteers in early 2025 prior to making a determination on whether the Hospice meets the criteria for achieving the certification

Reception

On September 10th, we held the first Reception Skills Training Day for both the Galway and Mayo Reception teams. The day included a PowerPoint presentation and training on all general reception procedures, aiming to ensure consistency in our service. Topics covered included communication, professionalism, confidentiality, active listening, and handling aggressive individuals. Additionally, we had sessions on Fundraising, Infection Control, and the role of volunteers.

The reception desk area in Galway was revamped. This involved removing pigeonholes to accommodate the franking machine, replacing them with trays for post and messages, and reorganizing the drawers. The goal is to make the reception desk more ergonomic and accessible for staff.

7.8 Education

In collaboration with various departments within the Hospice, these are some of the projects progressed by the Education Manager during 2024:

Paper lite/IT: Building a SharePoint site specifically to share information re Education and training: Resources ie training videos, links to training modules, what's on, what's coming up / calendar of events.

IT Drop-in Sessions: Quick 30 min sessions during lunch time (1:30pm – 2pm) for staff to “drop in” to meet Alan for IT support on certain topics over an 8 week period across both sites based on staff's responses on topics they identified they would like support in getting additional support or education in.

Mandatory training: Overall review of the policy regarding the training that we can provide face to face or via HSEland. Review the requirements of the renewal periods of training.

Spotlight on Drugs: Monthly education session co facilitated by MDT i.e. Pharmacy, Medicine, Nursing and Therapies. 30 min session to include a patient case study, pharmacology of the medicines presentation to promote shared learning amongst teams.

Volunteer Sector: Volunteer community companion programme assisted with development and delivery of a training day for volunteers which took place in November.

“Let Talk Palliative Care” Conference took place on Thursday 12th September as part of palliative care week. Excellent feedback from attendees. Plans to collaborate with CNME in the future to facilitate a similar event in 2025.

On the CNME and Clinical Steering Group: Contributing to the Documentation and Litigation in Nursing and Midwifery, Empowering best practice for a documentation conference, Feb 2025.

Support the role out of the face-to-face education for 2025 along the staff who attended the HSE Trainer the Trainer Mandated Persons completed in October 2024.

PCOC Education sessions with AHP's December 2024 to improve communication/handover.

7.9 Falls Working Group

The multidisciplinary Falls Working Group agreed terms of reference and proceeded with the following actions in 2024:

- Falls Awareness Days were held across both sites in October 2024. These events engaged staff, volunteers, patients and carers.
- Review of current landscape and actions in recent years around falls prevention and management to identify future priorities.
- Poster presented at the National Patient Safety Office conference in September entitled ‘A multidisciplinary collaborative quality improvement initiative to reduce falls and minimise associated harm in a Hospice inpatient setting’.
- Poster submitted and accepted to the European and IAPC Conference – see Appendix.

7.10 Palliative Care Outcomes Collaboration (PCOC)

In 2024 both clinical teams continued to further embed and use PCOC as part of the daily assessment and management of patients. This is now a central component to the delivery of care. In 2024 the national input of data has undergone further review. This has created a delay throughout the year in receiving feedback reports. The reports will be received in early 2025 and the hospice looks forward to further engagement at a national level on how the review and analysis of reports will progress for all hospices submitting PCOC data.

7.11 Quality Walkabouts

A number of Quality Walkabouts were conducted on both sites by the management team during 2024

The aims of these were to:

- Increase the awareness and oversight of quality at senior management level
- Respond to areas for improvement and highlight actions required
- Build communication and relationships with front line staff around quality

Multiple actions were identified on both sites which were followed up promptly through local reporting and management structures.

7.12 Facilities Energy & Environment

We are committed to maintaining our building and equipment to the highest standards, which is evidenced by the maintenance requests logged and completed over the year.

The maintenance department continues to oversee and implement upgrading of systems and changes supporting safe environment and use of effective systems supporting delivery of quality service. The department had a busy year during 2023 and completed a number of initiatives details as follows:

- We previously had 2 medication rooms in the inpatient unit in Galway, these were consolidated into one room during 2024. This project involved the fitout of new medication room including installation of all units and drawer packs, new plumbing and waste for sink, removal of existing data and power trunking. It also involved the relocation of CNM's and admin staff to new office spaces.
- One of the previous drugs administration rooms in the Galway inpatient unit was re purposed to provide hot desk space for the therapy department
- IT equipment on both sites was upgraded and replaced where necessary and back up board band lines were installed on both sites
- Existing bulk gas tank was removed. New cylinder gas installation completed to comply with current regulations. Chemical inventory, material safety data sheets update. Chemical risk assessments completed, chemical cabinets and chemical spill trays ordered to improve chemical storage further.
- Installation of backup immersion system for hot water provision Mayo in the event of boiler failure
- MIPS system serviced and reviewed compressor setting to try further reduce power consumption.
- Completed building Radon testing. All readings were within safe limits.

Maintenance agreements are in place for all critical pieces of equipment in both sites and we have a program in place to ensure that the building and grounds are also well maintained All equipment breakdowns \ requests for repair are logged on our Q-Pulse system and response times are monitored and measured. A summary of the number of requests completed during 2024 and their response times is as follows:

	Early	On Time	Late
Galway Hospice	191	4	29
Mayo Hospice	79	2	35

Response times to maintenance requests by site 2024

Environment

- A Healthy and vibrant environment is important to all who work and use the facilities at both Galway and Mayo Hospice's and we remain dedicated to improving the environmental sustainability of our healthcare environments. The department completed a number of initiatives during 2023 to assist with achieving this objective:
- The installation of solar panels in Mayo was completed in quarter 4 and in the first month of operation, December generated 3% of our annual electricity requirement
- A composter was purchased in Mayo and all food waste is now being composted on site

- Construction of a greenhouse was completed and during the year food and herbs grown there were used by the catering team
- Bottle and can recycling system put in place on both sites with collected funds going to green projects. Additional recycling stations installed throughout the building.
- An Eddi unit was installed in the Castlebar boiler room. This will use excess PV power to heat water during summer months.
- Replaced all florescent tube lights in the Galway kitchen with flat panel led lights
- Additional recycling points were installed on both sites
- Kemper water cooling system inspected, and cycle settings optimized to reduce mains water consumption onsite in Castlebar where possible.
- Facilities staff completed HSE Sustainability Course and attended one day HSE and climate and Health Alliance conference in November.
- Initial discussions with HSE sustainability officer around viability of funding Heat pump onsite to reduce fossil fuel usage. Initial feedback positive and currently engaging on next steps of initial onsite assessment.

7.13 Audit

In 2024 audit schedules were developed for all services in line with CHKS standards and organisation policies. The audit module of Q-Pulse was used to schedule the audits and to document findings, quality improvement plans and close out of actions. A tracer approach was taken for a number of audits including pressure sores, falls and infection control.

7.14 Data Protection

Data protection is managed in the Hospice by a Data Protection Lead and by an external Data Protection Officer.

During the year unannounced observational walk arounds were conducted of all clinical and non-clinical areas to review and optimise conformance with regulation and best practice.

There were no data protection breaches in Galway Hospice Governed Services in 2024

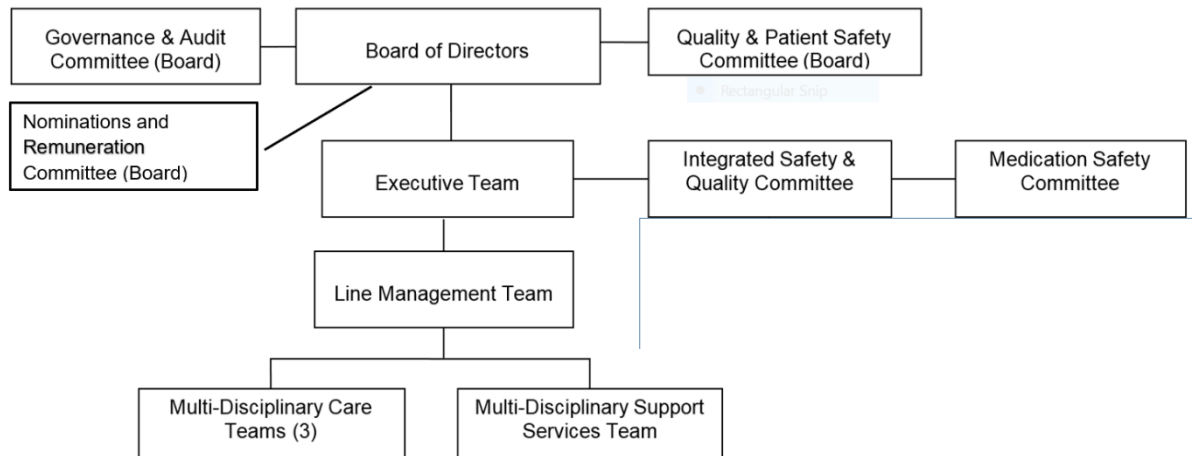
A comprehensive workplan guided the work of the Data Protection Lead throughout the year. Some tasks and actions are led by the Hospice Data Protection Lead with advice, input and sign-off from the external Data Protection Officer. The remaining actions are led by the Data Protection Officer and the outcome is presented to the hospice. These seek to provide assurance to the Hospice in relation to appropriate on-going compliance with GDPR and Data Protection Legislation. During 2024 through audit and incident the Hospice has committed to focus on the structure and process surrounding chart management both internally and externally. This has yielded a clear action plan in terms of the management and use of our charts internally and with the external provider for storage. This work will continue to progress in 2025 but is a great opportunity to further improve the security and traceability of our patient records.

Ongoing actions and reviews:

- Data Processing Agreements
- DPIAs
- Data Protection Documentation

8.0 Appendices

Appendix 1 Organisational Chart – Teams and Committees



Appendix 2: Comment Cards



Comment Card Responses

A snapshot of Q3 2024 (July, Aug, Sept)

**How would you rate
our care?**

50 Excellent

**I was treated with
dignity, respect,
kindness and care?**

50 Strongly Agree

**I felt involved in
decisions about my care
/ goals set?**

47 Strongly Agree

2 Agree

1 Not Applicable

**I had confidence in the
care provided by the
Hospice staff**

48 Strongly Agree

1 Neutral

1 Not Applicable

**I was satisfied that my
medical needs were
managed well**

49 Strongly Agree

1 Not Applicable

**A total of 50 responses were received
across Galway and Mayo Hospice
inclusive of CPC, Daycare and IPU during
Q3 2024**

**Comment cards are available around the Hospice building beside
comment boxes, in the CPC patient information pack or on Qpulse**



COMMENT CARD RESPONSES

20 comment cards were received across
Galway and Mayo Hospices during **Q4 2024**
(October, November and December)

How would you rate
our care?

20 - Excellent

I was treated with dignity,
respect, kindness and
care?

20 - Strongly Agree

I felt involved in decisions
about my care / goals set?

17 - Strongly Agree
3 - Agree

I was satisfied that my
medical needs were
managed well

20 - Strongly Agree

I had confidence in the
care provided by the
Hospice staff

20 - Strongly Agree

"Care and Respect"

"All Good"

"Enjoyed meeting other people"

"Everything, thank you"

"Staff were so lovely"

**"I found the
service to be
very beneficial
and useful"**

**"Staff care and have
attention to the detail"**

**"The friendliness of the
staff, lots of laughter.
The care from all the
team. I stayed in for 2
weeks, did the Day Care
programme and the
team will visit me at
home now.
I feel safe."**

**"The senior nurse
shows the juniors
respect and
shows everyone
they are special, a
very good person.
Everyday we
come, we enjoy.
They got me fresh
fish. They picked
me up everyday"**

**What was good
about the
experience?**

"Everything was 100%"

**"Their
competence made
a very difficult
time so much
easier at a very
difficult time"**

**"Interaction
with other
people.
Lovely
conversation
and nice food
on arrival"**

**"Warm welcome. Nice
cup of tea on arrival.
Patients encouraged to
participate in crafts
and dialogue. All staff
very kind and
compassionate to my
situation"**

**"On behalf of
myself, my mother
and all the family,
we are sincerely
thankful for the
care my father
received. Ye are
absolutely
fantastic. The
janitors, kitchen
staff, nurses and
Doctors. Thanks for
everything ye have
done"**



Comment cards are available beside comment boxes located around the Hospice building, in the CPC patient information pack and on Qpulse

Appendix 2



LIGHTBULB MOMENTS

Quarter 4 2025 Galway



Can the staff draw be done with more staff present?



Staff draws now being carried out in the canteen with a member of IPU present where possible

Can the chairs in IPU office be improved or changed?



Chairs replaced following consultation with multiple team members on IPU to identify

Can staff know where the gifts go in raffles?



Following staff draws and raffles a list of all prize winners and items received is emailed to all staff

Can regular times be pre-printed on medication charts 9.00, 13.00, 17.00 and 21.00?



Submitted to the Medication Management Committee for consideration

Thank you for your feedback

Appendix 3: External Training 2024

Date	Course Title	Course run by
01/01/2024	Masters in Human Resources Management (Year 2)	UL
Sept 2023 - May 2025	MSc in Nursing (Palliative Care)	UL
09/01/2024	IT training	Claire Commins
17/01/2024	IT training	Claire Commins
22/01/2024 - 23/01/2024	Why the mind says no to therapy	Clearing Method By Shauna Quigley
25/01/2024 - 24/10/2024	Managing Challenging Behaviour	Maurice Healy
29/01/2024 - 04/12/2024	BLS Galway	Martin Commins
03/02/2024 - 12/11/2024	PMH & MH	Usafety
06/02/2024	Recording & Report Writing	La Touche Training
08/02/2024	IAPC 23rd Annual Education & Research Seminar	IAPC
13/02/2024 - 14/02/2024	Advance Communication Skills Training	Milford Hospice
14/02/2024 & 10/06/2024	BLS Mayo	Albany Training
16/02/2024	Dealing with people and difficult situations course	CMG Events
23/02/2024	FOI for Decision Makers	Public Affairs Ireland
01/03/2024	Wheelchair Restraint Training - Galway	Critical Support Ltd
06/03/2024	APDS Webinar - Humanity, Hospitality and Hope	APDS
07/03/2024	Trinity Health and Education International Research	Trinity College
08/03/2024	Wheelchair Restraint Training - Mayo	Critical Support Ltd
13/04/2024 - 14/04/2024	Advanced Clinical Aromatherapy	Obus Academy
17/04/2024 - 18/04/2024	Advance Communication Skills Training for Health and Social Care Professionals	Milford Hospice
15/04/2024 - 18/04/2024	Fire Safety Awareness Training (Galway/Mayo and v	Ignite Fire Training
15/04/2024	Sharedrive	Claire Commins
25/04/2024	Loss and Grief when caring for children with life lim	Online
26/04/2024	Working with adults facing death	Online
03/05/2024	Tissue Viability (x2)	Marie O'Shaughnessy (HSE)
08/05/2024	Syringe Driver training	Rockford Healthcare
09/05/2024	Recording & Report Writing	La Touche Training
16/05/2024 - 18/05/2024	EAPC - 13th World Research Conference	EAPC
27/05/2024 - 28/05/2024	Asist - Applied suicide intervention skills training	Asist
29/05/2024	Caring for the Child with a Life Limiting Condition	CHI
05/06/2024	Dealing with people and difficult situations in Volu	The Wheel
10/06/2024	End of Life Conversations	
13/06/2024	PCOC Clinical Leadership Workshop	Milford Hospice
20/06/2024 - 12/12/2024	Leadership Programme	Consensus Mediation
20/06/2024	Caring for the Child with a Life Limiting Condition	CNME
20/06/2024	Workshop for Specialist Palliative Care Service	AIHPC
21/06/2024	3rd Annual LGBT Ireland Healthcare Conference - Bridging Gaps & Building LGBTQ & Inclusive healthcare environment	LGBT/RCSI/Sláintecare
25/06/2024	Pastoral Care Symposium 2024	Bon Secours Health System
01/07/2024 (M) & 02/07/2	Hoist Training	U Safety
July - Feb 2025	Leadership programme for Executive	Consensus Mediation
30/08/2024 - 30/09/2024	Massage & Touch Techniques for Cancer & Supporti	Galway Hospice
02/09/2024 - 03/09/2024	Mental Health First Aid	Mental Health First Aid
02/09/2024 - 13/12/2024	Advanced Wound Management Module	NUIG
Sept 2024 - May 2025	P.Dip in Palliative Care	Univerisity of Limerick
Sept 2024 - May 2026	Masters in Palliative Care	ATU Castlebar

Sept 2024 - May 2026	Masters of Science in Palliative & End of Life Care	ATU Castlebar
Sept 2024 - May 2026	Professional Certificate in Governance.	IPA
09/09/2024 - 13/11/2024	European Certificate in Essential Palliative Care - A	Milford Hospice
10/09/2024	Caring for the Child with a Life Limiting Condition - Level A	CCNE
11/09/2024 - 23/10/2024	Caring for the Child with a Life Limiting Condition - 10 ECTS at Level 8	UCD
24/09/2024 - 10/12/2024	Dublin Certificate in Evidence Based Palliative Care	OLH
24/09/2024	Fire Safety Awareness Training (Galway and via Tea	Ignite Fire & Safety Training Ltd
25/09, 26/09, 23/10 & 24/1	HSE Pilot Train the Trainer Programme for Children First Mandated persons Training Programme	Children's First National Office, HSE
26/09/2024 - 06/12/2024	P.Grad Certificater in Palliative & End of Life Care -	ATU Castlebar
30/09/2024	Fire Marshall & Fire Drill (Mayo)	Ignite Fire & Safety Training Ltd
03/10/2024	Fire Marshall & Fire Drill (Galway)	Ignite Fire & Safety Training Ltd
03/10/2024 - 04/10/2024	IADNAM Conference	IADNAM
01/10/2024 - 30/04/2025	Advanced Leadership (Nursing)	RCSI
03/10/2024	PCOC Fundamentals Workshop	Milford Hospice
10/10/2024	The National Palliative Care Conference	North West Hospice
23/10/2024	Creating a Community of Nursing & Midwifery Rese	HSE West & North West Research Conference
01/11/2024 - 02/11/2024	Back to Basics in Respiratory Care	ISCP
06/11/2024 - 07/11/2024	Applied suicide intervention skills training	HSE As
11/11/2024 - 13/11/2024	EGC Conference	DIS Congress
14/11/2024	Hospice & PC SW group - no title yet	Hospice & PC SW group
19/11/2024	Fire Marshall training	Ignite Fire & Safety Training Ltd.
26/11/2024	HSE Climate & Health Conference	HSE
29/11/2024	1st All Island Medication Safety Conference 2024	
02/12/2024 - 03/12/2024	Advanced pain and symptom management course	OLH
04/12/2024 - 05/12/2024	NCHD Leadership course	RCPI
05/12/2024 (G)	Managing Stress for Staff	Be Productive
09/12/2024 (M)	Managing Stress for Staff	Be Productive
	Total	
Research		
Jun-24	Research around use and effect of Clinical Supervis	NUIG

Appendix 3: Remembrance Service Evaluations

GALWAY

Comments						
Your overall opinion on the online service:						
"It was sad and nice, it helped me a lot".						
"Fantastic, very respectfully put together".						
"Very heartening/encouraging - a lot of preparation".						
"Wonderful, emotional but a wonderful calmness during the whole service".						
"It was a beautiful remembrance service from start to finish. We felt so grateful to you all for remembering 194 patients who passed away during October to December. The music and singing gave us goosebumps, it felt so meaningful and comforting".						
"Excellent - very moving. It was good to cry".						
"Music and songs beautiful. The service was very well organised. Very moving".						
"First time having to use service. Found it excellent".						
"A beautiful service which provided us with the opportunity to honour our loved one".						
"I found the service very touching, moving and peaceful & hopeful".						
Kind, caring, heartwarming. My mum's best friend Mary who came with me thought it was wonderful".						
"A wonderful experience".						
"We found it very therapeutic".						
"Beautiful, compassionate and sincere".						
"It was a very special evening, a healing evening".						
"It was a fitting service of remembrance".						
Did you attend in person or online?						
24	Online	7	Not answered	1	Could not attend	
What did you find most helpful?						
"Feeling of support & friendship".						
"The variety of readings, music and lightening of candles was perfect".						
"I found the calling out of names very moving".						
"Naming out each person and inviting family to light a candle is something we will never forget. Being surrounded by families who are grieving too help us feel we are not alone. I wish every family who loses someone got to have this remembrance service. The advice and support offered at the end was so helpful. The music was incredible, every word of every song was so meaningful. It was like getting a warm hug, and I know my dad would have loved every part of the service and music".						
"Lighting a candle for our deceased relative and the announcement of their name during the service".						
"Talk from the social workers and lighting of candles".						
"The general atmosphere, the ladies giving you a lit taper to light a memorial candle".						
"I found the entire service amazing: everything helped from the first welcome to the finish".						
"The readings, the music, the candles, me reading out the poem, hearing mum's name".						
"Just remembering them that they are not forgotten. And being reminded to reach out for help".						
"The lighting of the candle in my mum's memory".						
Sense of community, support and love".						
"Marking the passing of loved ones by lighting the candles and the little talks".						
"The thoughtful readings and music".						

Is there anything you would like us to do differently or are there any changes you would recommend?
"Nothing in relation to the service. I would personally have liked to have known what "number" my mum's name would be. Perhaps a lot of those to be remembered could be sent with the invitation to join the service".
"I would have liked to see some members of the hospice staff but probably not possible".
"There is nothing that I would change differently, everything was perfect and I was very, very happy with it all".
"We wouldn't change anything. It was so perfect, comforting and meaningful".
"I thought it was beautiful".
"Very sad and emotional, maybe a little more positive".
"I wouldn't change a thing. Your help with my mother's care was just so fantastic and I know you are there to help me now if/when I need you".
"No, we can't fault it. It was so well organised. Down to the cup of tea and the very welcome staff".
"Don't have any negative views as suggestions as I would rate your service at the top end".
"We would prefer if the service was held at the weekend so that family members could attend".
"No, you all done a wonderful and very moving ceremony".
"When calling out the names - louder please with a slightly longer pause between names. I was worried that I'd miss my mum's name being called out".
"You are doing everything right. As a film worker, I would recommend that you make films and photographs about your patients for the memory of your loved ones".
"Music is powerful and on the night it was lovely. Maybe have some more musical pieces. Hearing the names being called out is very moving. Sometimes they were read too fast - a slower pace would be good, especially for people to come to the altar and light a candle".
"No, loved the music and singing - well done to both of the musicians".
Any further comments or suggestions
"We lost three of our community over two months. One was from Singapore and had no family here in Ireland. She has one sister in England & I was able to send the link forward. I know the service will have meant a great deal to her, thank you".
"There is nothing further that I would add to, everything was perfect, very emotional at times but it was all good, very happy with it".
"I loved the message about how well we all process grief in our own way. Thank you so much for the work you do, God bless you".
"Would like to have met some of the fabulous nursing staff".
"When the patient's name is in Irish, it is nice if they are called out in Irish".
"We were so happy to be invited to the service, calling out all the names and lighting of the candles makes it so special. They will never be forgotten".
"I was very impressed with the service and appreciate the time and effort put in to organising the service".
"Found all the staff kind and friendly. Loved how the patient's needs was the main priority and all the staff went
"Lovely gesture to remember a loved one that has passed in the Galway Hospice".
"A sincere "thank you" for allowing us all to come together to remember our loved ones".
"I'm so grateful for this service and to have a reflective space to be with my dad and honour him. It's hard to find in this busy world".
"I had no idea what to expect but I found the evening brought healing and peace and for all your support it's wonderful. Thank you so very much".
"Watched the ceremony afterwards and found the video well filmed. I would consider attending a remembrance service again. Thank you very much for organising this service".
"Really appreciated the little talks - about how the family were still remembered after our loved ones passing, we are not forgotten about. Thank you for the tea & coffee and amazing scones".

MAYO

Comments							
Your overall opinion on the online service:							
"We as a family found it wonderful & thank you - it was so moving for us".							
"A beautiful service - everything possible for all our loved ones who have passed away".							
"I feel that the remembrance service should be held quarterly. This would facilitate the crowd on the night and make it more personal. If the room cannot facilitate a crowd that there would be an amplification and maybe a video screen in the foyer of the Hospice. If you are planning to run the remembrance service every six months that the summer service would be held in a marquee in the carpark. This way we would all be together".							
"Well organised, emotional, excellent choice of songs/readings. Duration of service was appropriate".							
"Service was absolutely wonderful. The music was so healing and beautiful and DG so lovely".							
"Emotional but special. A huge benefit (hospice service) at a very difficult stage of her diagnosis (Francis)".							
"Beautiful, very emotional. Looking forward to next remembrance".							
"Absolutely beautiful".							
"Preparation for the service. Inclusive of staff from the different disciplines".							
What did you find most helpful?							
"I am unable to attend the service sadly as I am unable to drive at night".							
"It was all beautiful. It felt so personal. It was lovely to have another "gathering" to remember and talk about our lovely dad/husband".							
"Eventhough we were only a few hours with ye it was so peaceful for mammy's final hours. Everyone was so professional and caring which made it easier on us. Thank you all so much for everything. We appreciate it".							
"The comfort and care Padraic received from everyone in the Hospice. Thank you all".							
"It was consoling to be surrounded by other people who were also remembering their loved ones. This was reflected in the reading out of the names and the candles. The Hospice is a very warm, bright and welcoming environment more so than a church which is where these services usually take place. The pastor made it clear the service was for everyone, be they christian, etc".							
"To be able to revisit the Hospice and be in the company of all families feeling the same as myself; sad, lonely but at the same time knowing our loved ones were present".							
"The honour of memory".							
"It was my first visit back after losing Paul in July. I found it so comforting especially the remembrance tree and meeting on arrival AH & DL - thank you".							
"The turnout of people showed me that I am not alone".							
"I thought the candles on the stand when lit were a powerful image and calling out each name gave identity to each families loss".							
"The lighting of the candle reflection together. It was very personal to all that is grieving".							
"I found the beautiful words spoken, the lighting of the candles, the signing, the choice of songs and of course the readings".							
"Candle ceremony in honour of our loved one. Opportunity to place a message on the memory tree".							
"It was very healing to return for my family and remember our mother. She had the ending that she deserved in a wonderful setting".							
"The kindness, inclusion and constant attention to ensuring my sister was comfortable and pain free".							
"Staff very helpful. Overall very, very, organised".							
"That my loved one is remembered by all staff at the hospice. I find friends change the subject when I mention something or story about my husband".							
"Presentation of symbols and candle lighting ceremony".							
Did you attend in person or online?							
14	Online	1	Not answered	3	Could not attend	1	

s there anything you would like us to do differently or are there any changes you would recommend?

"No, it was perfect, thank you all".

"All was so beautiful. I would not change anything. Maybe a bigger room as I do think after last evening next time crowds will be much bigger".

"Possibly a longer timeframe between the loss and the remembrance service".

"More space to accommodate those wishing to attend. Send an acceptance letter".

"The only thing I'd suggest is the service booklet to be given out on the evening as we forgot to bring ours on the night".

"Not a things - it was absolutely perfect and beautiful in every way. People cried and I cried and I felt a great lightness when it was all over".

"As much as I loved the idea of the candles bewing lit to remember our loved ones, I think it would be nice if everyone present got a little tea light and was holding it when you are naming the deceased. I think it would be comforting and feel that the deceased is close to them. This would replace the candle you give us at the end of the service".

"I would recommend giving the candle to family members before the service begins, otherwise it was excellent.

"Just continue what you are doing. I felt so close to my husband during the service".

"Perhaps shorten the service to three quarters of an hour. Shorten some of inputs".

Any further comments or suggestions

"It was a lovely ceremony and meant a lot. Thanks so much".

"All was so beautiful, songs, music, reading and atmosphere. The cup of tea and cake after was just so lovely and to be able to chat to staff and express how we were doing was so, so nice. Thank you".

"Maybe a larger venue or smaller group. Such a wonderful environment and serve so many good people. Thank you for all your efforts".

"You do such a fanatastic job as it is, will be forever grateful and thankful for all your wonderful care".

"It was a beautiful mix of songs, music, reflection & poetry. Lovely when SW spoke about promising our loved ones that the hospice would look after the family left behind".

"All I have to say to you all there is thank you very much for such a lovely service. It was so comforting and it had definitely helped me and my lads in this grieving time".

"I also want to again thank you for the care and compassion shown to me and my brothers and sister at the time of our dad's death. The Hospice is a credit to you all and you should be very proud of it. I want to say how lovely the service was and thank you for the invite to me and my family".

"Thank you all so much for making a painful situation so calm. Your kindness will never be forgotten".

"Thank you for beautiful service and for making it so personal for everyone there".

"Well done to everyone involved in the memorial service and the presentation of the canteen; the volunteers on car park guiding us".