

Galway Hospice Governed Services

**Operational Quality and Risk Review
2025**



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1.0 Introduction

We are proud to present the 2025 Annual Report for Galway and Mayo Hospice. This review reflects how we continue to deliver on our vision:

“To be a leading example of excellence by delivering specialist palliative care, in appropriate settings, to people living with advanced life limiting illnesses. ”limiting illnesses.”-limiting illnesses.”

Galway Hospice Governed Services provides specialist palliative care for inpatients and day service attendees in Galway Hospice, as well as community-based care across the Galway region. We also hold operational and clinical governance for inpatient and day services in Mayo Hospice. Throughout this document, both Galway and Mayo services are referred to collectively as **“the Hospice.”**

This year’s operational report demonstrates our ongoing commitment to delivering safe, high-quality, and person-centred care across all our services. Over the past year, we have responded to evolving healthcare needs while enhancing our operational resilience, strengthening clinical performance, and advancing key quality initiatives. Our priorities remained clear: improving patient outcomes, supporting our workforce, and investing in systems and processes that enable sustainable excellence. The achievements highlighted in this report underline our dedication to continuous improvement in an everchanging healthcare environment.

Across Galway and Mayo Hospices, our teams work to ensure that every person living with a life limiting condition receives high-quality care and support at the end of life—in the right place, at the right time. As a voluntary hospice operating under a Section 38 service agreement with the HSE, we work closely with partners and stakeholders to provide the highest quality care to our communities. Serving a population of 408,234 people, we help those living with advanced illness to live as fully as possible, and we support families and loved ones through grief and bereavement. --quality care and support at the end of life—

As the specialist palliative care provider for both counties, we remain committed to leading the development of services in partnership with our key funder, the HSE. Our values—compassion, dignity, excellence, community, and working together—guide all aspects of our work. To meet the needs of patients and families both now and into the future, we continuously evaluate our services and plan for projected needs as an integrated part of community healthcare.

As we progress our Strategic Objectives for 2022–2026, our focus remains on patients, families, carers, and communities. Quality improvement continues to be woven through every aspect of our work as we strive to provide personalised, high-quality care in environments that honour people’s wishes. Patient and family feedback remains overwhelmingly positive, and we examine all comments and complaints for opportunities to improve. This year, our annual survey and comment cards reflected exceptional satisfaction, with Galway and Mayo Hospice’s scoring an average 9.75 out of 10 across all categories.

Our infrastructure in Galway is not adequate and does not meet current standards which is a single ensuite room for all inpatients. We also have limited therapy areas, support and counselling facilities. We have been searching for an alternative site for several of years, and we reached agreement with the HSE in 2025 to work in partnership with them to develop a new enlarged hospice on lands owned by the HSE. Some initial procurement activities were completed during 2025, and work will commence on a planning application in the first half of 2026. In the interim we continue to maintain our current infrastructure and seek to continue optimising existing space to meet the increasing demands for our services.

In May 2025, the Hospice successfully underwent a four-day audit which resulted in the retention of CHKS accreditation across both Galway and Mayo services. This accreditation followed a rigorous and comprehensive review process and stands as a testament to our continued commitment to safe, high-quality care. Since 2024, CHKS has also assessed organisations on standards relating to sustainability and energy conservation through its Green Award criteria. Galway Hospice Governed Services met all nineteen sustainability-related criteria and was honoured to receive the Green Award in 2025.

This report later highlights the ongoing work of our teams in energy conservation and sustainability. 2025 marked a significant year in expanding our environmental initiatives, strengthening partnerships with other agencies, and launching dedicated Green Teams at both the Galway and Mayo sites.

In 2025, we also established our first Equality, Diversity, and Inclusion Committee. The organisation participated in an international EDI assessment, helping us understand how best to grow and embed inclusive practices across the Hospice. In February 2026, the Hospice will be represented at an international EDI forum, and we look forward to the insights and inspiration this will bring as we continue this important work.

Patient involvement remained a priority this year. Our first Patient Council in Galway continued to grow from strength to strength throughout 2025, and we look forward to establishing the same initiative in Mayo as part of our commitment to co-design and continuous improvement.

Demand for our services continues to increase. In 2025, we cared for 1,124 patients in the community. Inpatient occupancy in Galway was in line with previous years and occupancy in the inpatient unit in Mayo increased by 7%. Our day services saw large increases in activity and recorded 832 attendances in Galway and 475 attendances in Mayo.

We know that while a terminal diagnosis cannot change the outcome, high-quality specialist palliative care can profoundly shape the journey. We take the time to understand our patients and their loved ones—to listen, to support, and to provide care that reflects what matters most to them. Our work is rooted in the belief that every person is more than their illness. This principle continues to guide our care for the people of Galway and Mayo. Quality specialist palliative care can profoundly shape the journey. None of what we achieve would be possible without the dedication of our staff and volunteers, and the ongoing generosity of our community. We are deeply grateful for every contribution made this year, and we look forward to continuing this vital work together in 2025 and beyond.

2.0 Governance

Corporate Governance

Our corporate and clinical governance structures ensure that the Hospice maintains robust systems and processes to operate as a responsible, sustainable organisation, while consistently delivering services of the highest quality in line with our mission and vision. Overall governance responsibility rests with our Board, who generously volunteer their time and expertise. The Board is fully committed to meeting its obligations to patients, staff, volunteers, and all who engage with our services.

To ensure the Board remains appropriately skilled, new members are appointed with regard to maintaining a balanced mix of professional experience relevant to the Hospice's needs. A skills -matrix approach is used to assess Board composition, ensuring the organisation benefits from a comprehensive blend of clinical and nonclinical expertise. In 2025, the Board completed governance training to further strengthened its capability and commissioned an external provider to conduct an external board evaluation. The Board is supported by a number of organisational committees comprising Board members, Executive Team representatives, and external experts where relevant. These committees provide structured oversight and specialist input into key areas of Hospice operations.

Operational leadership is provided by the Chief Executive, who is responsible for ensuring the Hospice remains a cost effective and sustainable charity while delivering exceptional care to patients and families. The Chief Executive is supported by an Executive Team comprising the Director of Nursing and Therapies, the Clinical Director, the Director of Human Resources, and the Director of Quality. This team is further supported by departmental heads who provide effective and sustainable leadership while delivering exceptional care to patients and families.

An organisational chart is available in **Appendix 1**.

The Hospice has developed an integrated model of governance that encompasses both clinical and non-clinical risk, ensuring that quality, safety, compliance, and operational sustainability are aligned and mutually reinforcing.

Clinical Governance

Clinical governance at the Hospice provides a framework through which multidisciplinary teams are accountable for delivering safe, effective, and person-centred -centred care. This framework is underpinned by a collaborative leadership model.

A defining feature of clinical governance within the Hospice is the commitment to agreed service levels and consistently high standards of care. This approach ensures that patients receive the care they need in a safe, supportive, and transparent environment, supported by strong organisational accountability for clinical performance. Clinical governance contributes directly to improved patient experience and enhanced outcomes in terms of quality and safety.

There are **three core attributes** underpinning our clinical governance framework:

- **High, clearly defined standards of care**
- **Transparent responsibility and accountability for those standards**
- **A culture of continuous improvement**

Quality and Safety Assurance

The Hospice's quality and safety assurance framework comprises both internal and external audit processes. Internal audits allow us to identify and mitigate risks while strengthening reporting and feedback structures across the organisation. This ensures that learning is embedded and improvements are sustained as part of our ongoing quality improvement programme.

The **Quality and Patient Safety Committee (QPS)** serves as the overarching governance committee providing Board level oversight of patient care, staff safety, and quality of services provided. Meeting at least four times per year, the QPS Committee sets Key Performance Indicators (KPIs), monitors progress against the quality and safety work programme and ensures that services operate safely.

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.

3.0 Risk Management

In 2025, the Hospice continued to strengthen and mature its approach to risk management. A key milestone on this journey was the development and Board approval of a Risk Appetite Statement,

which is an essential requirement for implementing an enterprise risk management framework in line with the HSE 2023 Enterprise Risk Management Policy. Following this, consultation and engagement across the organisation supported the review and refinement of our risk impact categories, ensuring alignment with both the Risk Appetite Statement and the Hospice's strategic objectives.

The Risk Management Policy was revised and made available to all staff. In 2026, the Quality Department will provide education and ongoing support to line managers as we embed and operationalise this policy within day-to-day risk management practices. Since 2024 in line with HSE policy, the risk register has continued to be maintained within the QPulse system, with all risks replicated within the HSE Risk Register Excel matrix as required. Throughout the year, we undertook comprehensive and consistent reviews of all strategic and operational risks, ensuring their status remained current and enabling timely closure, monitoring, or continuation where appropriate.

The organisation continues to use a QPulse, a cloud-based Quality Management System (QMS). In 2025, we engaged with hospices nationwide to benchmark and review current systems and collaborated with the HSE to explore options for a nationally or regionally aligned QMS solution. These discussions are ongoing. In the interim, we have proposed the potential expansion of functionality within our existing QMS provider to support continued improvement of the information we review and assess enhancing data driven change.

All incidents and near misses are reported through the Quality Management System, providing immediate notification to line managers and senior management. The full incident management cycle—review, analysis, action planning, and closeout—is supported within the system. A core element of promoting incident and near miss reporting is maintaining a Just Culture, as outlined in the HSE Incident Management Framework (2020). This framework emphasises shared accountability, a values driven approach, and recognition of system-related contributors rather than individual blame. As an organisation, we remain committed to a structured, transparent, and team-based approach to incident management, focused on identifying contributing factors and mitigating risks. Strong leadership and consistent modelling of these principles underpin our approach., focused on identifying contributing factors and mitigating risks. Strong leadership and consistent modelling of these principles underpin our approach.

In 2025, the HSE updated its Open Disclosure Policy. The Hospice has incorporated these key principles into our own policy. This was followed by onsite training delivered by HSE Quality and Patient Safety Advisors. We look forward to hosting further training in 2026, as Open Disclosure remains central to our commitment to excellence in the care and support of our patients and their families.

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.

- 86% of patients who received care from our community palliative care team died at home. This is a decrease of 1% compared to 2024
- 72% of patients taken on by our community palliative care team were never readmitted to an acute hospital setting.
- 38% of the patients admitted to our inpatient unit in Galway were discharged during 2025
- 27% of the patients admitted to our inpatient unit in Mayo were discharged during 2025

Access to Services

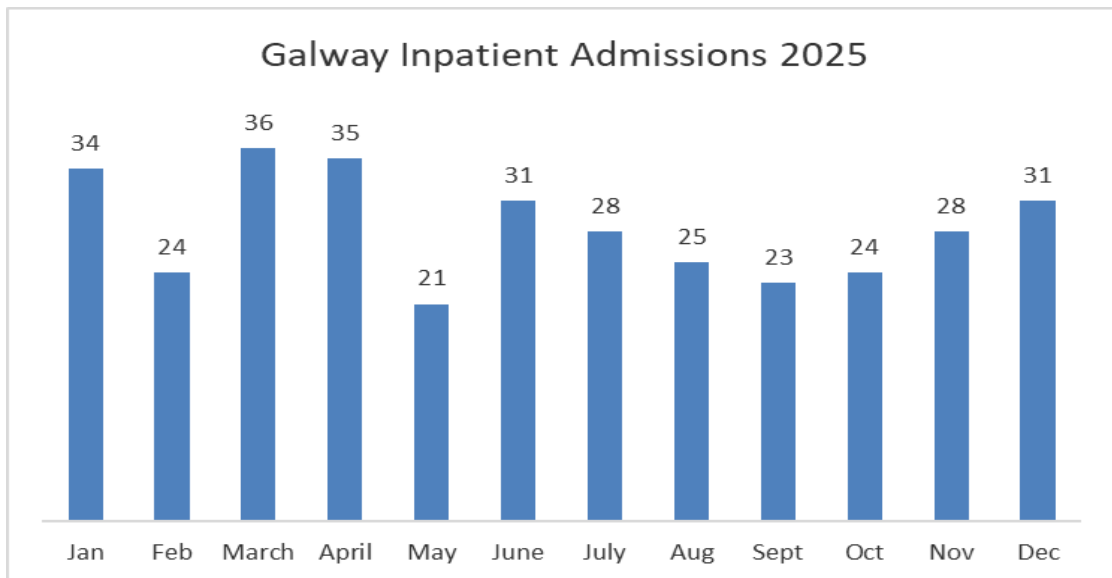
The wait times for admission to Hospice Inpatient units or for a visit by our community team were consistently less than the national target of 7 days

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

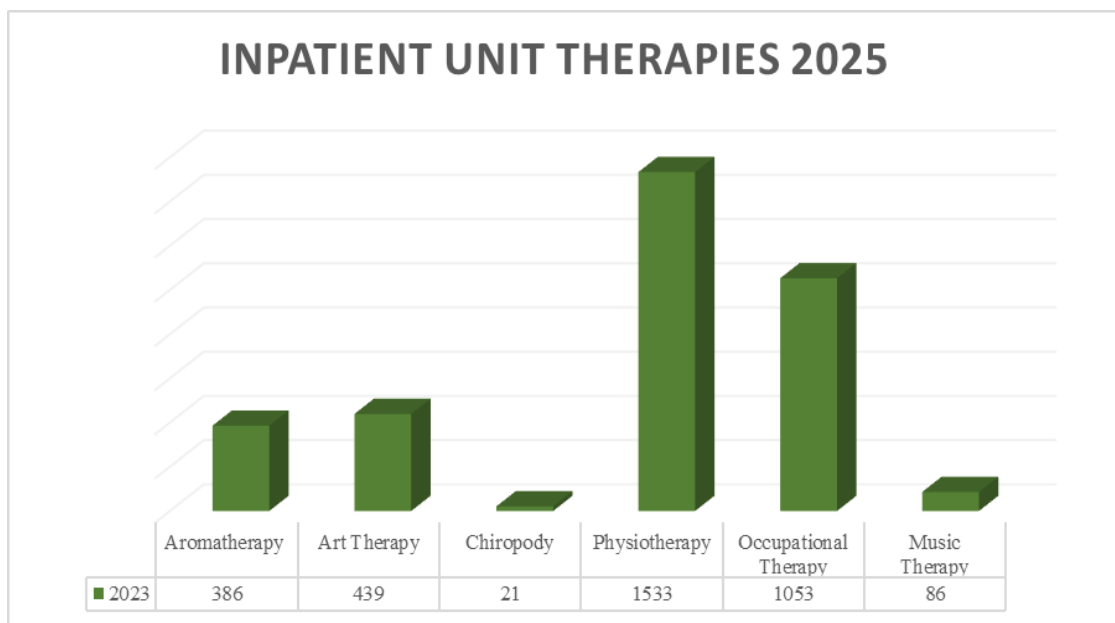
The Hospice uses 'iCare,' an electronic patient records system into which all patients' details are entered, to track and monitor activity. The following data was extracted from that system for the year 1 January 2025 to 31 December 2025:

4.1 In-Patient Unit: Galway

- There were 351 patients treated in the Galway Inpatient Unit an increase of % 4 on 2024. The length of stay decreased by 1% during the year and occupancy for the year was 81% which is down 1% on 2024.
- There were 340 admissions of which 92 were re-admissions. 78% of admissions had a malignant diagnosis and 22% were non-malignant.
- 130 patients were discharged (91% to home or to another community-based setting) and 9% to an acute hospital.
- 204 (58%) patients died in the in-patient unit.



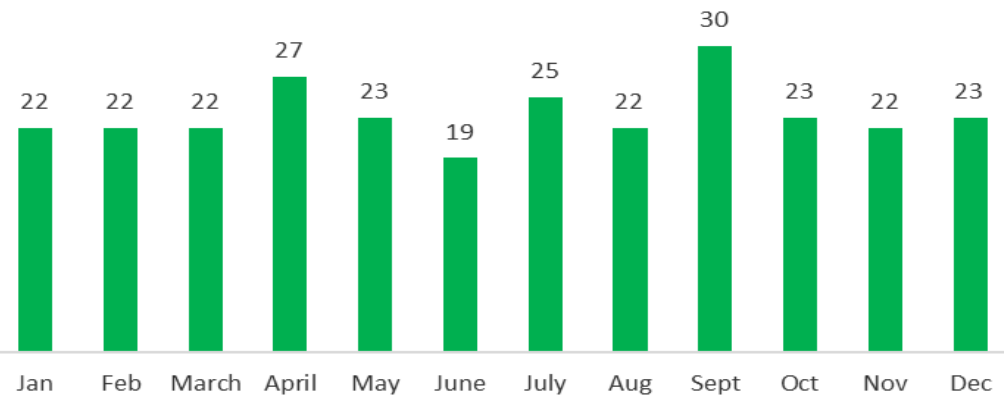
Inpatients in Galway Hospice attended 3,518 therapy sessions during 2025 and the following is a breakdown of the sessions attended:



4.2 In-Patient Unit: Mayo

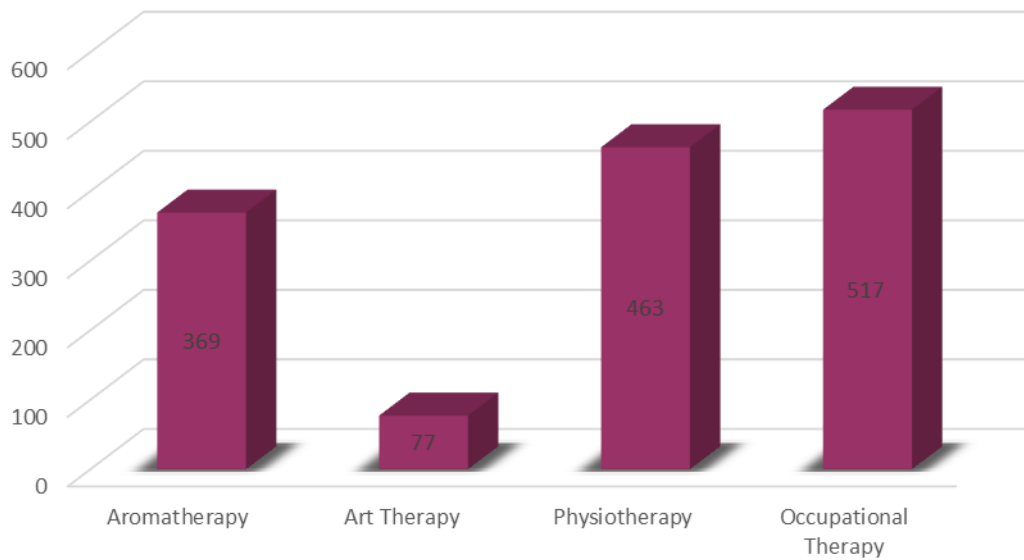
- There were 288 patients treated in the Mayo Inpatient Unit a decrease of 13% on 2024. The length of stay increased by 30% from 10 to 13 days during the year and occupancy for the year was 736 which is up % on 2024.
- There were 280 admissions of which 55 were re-admissions. 63% of admissions had a malignant diagnosis and 37% were non-malignant.
- 76 patients were discharged (93% to home or to another community-based setting) and 7% to an acute hospital.
- 206 (71%) patients died in the Unit

Mayo Inpatient Admissions 2025



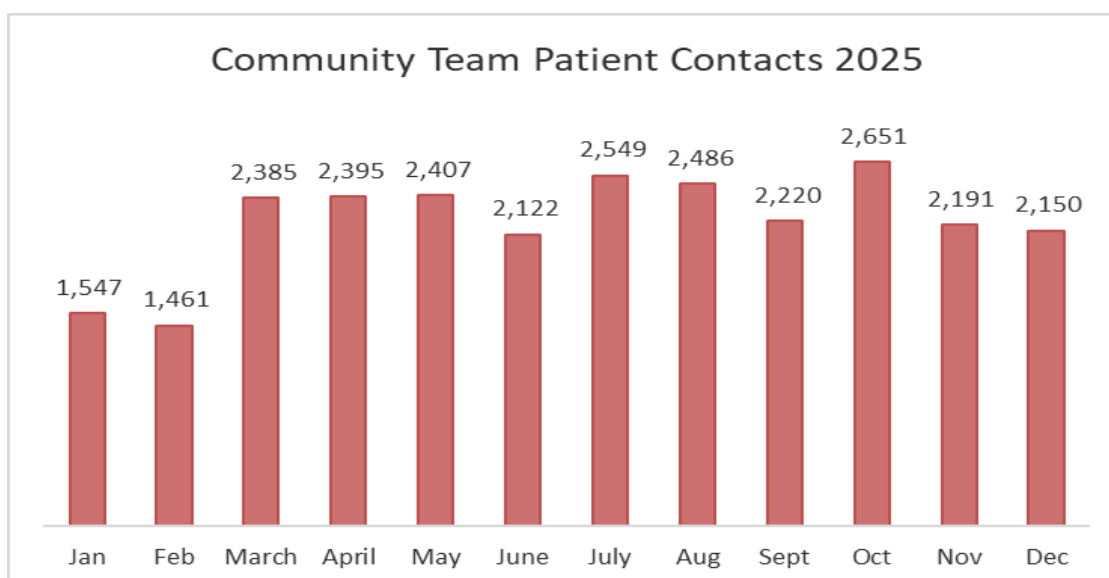
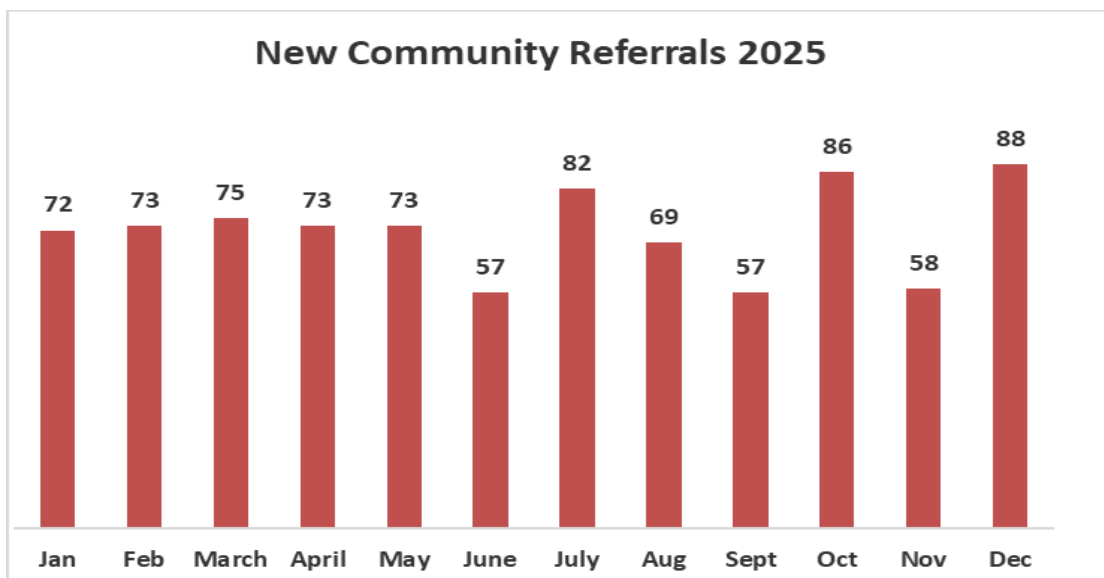
Inpatients in Mayo Hospice attended 1,426 therapy sessions during 2025 and the following is a breakdown of the sessions attended:

Mayo Inpatient Unit Therapies 2025



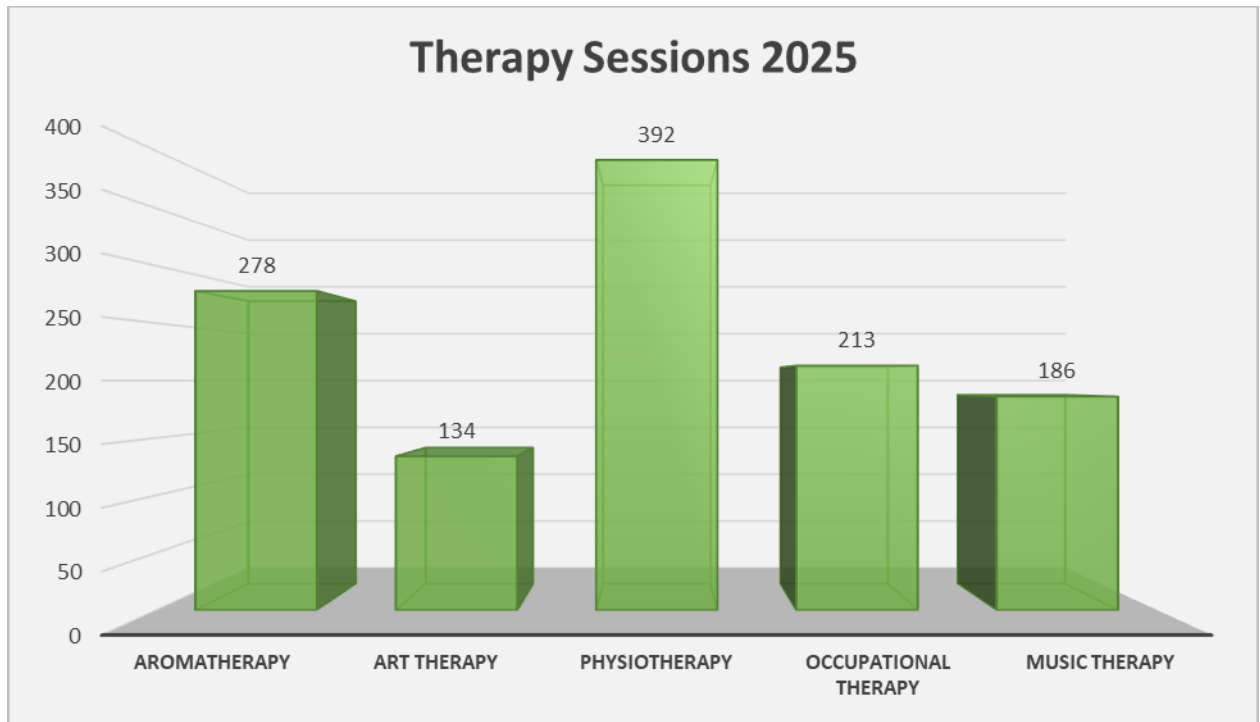
4.3 Galway Community Palliative Care (Homecare) Team

- 1,124 patients received care and support from the community team during 2025. There were 957 referrals of which 863 were new referrals and there were 94 re-referrals.
- 46% of new patients referred in 2025 had a non-cancer diagnosis which is in line with 2024.
- 26,564 patient contacts and 7,140 visits were made during the year.
- There were between 297 and 325 active patients per month on the team's caseload during 2025.



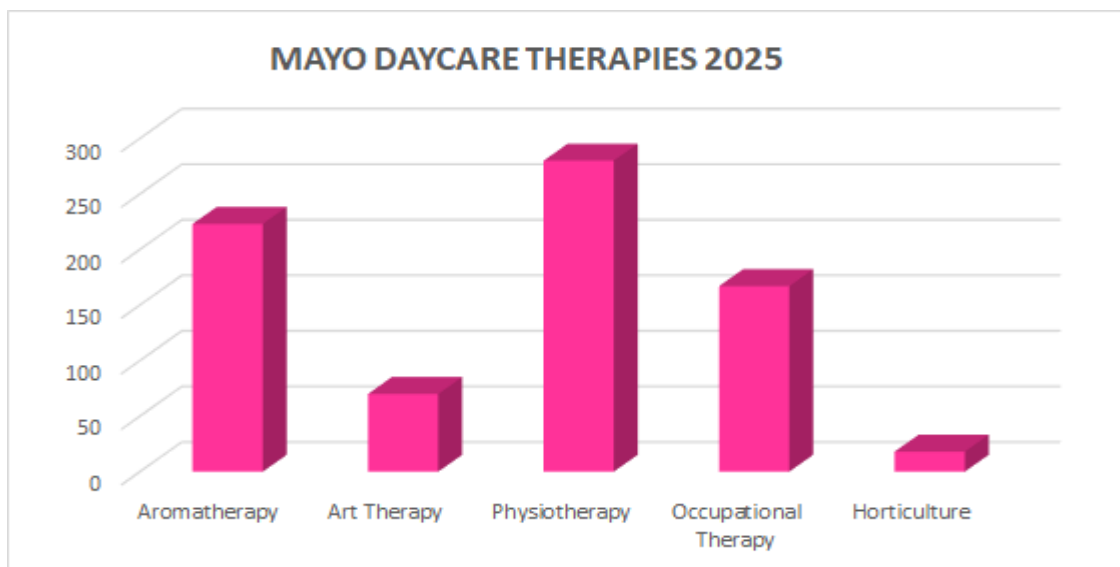
4.4 Day Care Galway

- 159 patients attended daycare during 2025 and there were 832 attendances to daycare
- The patients attended 1,218 therapy sessions during 2025, and the breakdown of these sessions is as follows:



4.5 Day Care Mayo

- 106 patients attended daycare during 202 and there were 475 attendances to daycare
- The patients attended 758 therapy sessions during 202, and the breakdown is as follows:



4.6 Medical Team

Service Development/Practice change

There has been a considerable number of developments and further expansion of services within our medical team during 2025.

- In Galway, the appointment of Dr. Laura Gaffney as new temporary palliative medicine post in the Community Palliative Care team has greatly increased consultant input and support to a continually growing service. It also has supported and enhanced current and future provision of ambulatory services, and collaboration with hospital and community services
In Mayo, Dr. Leona Reilly was appointed as consultant with input to Mayo Hospice, Mayo University Hospital and the community palliative care team replacing Dr. Jennifer Brennock who provided excellent service in her time in post.
- From September 2025, Palliative Medicine Consultant from Galway Hospice commenced input into the weekly Joint Thoracic Oncology Outpatient clinic with University College Hospital Galway (which treats patients with new and established lung cancers) offering palliative medicine reviews. It has proven very impactful to date, seeing patients who benefit from early symptom control and from referral to Galway Hospice services. Palliative medicine consultants have identified changes which are likely to be useful i.e. attending preplanning MDT meeting to identify those patients most likely to benefit from palliative review and to increase awareness of palliative service among oncology/radiotherapy/respiratory consultants (patients currently identified by oncology service)
- Palliative Medicine consultant has established new triage meeting 3/week to review new home care referrals to service, this is attended by consultant from Community Palliative care team, Clinical Nurse Managers and registrar. It allows identification of patients who may benefit from ambulatory programmes such as Breathe Better/breathlessness service, or proposed Outpatient service (in planning) and ensure most efficient use of available services.
- There has been collaboration in 2025 by Palliative Medicine input into revision of Treatment Escalation Plan form in Mayo University Hospital. This is to support and ensure right care at the right time. It is planned for use in MUH, and work ongoing to explore, if possible, to have it extended to community.
- Introduction of health mail in Mayo service for receipt of GP referrals – allowing greater ease for GP colleagues who refer to service.
- There is ongoing planning of communications training project for senior medical staff in Mayo University Hospital to support training in having conversations with patients re future care preferences.
- Quality Improvement initiative project in Mayo University Hospital is underway to assess the introduction of handheld fan use (evidence-based component of non-pharmacological management of breathlessness) by palliative team for appropriate patients referred to service

Collaboration and Integration of Care

Over the year as there is ever growing demand for care we are continuously striving to integrate and collaborate with services supporting optimum care for patients at the right time. Some examples of this throughout 2025 are outlined below.

- Respiratory Services Galway Community. Consultation and meetings between Galway Hospice palliative consultants and Community Respiratory Physician Drs. Sinead Walsh and Fatima Gargoun to share information re respective services including ambulatory services such as Breathe Better programme and to discuss referral pathways for patients. In care of the Elderly. The opportunity to communicate with Dr. Michelle Canavan to discuss respective services and referral pathways. They are further plans to arrange for care of the elderly Advanced Nurse Practitioner to meet community team to present their services.
- Consultants in Palliative care in the Hospice in Galway and Mayo, were delighted to meet with Dr. Simon Woods, new paediatrician with interest in children's palliative care to discuss shared governance and operational arrangements for paediatric patients. This has further supported education updates as Dr. Woods facilitated a session for medical and Community Palliative Care Team re use of methadone as analgesic in children. A consultant for Palliative care in Mayo has also been invited to join Children's and Young People Palliative Care Network for the West and Northwest to be chaired by Dr. Woods
- In 2025 there was ongoing collaboration between palliative consultants Mayo/Galway and community heart failure services for case discussions, guideline development. Involvement in "Palliative Integration in Heart Failure (PAIR-HF) Retrospective analysis of advanced care planning and palliative care referral among heart failure services in Ireland". There was also a Preliminary meeting with Mayo GP following discussions of Future Care Plan project re issue of future planning in community.

Representation

- Palliative consultant Mayo National steering committee for development Clinical Management System
- Palliative consultant Galway Regional Representative in Working group of the National Clinical Programme for Palliative Care
- Palliative consultants Galway and Mayo STC
- Palliative Medicine representation End of Life Committee Mayo University Hospital
- Palliative Consultant a member of the newly formed "Palliative Care Outcomes Collaboration Ireland (PCOCI)/National Office for clinical Audit (NOCA) Quality Improvement Programme Governance Committee".

Education

Education remained a fundamental component for the medical team in 2025.

- There were ongoing Consultant supervision and training of 3 SpR trainees (Galway and Mayo), 2 GP trainees (Galway and Mayo) and registrars both sites. Excellent feedback from trainees on quality of training and quality of Multi-Disciplinary Team care provided within services.

- Our Palliative Consultant is liaising with the National University of Ireland Galway on comprehensive curriculum redesign for undergraduate training palliative medicine component.
- National study day for specialist registrars is being developed to further support doctors undergoing higher specialist training in palliative care which will be organised and hosted by Mayo Hospice
- In 2025 Galway Hospice hosted a Palliative Care Conference – “Living for Today, Planning for Tomorrow” and a session was delivered by one of the hospice consultants. It was a successful conference which supported integration and networking as part of the provision of care within our community among other healthcare providers. In November 2025 Palliative medicine consultant was delighted to participate in another Conference for the West of Ireland Motor Neuron Disease study day.

Other education throughout the year includes:

- Spotlight on Drugs in Galway Hospice takes place monthly with input from home care and medical.
- Palliative consultant in Mayo delivered a presentation to National Study Day General Medicine Specialist registrars re prognostication and impact in advanced disease.
- Palliative Specialist registrar teaching in Centre for Nurse and Midwifery Education in Mayo in “End of Life in acute and nonacute healthcare settings” module
- Continued involvement and input by out Palliative Registrar in Project ECHO Nursing Home teaching sessions.

Research and Publications

Some examples of the medical teams' involvement in 2025 are outlined below:

- Palliative Medicine consultant direct involvement and/or supervision of trainee doctors in research and publication.
- Participation by Mayo and Galway services in multisite collaborative research project on use of Future Care Plan (a form of advanced care plan which is communicated to National Ambulance Service) by community patients. A National clinical Programme initiative run from Milford Care Centre.
- Guideline for Anticipatory Prescribing for Terminal Haemorrhage in Cancer Patients Based on Current Practice in Ireland. Dr. Grace Kennedy. IAPC presentation 2025
- 'The impact of blood transfusion on the symptoms of fatigue and breathlessness in the palliative care setting'. IAPC Education and Research Seminar 2025. Dr. Geena Kelly. Winner of Best Poster Presentation 2025
- Prophylactic antibiotics for patients receiving Corticosteroids in Palliative Care: A Retrospective Study. Dr. Claire Kruger. IAPC presentation. 2025
- Prevalence study has been accepted for presentation at the European association for Palliative care.
- Blood transfusions in palliative medicine and symptom control in solid tumours. Kelly G, Kruger C, Harnett I, et al. BMJ Supportive & Palliative Care Published Online First: 20 March 2025. doi: 10.1136/spcare-2025-005406
- Kruger C, Lannon C, Harnett I, Murtagh C. Prophylactic antibiotics and corticosteroid prescribing in palliative medicine: retrospective study. BMJ Support Palliative Care
- Observational study of prevalence, treatment limitations and outcomes of hospitalised patients with life limiting illnesses. Study completed 2025 MUH. Dr. Cian Lannon IAPC Seminar presentation 2026
- 2 posters presented by Palliative Medicine consultant at IAPC and EAPC.

- Expert consensus opinion on anticipatory prescribing of “crisis packs” for patients at risk of massive haemorrhage in palliative inpatient and acute hospital settings; a modified Delphi process study commenced 2025 Dr. Claire Kelly SpR
- Assistance in estimation of prognosis using AKPS, retrospective review study. Dr Ronan McLernon.
- Commencement of qualitative research study on the experience of native Irish speakers receiving palliative care in 2025. Dr. Ronan McLernon

4.7 Nursing

In 2025, the nursing department continue to provide nursing care to the patients of Galway and Mayo hospice inpatient units, daycare unit, as well as the community patient in Galway.

The Community Team in Galway cared for 1124 patients under their service in 2025, an increase of 11% on the previous Year, providing symptom management, spiritual and psychosocial care. The inpatient unit in Galway cared for 351 patients and Mayo 288 patients.

To provide effective care for the patients, nurses were supported with education, training and undertook quality improvement projects, as well as supporting our colleagues with education and training in specialist palliative care.

The first half of 2025 saw the nursing department working towards the requirement for CHKS accreditation in 2025, with CNM's engaged in a full document/policy review in preparation for CHKS submission. This involved cross-site collaboration between Mayo and Galway with teams created to focus on assigned topics.

The quality initiatives that the nursing department undertook to improve patient care included

- Developing a mattress Selection Guidance Document developed in collaboration with Facilities department, Occupational Therapy and input from TVN.
- Bedrail risk Assessment document and policy review, by nursing, MDT and Quality. Education undertaken and policy developed to support best practice in bed rails use.
- Vital Signs Observations Chart reviewed and updated, in collaboration with medical team.
- Oral Policy developed in 2025, with roll out planned with education in 2026.
- Following a tracer review of Transfers Out a Nursing Summary for Acute transfers was developed, to improve communication during transfer.
- Speech and Language Service Level Agreement commenced in 2025, for patients in Galway IPU. Review commenced on process provision of food for inpatient including modified and special dietary requirement.
- The nursing team has worked towards electronic documentation
 - The community team now undertake all assessment and patient notes on Icare.
 - The inpatient restructuring of process for completing and monitoring call post the death of a patient in in patient units. Following training being provided to staff in Galway & Mayo the Icare system is now utilised to record, manage calls as well as to monitor to KPIs.
 - The nursing Admission Assessment Booklet for IPU went ‘live’ on Icare in Mayo and Galway inpatient units.
 - Mayo Daycare MDT members now completing all documentation on iCare, including updates from MDT meetings
- Restructuring of Mayo Daycare service:

- 2 daycare programme days reduced to 1 (Tuesday) and the 2nd day replaced by FAB programme
- Commencement of FAB programme March 2025
- Involved collaboration with Respiratory & Cardiology teams acute and community
- Respiratory and Cardiology team members from all services invited to attend FAB programme presentations
- Development of FAB Patient information leaflet, programme evaluation and triple assessment document (nurse, physio, OT)
- Daycare programme capacity increased and more streamlined
- Capacity for Physio and Occupational Therapy OPD's created to meet specific patient needs
- In communication with Mayo CPCT to agree to Daycare CNM attending CPCT MDT weekly meetings
- Daycare Galway are liaising with Community Allied health, Physiotherapy and Occupational therapy to identify appropriate patients from the wait list for inclusion in both Breath Better and Empower programs. This collaboration enables better access for patients to these programmes.

These changes resulted in 832 attendances in Galway (increase of 44% on 2024) and in 475 in Mayo (increase 14% on 2024).

Nursing and therapy joint initiatives

- Nurses, while providing an independent role for patients, also work alongside the multi-disciplinary team.
- A project was undertaken, an evidence based co design review of oxygen management in both Galway and Mayo Hospices, with the view to improving management and delivery of oxygen therapy to patients, including exploring the support available for patient, caregivers and staff to ensure optimum practice.
- Commencing in March 2025, the nursing department, in collaboration with the Therapies Manager and physio teams in Galway and Mayo, developed a guideline, competency assessment and implemented an education programme for use of Airvo.
- The nursing department piloted the use of Mobility Communication Tool, in both IPUs, after the review period, the decision was made not to adopt into practice.
- Re-establishment of Falls Working Group December 2025.

Nursing education

Poster submission

- 'A Multidisciplinary Approach: Development of Guidelines for Treatment of Emergency Situations in Palliative Care', portrayed the work completed to date by the Emergency Meds. Guidelines Committee (J.Brennock, N.Manktelow, D.Lynott)
- "A Multidisciplinary Collaborative Quality Initiative to reduce falls and minimise associated harm in Hospice Inpatient Setting (J.Brennock, D.Lynott, J.Boult, M.Carr, N.McKeon, M.Murrihy, M. Scarry, V.Butler), highlighting the development and associated benefits of a falls working group in an inpatient setting. Both posters were accepted for EAPC – Helsinki, May 2025.
- Codesigning safe prescribing and administration practices in Palliative care settings – poster submission present at Spark summit 2025, as part of HSE spark innovation programme.

Education

- In January a People Management Workshop, designed and facilitated by HR, ADON and Education manager specifically for Nurse Managers in all departments included introduction of new Nurses Professional Development Plan document.
- ADON, Clinical Facilitator, Education Manager developed and delivered annual mandatory medication management across both Galway and Mayo IPU.
- GHF, IMNDA & AIIHPC collaboration for West of Ireland MND Conference which took place in Athlone on 5th of November. Led by ADON & Education Manager GHF. Attended by approx. 120 colleagues from a variety specialities and services.
- HCA Study Days developed and focused on self-identified learning needs as well as professional development regarding updates in practice. Facilitated by Clinical Facilitator, ADON and Therapy colleagues
- Specialist Palliative Care Nursing Study Days ran across both sites, facilitated by Clinical Facilitator, Education Manager and ADON focusing on key specialist palliative care symptom control topics.
- Approximately 70% of nursing staff attended Wound Management Study Day CNME Galway Q4 2025, further planned to attend Q1 2026.
- The nursing team supported the Education manager, with the Palliative Care Conference Connaught Hotel Oct 2025
- Nurses from Galway and Mayo hospice participating in National Professional Competence Pilot programme with NMBI and 28 nurses from community, daycare and IPU participating in the NMBI pilot project.
- The nursing department collaborated with University of Galway in completing a research project titled "Experiences and perceptions of palliative care nurses participating in Clinical Supervision" - a qualitative study. Posters presented at IAPC and EAPC.
- Clinical Supervision continues in the Nursing Department
 - Galway - 18 individual session and 2 group session undertaken in 2025
 - Mayo - 72 individual session in Mayo undertaken in 2025
- IPU/Daycare Clinical Reflections continue across both sites, supported by Social Work colleagues
- Adaption programme continued with 4 staff adaption candidates in 2025, with nurses from India, Philippines, Australia and South Africa this year.
- "Skills & Drills",
 - This is 20-minute education sessions commenced in March 2025, in IPU, run twice monthly, on Mondays @ 08.30am,

- these nurse-led sessions updating staff on the Fundamental Specialist Palliative Care topics/drugs/scenarios/in response to topical matters on IPU at time of education delivery ensure staff are kept updated and have opportunity to reflect on practice.
- The sessions also provide an opportunity for feedback from study days conferences which have been attended by Nurses and HCAs.
- The sessions are delivered by CNMs, RNs, HCAs supported by ADON, Education Manager, Clinical Facilitator and CNMIII.
- Nursing and HCA Induction orientation program updated for IPU, Day Care incorporating policy review and competency assessment into each aspect of nursing orientation to guide induction to role in the first month of employment, with 6 nurses and 1 HCAs inducted in 2025.
- Nursing staff of IPU Galway commenced a project reviewing Communication and delegation in nursing, titled 'Appreciation, Communication, Delegation of Colleagues' the project aims to gain insights into communication and delegation through staff interviews and focused conversation to agree a plan of action to support communication to be undertaken in 2026.
- During palliative care week the Clinical nurse specialist met with primary care centres to share some insights into the role of the community specialist palliative care team with colleagues.

Nursing Department Student / Erasmus placement:

Galway and Mayo hospice are committed to supporting learning and sharing of experiences of multidisciplinary care delivery in Specialist Palliative care with student and Erasmus placements.

Nursing Student – Irish universities	Galway	Mayo
Undergraduate (NUIG and ATU)	13	14
Postgraduate Nurses	3	3
Other	Galway	Mayo
Vorlaberg University, Austria Erasmus Placement	1	1
St Michael Hospice Malta Erasmus placement	8	
Fetac level 5 (HCA placement)	1	
Karol Marcinkowski University Poland student Placement	1	

Student Nurse Evaluations and Feedback (University of Galway and ATU Mayo):

“I enjoyed this placement alot, I would love to return as part of my internship. I felt very helpful and I learnt lots of skills surrounding palliative care and care involved for their loved ones”

“I personally think a hospice placement is so valuable for students it really opened up my eyes to end of life care and a taste of palliative care”.

“Very positive environment to learn and to ask questions (even if they may be silly to ask) Great place to learn basic knowledge of nursing care - skin/ mobility/diet/bowels/falls risk/ etc Great place to learn and get to know opioid drugs, anti-secretories, anti-sickness and laxatives My favourite placement of all time! Was able to deliver nursing care and spend time to get to know patient”.

4.8 Therapies

Over 2025 the Therapies Manager with her team, developed the Therapies service in several domains including: governance, quality improvement, education, and service development across both sites.

A significant focus was placed on systems strengthening and accreditation readiness, with all therapy disciplines actively engaged in policy creation, review and updating in preparation for CHKS accreditation. Evidence was collated and submitted, staff attended accreditation interviews, and Therapies presence in all departments was represented. Finally, new prioritisation, referral tracking, and daily statistics processes were formalised and embedded on Q-Pulse.

In collaboration with the ICare team, all Therapies disciplines completed a rationalisation of ICare codes, creation of discipline-specific smart forms (notably OT assessments, CPC Physiotherapy assessments), and developed clearer reporting systems to improve data quality, service visibility, and audit readiness. All disciplines completed Electronic Health Record and Confidentiality training.

Therapies played a strong role in audit and quality improvement, contributing to multiple tracer audits, documentation audits, discharge audits, clinical reflections, and thematic reviews (e.g. oxygen management systems). A Falls Working Group was re-established, reinforcing ongoing work in falls prevention and patient safety. Outcomes from audits were actively used to inform service decisions, including the discontinuation of the Functional Assessment Communication Tool following identification of patient safety risks.

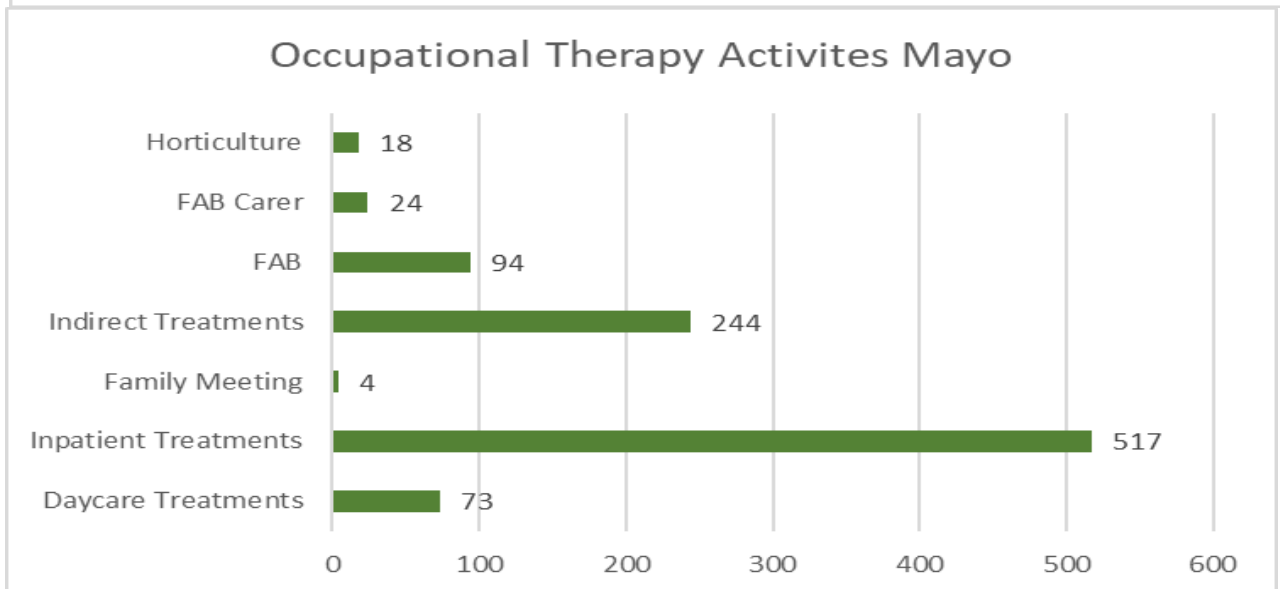
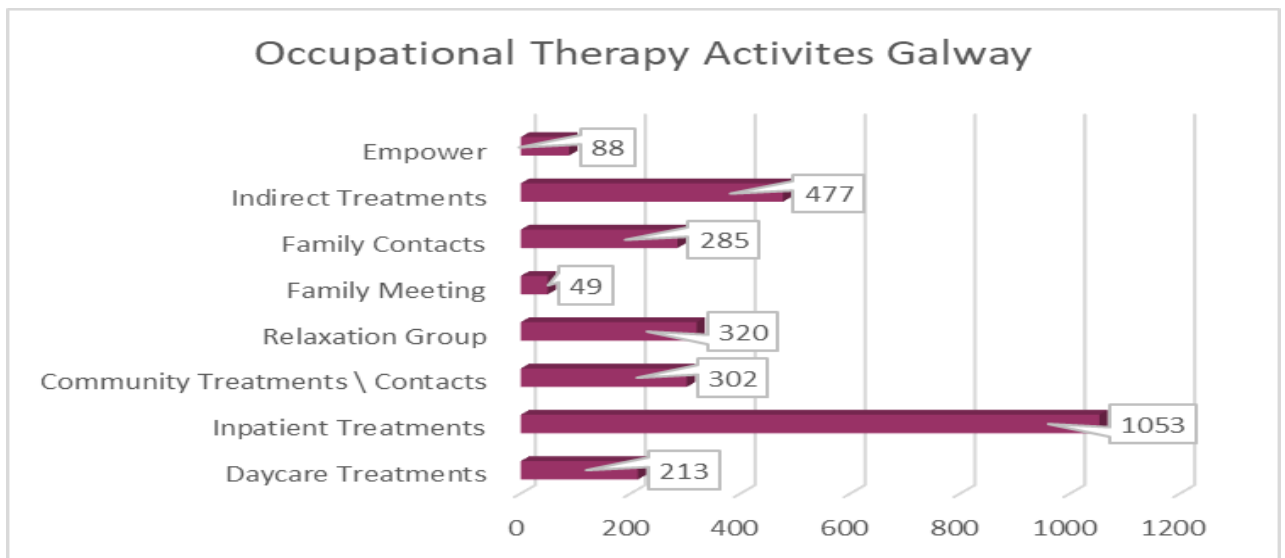
Education remained a core component of the Therapies remit. All disciplines contributed to internal and external education, including Nursing Home Study Days, TY student engagement, staff induction, adaptation programmes, and support for international visiting staff. Therapies staff also contributed to national working groups, conferences, advisory committees, and the Palliative Care Conference Working Group.

Overall, the Therapies service continued to align clinical specialism with governance, education, sustainability, and integrated care principles.

4.9 Occupational Therapy

Our Occupational Therapy team aim to help our service users live as independently as possible by enabling them to perform the activities of daily life that are important to them. They work across all our service divisions providing input into assessment and interventions for function, energy conservation, anxiety management, equipment needs, seating and pressure relief, discharge needs, home environment assessment and engagement in meaningful activity.

A breakdown of the departments activities during 2025 are as follows:



During 2025 the Occupational therapy team extended their service into the Community for the first time delivering specialist Palliative Care Occupational Therapy to patients and their carers in their homes and as outpatients attending specialist programmes.

The new service started in January and over the course of the year 707 interventions were undertaken in home visits, programmes and telephone interventions.

OT initiated and delivered a range of therapeutic programmes, including relaxation groups, fatigue management workshops, mobile and expanded library access, and the creation of patient activity booklets. The EMPOWER programme progressed from pilot to ethics approval and inclusion in a national multi-site research project. EMPOWER is a 5-week course aimed at providing practical advice and self-management coping strategies for people with anxiety in the face of progressive illness.

Alongside the Therapies manager, OT participated in a coordinated seating and equipment review, including a review of mattresses on both sites. They helped in the creation of a comprehensive cross-site seating database. Findings were presented to the Executive alongside Facilities, resulting in procurement of new chairs to better meet patient needs.

Service innovation included the expansion of assistive and smart technology, such as the introduction of Alexa devices in IPU, development of factory reset protocols, and liaison with IT and Maintenance regarding call bell systems, automatic doors, and accessibility infrastructure.

OT continued its commitment to education and professional leadership, facilitating multiple student placements, developing an OT supervision policy, participating in ECHO sessions, and maintaining membership of the AOTI Palliative Care and Oncology Advisory Group. They hosted a full year group of OT students from Galway University and maintain lecture input into the undergraduate programme.

4.10 Physiotherapy

Physiotherapists work with patients and families, on individual aims specific to their own Quality of Life. They work to optimise function and wellbeing, to try to enable our patients to live as independently and fully as possible, with choice and autonomy within the limitations of progressing disease. They aim to empower the patient and their family and carers, to adapt to each stage of illness, with dignity, by providing a support system that they can trust, to anticipate and cope with changes as they occur and to remain constantly driven by their priorities and life choices.

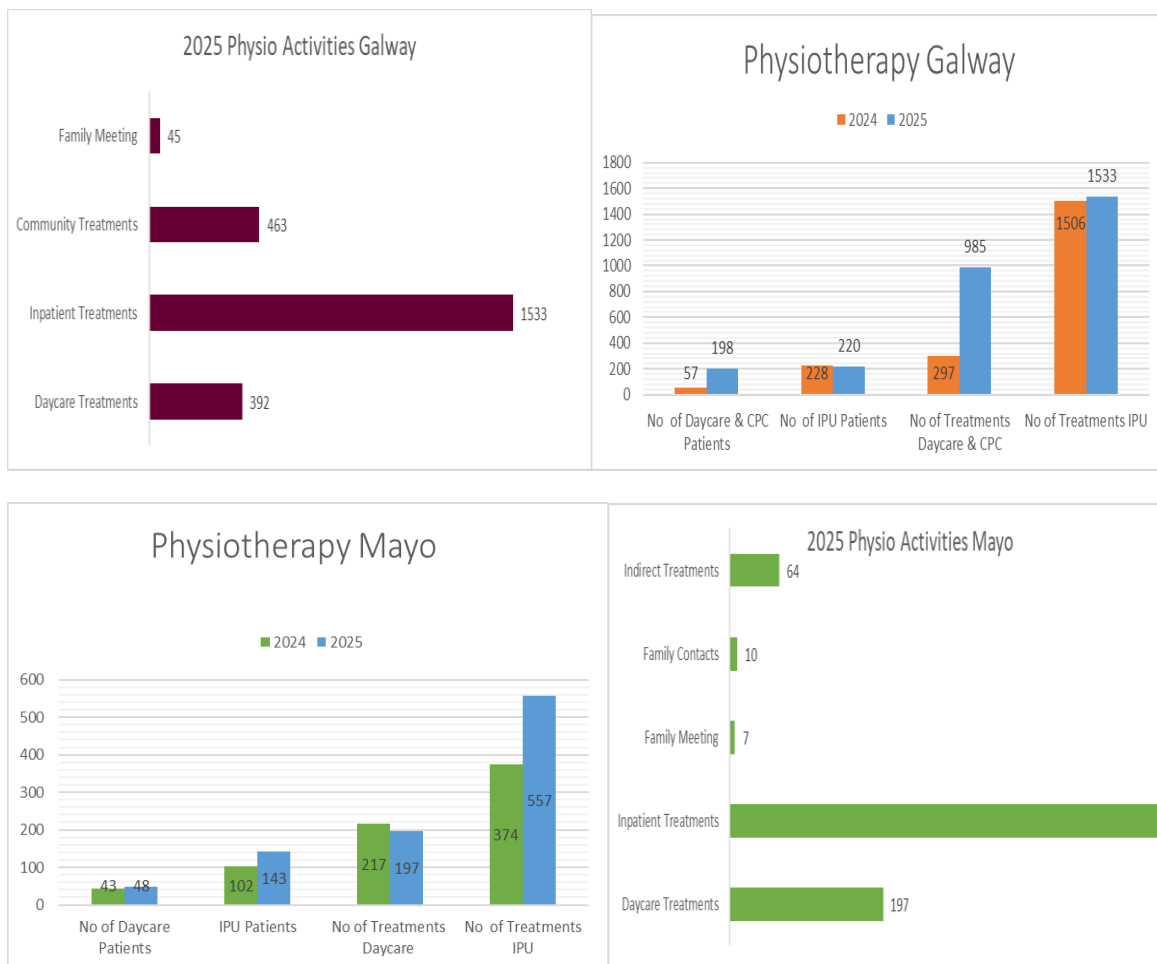
This may include the continual assessment of baseline physical function, pain management through non-medication interventions, safety advice around mobility and therefore prevention of falls, maximisation of movement including personalised exercise prescription, advice around lymphoedema and rehabilitation in the Palliative setting. They play a very active role in the management of breathlessness and anxiety, through respiratory management, relaxation, education and use of non-medication coping strategies.

The Physiotherapy team lead on a major achievement for the management of our respiratory patients. They developed a Guideline on the use of AIRVO and implemented a competency training schedule, initially within Physiotherapy and subsequently extended to Nursing staff across both sites and Community Palliative Care (CPC) and medics. This training is nearing full completion and is now embedded as a mandatory competency.

Physiotherapy led and contributed to multiple quality improvement initiatives, including Falls Tracer Audits and oxygen management focus groups. The discipline also maintained representation on key committees including EDI, Green Team, and Falls Working Groups.

Service development was strengthened through the initiation of the community specialist Palliative Care Physiotherapy role, including development of referral criteria, documentation, smart forms, and improved integration with primary care, respiratory services, and community teams. A 10 week Breathe Better Programme was delivered across multiple cycles, supported by evaluation, focus groups, and promotion through conference posters and social media.

Activity levels in the physiotherapy department in Mayo and Galway are outlined in graphs below



4.11 Aromatherapy

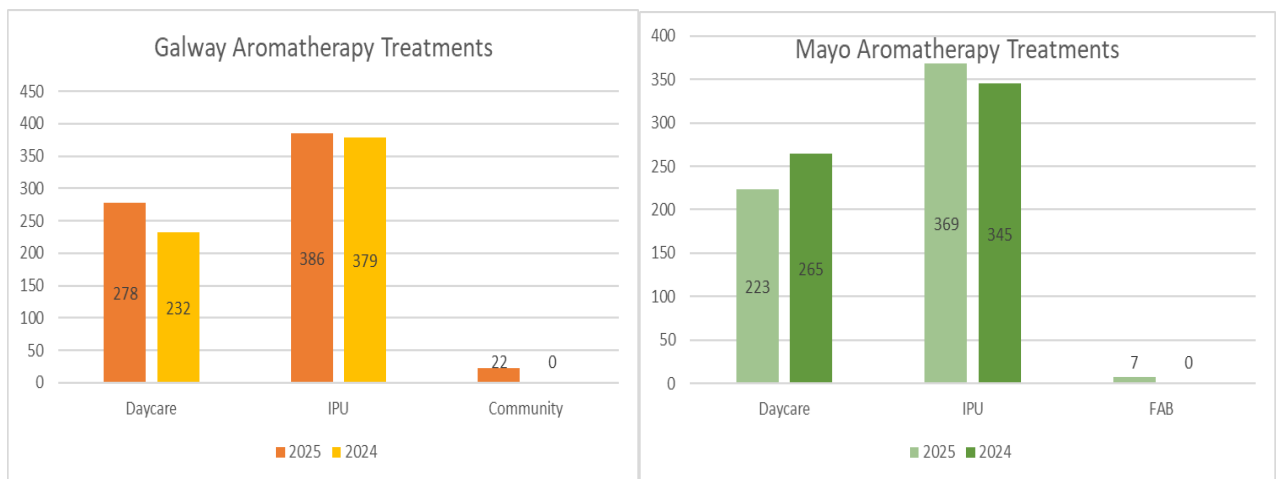
Aromatherapy is the use of essential oils, through massage and inhalation. Aromatherapy creates a general sense of well-being and contributes to physical, emotional & spiritual healing. Aromatherapy relieves stress, anxiety, grief or depression, relaxes muscles, improves sleep, decreases congestion and hydrates skin. We have two part time aromatherapists one on each site and they had a busy year during 2025, a summary of their activities are detailed below:

The Aromatherapy team have developed a Massage and Touch Techniques for Cancer and Supportive Care (TTSCS) course, and this was delivered across multiple cycles in 2025, with national recognition achieved through being shortlisted as a finalist in the Irish Healthcare Awards.

Aromatherapy staff also delivered HEARTS introductory sessions across a range of forums, including staff wellbeing initiatives, Palliative Care week conference and Nursing Home Study Days.

The HEARTS process was further developed and integrated into the FAB and Breathe Better programmes, extending benefits to both patients and carers. Feedback was provided to national bodies on the development of Aromatherapy assessments within the National Clinical Record.

Aromatherapy contributed to sustainability initiatives through digitisation of safety documentation and remained actively involved in audits, clinical reflection, education, and research priority-setting at an All-Ireland level.



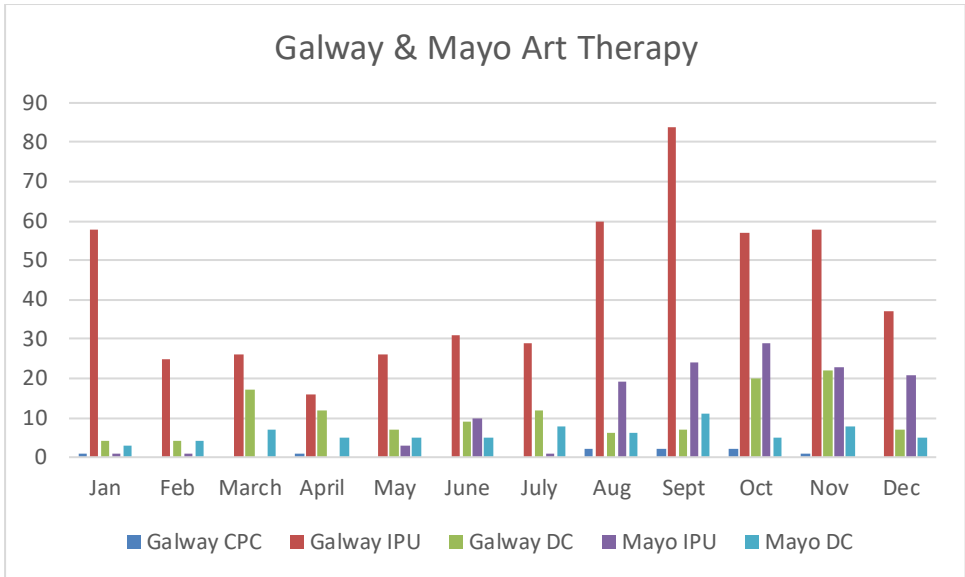
4.12 Art Therapy

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 creates a safe space for self-expression and supports 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.

During the year our art therapy department expanded and now comprises 2 part time Art Therapists, one in Galway and one in Mayo Hospice. They both continued to support both daycare patients and inpatients and the following is a summary of the sessions facilitated during 2025

The new Art Therapy post in Mayo was successfully filled mid-2025, with induction, mentoring, and transition of patient workload completed and consequent increased capacity for patient and carer/family supports being evident thereafter on both sites due to improved efficiency in resource use. Productivity increase is approximately 50% higher in the second half of the year following this minimal resource increase.

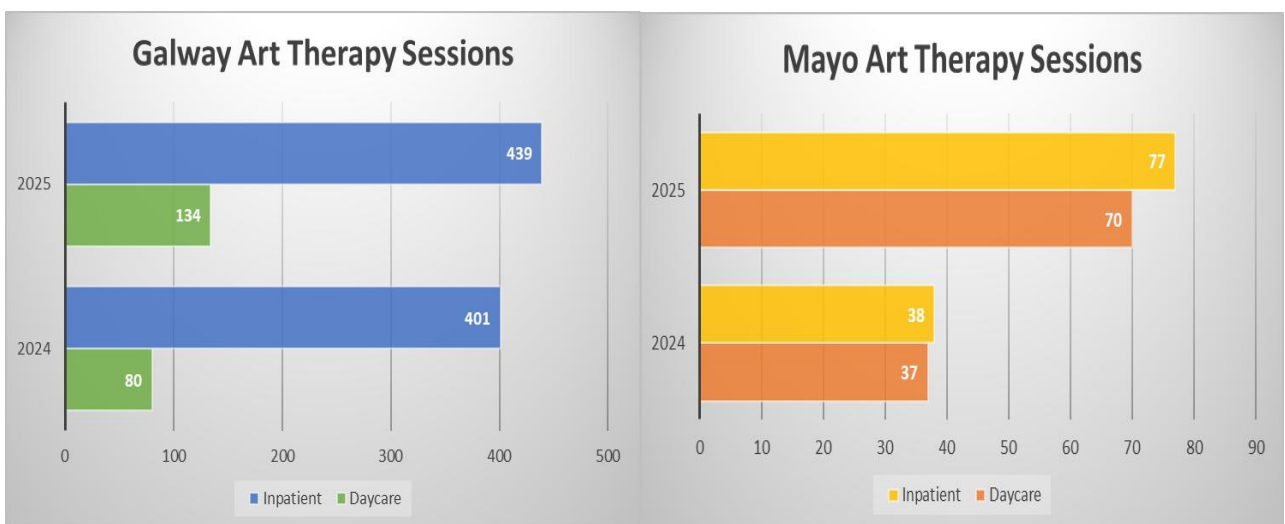


Art Therapy contributed to wellbeing and communication initiatives, including creative contributions during Wellbeing Week, Palliative Care week Conference, Presentations to the Board, and development of connection-focused resources and social media content to promote awareness of the service.

Innovative quality initiatives were explored, including Eco-art practices, use of outdoor spaces, and collaborative art projects with local schools and higher education institutions.

A prioritisation document was developed to support service governance, and research and publication opportunities continue to be explored.

Across all Therapies disciplines the year reflected a clear progression from pilot initiatives to provision and evaluation, governance-led decision-making, and national contribution, positioning the Therapies service as a key driver of excellence within Specialist Palliative Care.



4.13 Medical Social Work (MSW)

Overview of Medical Social Work

The Medical Social Work Department is committed to delivering high-quality psychosocial support to patients, carers, children and families in Galway and Mayo Hospice's. Over the past year, the Medical Social Work Department have continuously strived to promote and develop provision of social work and bereavement services and engage with operational advancements in particular CHKS, ICARE, audits and provision of training/education across Galway & Mayo Hospice Services.

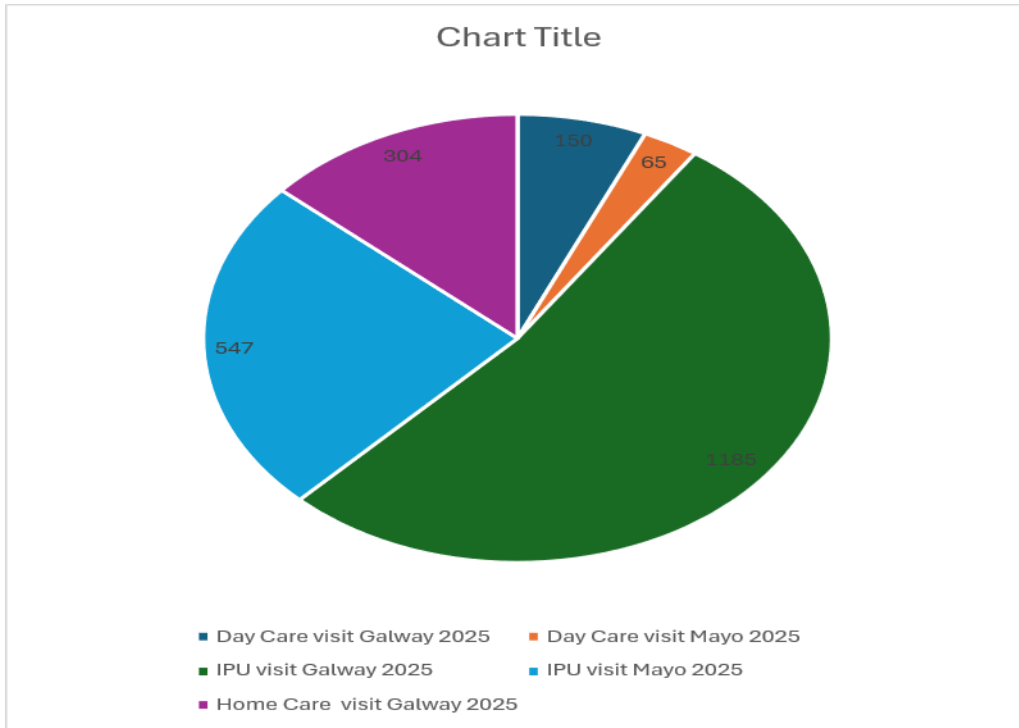
Medical Social Work Activities

- Medical Social Work activities across Daycare, IPU and Community remained consistent for 2025 and no significant changes since previous year (Total activities of 2251). Daycare showed a marked increase (58%) of Medical Social Work activity and the allocation of designated social work to daycare services was a contributing factor to optimise psychosocial support offered to patients and their families and further development of daycare services.
- Supporting Children in palliative phase of illness remains consistently high and reflective of the pivotal role that Medical Social Work offer across areas and engaging in preparatory grief work/keepsake & memory work. Activities for direct work with children during palliative phase of illness (120) has a markable increase of 140% from 2024.

In 2025, Medical Social Work facilitated 94 family meetings which highlights an increase of 10% from previous year

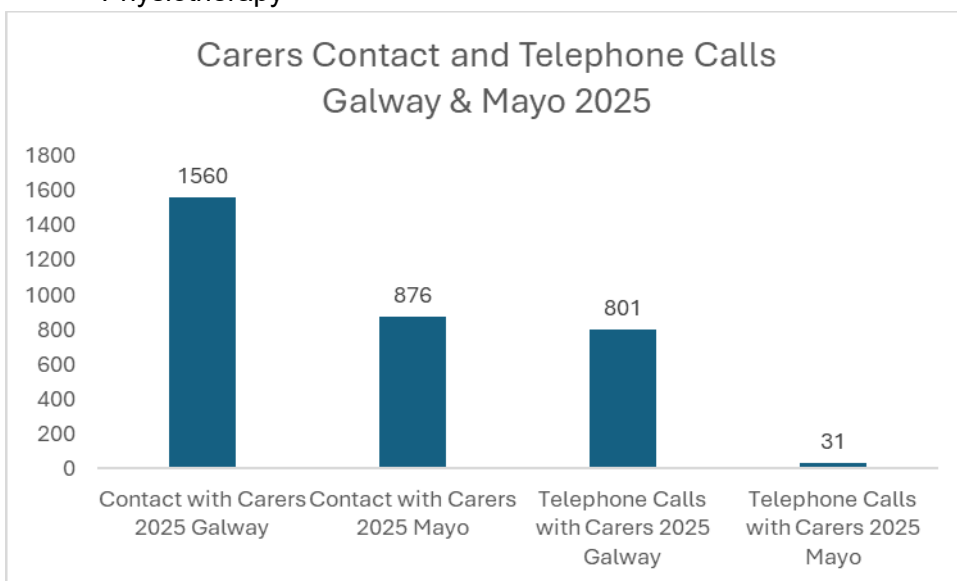
Total Medical Social Work Activities Galway & Mayo

Day Care Galway 2025	Day Care Mayo 2025	IPU Galway 2025	IPU Mayo 2025	Home Care (CPC) Galway 2025	
150	65	1185	547	304	



Carer Support

- Face to Face and Telephone support to carers (Total 3,268) remains consistently high across all areas of service and demonstrates carer support needs within specialist palliative care
- The team continue to offer CSNAT-I in provision of daycare services and total number of 41 were completed in 2025 (23% increase from 2024)
- Launch of Carer Connect Group in Mayo and Galway (fortnightly)
- Facilitated Carer Support Sessions (4) as part of three Breathe Better Programmes with Physiotherapy



ICARE Developments

- All Referrals and activities for Medical Social Work are fully operational and continue to identify gaps for future development of electronic health record

- All Medical Social Work notes have transitioned to ICARE for real time entry (except IPU) and continue to develop codes to reflect Medical Social Work practice
- Continue to review smart forms and ICARE processes across all areas

Other Key Updates/Developments

- Nominated for two Irish Healthcare Centre Awards (IHCA) 'healthcare team of the year' and 'healthcare initiative child health and wellbeing'
- MSW participated in CHKS accreditation for Galway Hospice
- Participated in three Breathe Better Programmes with Physiotherapy and facilitated carer support sessions as a new initiative. Poster for the Breathe Better Programme to be presented at the IAPC conference in February 2026.
- Facilitated 6 Mandated Persons Training Workshops in Galway/Mayo (attended by 72 staff)
- Facilitated two Children's Bereavement groups in Galway and Mayo- See Appendix 5 for further details
- Development of the Carer Connect Group in Galway and Mayo on a fortnightly basis
- Participated in the delivery of project Echo
- MSW facilitating Clinical Reflections within IPU across both services and continue to integrate this into MDT practice
- MSW continue links at a local and national level to enhance service delivery and the role of social work in specialist palliative care
- There is a notable increase in resource allocation for MSW as the department continues to advocate and highlight various case complexities across all areas of service in particular, advance care planning, guardianship of children, complex family dynamics and support needs of non-Irish nationals.

Bereavement Care

1. Enhanced Bereavement Support Services

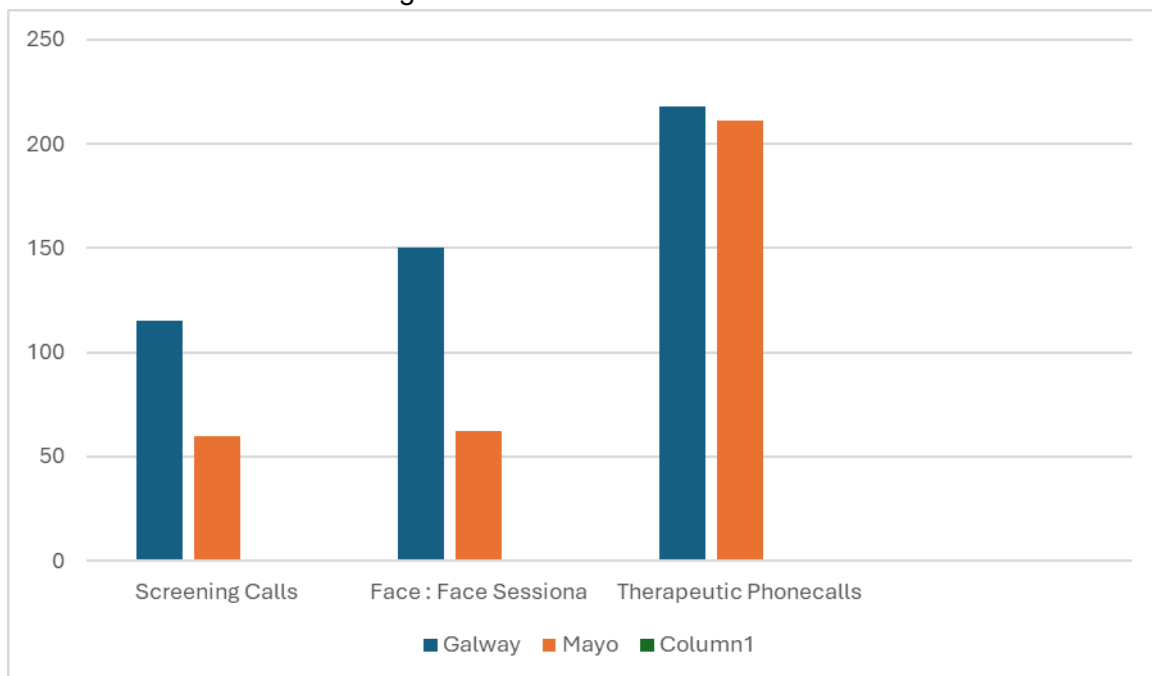
- Provided bereavement screening/ assessments to 175 bereaved individuals in Galway and Mayo. There were 57 referrals for bereavement support in Mayo which represents increased demand for the service.
- Delivered 212 Face to Face Bereavement Support interventions during 2025, an increase of 26% on 2024. Therapeutic telephone contacts also increased significantly (32% increase). This highlights the increasing complexity of bereavement work and increased demand for individual therapeutic grief work interventions.
- Walk and Talk initiatives on both sites have continued to show interest and steady attendance with 305 attendances during the year.
- Delivery of bereavement support for children with children availing of group support (36 attendances) and 37 individual sessions offered.
- Organised and hosted quarterly Remembrance Services as well as an Annual Service in Galway, with bi-annual services and an annual service offered in Mayo. Feedback in relation to the services was excellent.
- Project member of Galway Grief Sherpa Network which hosted a successful Bereavement Public Information evening in November.
- Continue to facilitate and develop the Galway Hospice Bereavement café on a monthly basis and strengthening its role as an accessible source of community-based bereavement

support. In 2025, there were 74 attendances, with 63.5% representing people bereaved outside of hospice services, highlighting the growing reach and impact of the café within the wider community. In April, the team delivered a national public education webinar on creating and facilitating Bereavement Cafés as part of the Irish Hospice Foundation Lunch and Learn initiative. We also presented our Bereavement Café model at the Irish Hospice Foundation National Bereavement Forum, after which some organisations across the country initiated the development of their own Bereavement Cafés, demonstrating the model's influence and transferability at a national level.

- Initiated the delivery of IHF- E learning level 2 Bereavement Support Core Competencies training to staff and volunteers in Galway and Mayo. To date, 17 volunteers have completed training across Galway and Mayo and plans in place to further develop this programme across the service.
- Delivered training on post death calls to IPU Nursing Staff.
- Presented at the Hospices National Palliative Care Conference in September and supported a Bereavement Service User to share her experience as part of the presentation.

Redesign/ Developments

- Review of remembrance/annual services in Galway and Mayo and planning two yearly remembrance services on both sites in 2026.
- Revision of the Remembrance Service Booklet for both sites in light of changes to delivery of Services in 2026.
- Bereavement Screening and Referral Smart forms revised for iCare.



4.14 Pharmacy

The Pharmacy Department continued to support safe, effective, and person-centred care throughout the year, with a strong focus on medication safety, collaboration with multidisciplinary teams, and the advancement of organisational and national initiatives. Pharmacists participated actively in weekly MDT meetings across both hospice sites, as well as daily Safety Pause sessions and morning handovers. This ensured timely and proactive advice on medication issues, along with ongoing communication with the Medication Safety Committee on medication supply, access challenges, and emerging risks throughout the year, with a strong focus on medication safety, collaboration with multidisciplinary teams, and the advancement of organisational and national initiatives. -centred care throughout the year, with a strong focus on medication safety, collaboration with multidisciplinary teams, and the advancement of organisational and national initiatives. Pharmacists participated actively in weekly MDT meetings across both hospice sites, as well as daily Safety Pause sessions and morning handovers. This ensured timely and proactive advice on medication issues, along with ongoing communication with the Medication Safety Committee on medication supply, access challenges, and emerging risks.

A key achievement this year was the introduction and implementation of the High Alert and Look-alike Sound-alike (SALAD) medication policy, which is now fully embedded in practice across the organisation. Alongside this, the department continued to analyse pharmacy activity levels, using this data to understand service demands and inform future resource planning.-Alike Sound-Alike (SALAD) medication policy, which is now fully embedded in practice across the organisation. Alongside this, the department continued to analyse pharmacy activity levels, using this data to understand service demands and inform future resource planning.

Progress also continued on the development of ten evidence based medical guidelines for common palliative emergencies. Oversight of these guidelines has transitioned to the Medication Management Committee, supported by a dedicated working group. In parallel, the recommendations from the Medication Systems Analysis were completed and presented to the QPS Committee, with follow-up work planned.-based medical guidelines for common palliative emergencies. Oversight of these guidelines has transitioned to the Medication Management Committee, supported by a dedicated working group. In parallel, the recommendations from the Medication Systems Analysis were completed and presented to the QPS Committee, with follow-up work planned.

Engagement at national level remained an important part of the department's work. The Chief Pharmacist continued to contribute to the IAPC Pharmacist Forum and to represent CHO 1 and CHO 2 on the National Specialist Palliative Care Clinical Management System Steering Committee. The secondment to the National Project allowed the department to provide specialist expertise in the ongoing development of Electronic Prescription and Medicines Administration (EPMA) systems.

In antimicrobial stewardship, the department completed a point prevalence audit in September 2025, which now forms the baseline for further improvement work during the 2026 audit cycle. -prevalence audit in September 2025, which now forms the baseline for further improvement work and the 2026 audit cycle. Throughout the year, pharmacy budget oversight remained a priority. Despite increasing complexity of medication regimens and significant supply challenges nationally, the department successfully maintained stable budget performance. Overall spend decreased by more than 4% compared with 2024, and ordering activity decreased by 13%, reflecting more efficient procurement processes.

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Work to minimise waste also continued, with both sites maintaining wastage levels well below national and international norms. Stock transfers between sites were facilitated where operationally possible and will continue into 2026. Substantial progress was also made in meeting legislative requirements for Hazardous Medicinal Products, with policy development and risk assessments completed and education sessions planned for the coming year. The department also supported colleagues throughout the organisation in implementing the practice changes required under the updated Carcinogens, Mutagens and Reprotoxic Substances Regulations.

Overall, the Pharmacy Department achieved significant progress across its strategic and operational objectives. The year was marked by the successful implementation of new safety policies, contributions to regional and national developments, advancements in clinical guideline work, strong financial stewardship, and sustained collaboration across multiple disciplines. Preparations for further review in Medication safety in 2026 is underway to strengthen the department's commitment to safe and effective medication management in palliative care.

4.15 Pastoral Care

Pastoral care has continued to work and participate as a key member of the multi-disciplinary team providing care to patients and families. In 2025 pastoral care engaged in the Relational Leadership Programme supporting growth and continued professional development. As a key member of the healthcare team pastoral care provides clinical supervision to Hospice volunteers on the companion programme and available to provide sessions as required. Throughout 2025, Pastoral Care attended the Monthly meetings of the All-Ireland Institute of Hospice and Palliative care for pastoral care and chaplaincy, a leading voice at a national level for Galway and Mayo Hospice's.

Over 2025 pastoral care has coordinated as a member of the team remembrance services across both sites and have undertaken a review on the plan for remembrance services into 2026 based on feedback and consultation with families.

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 2025 are as follows:

	Current Year 2025	Target	Trend to Target	Previous Year 01/01/24 to 31/12/24	Trend to prev Year
Wait Time - from referral to admission to the inpatient unit					
Galway					
0-7 Days	100%	98%	↑↑	98%	↑↑
8-14 Days	0%	2%		1.6%	↑↑
Mayo					
0-7 Days	99%	100%	↑↑	98.6%	
8-14 Days	1%			1.4%	
Wait Time - from referral to admission to the homecare service					
0-7 Days	99%	90%	↑↑	97.6%	↑↑
8-14 Days	1%	10%		1.8%	
14-28 Days	0%	0%		0.6%	
Development of Hospice Acquired Pressure Sores – IPU per 1,000 occupied bed days.					
Galway	12	TBD		5.5	↑↑
Mayo	5			6.3	
<i>Benchmark number under discussion nationally (QA+I) See Appendix 1 (A)</i>					
Number of patients falls IPU – per 1,000 occupied bed days					
Galway	4	12	↓↓	6.5	↓↓
Mayo	3			3.0	
<i>Benchmark number of 12 has been agreed nationally (QA+I) See Appendix 1 (B)</i>					
% of Homecare Patients who died in hospital	14%	10%	↑↑	15%	↔

% of patients not readmitted to an acute setting following admission to the homecare service	72%		↑	71%	↑
% of non-cancer patients not readmitted to an acute setting following admission to the homecare service	89%			87%	
Patient Satisfaction Score (Rating Excellent or very Good)	9.75	9.6		9.64	↑
Completion of Mandatory Training*:		(Annual)			
1. Manual Handling YTD	99%	95%		99%	
2. Hand Hygiene YTD	94%	95%	↑	98%	↓
3. Children First YTD	96%	100%		97%	
4. Fire Training YTD	91%	95%		96%	
Number of Complaints Managed as per policy	5	0	↑	2	↑
% Absenteeism	6%	3%	↑	5.5	↑

5.1 Mandatory Training

There is a significant increase in compliance for completion of mandatory training throughout 2025. 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.

6.0 Quality Care Indicators

The management of risk through incident reporting is an integral pillar to overall good governance and we work consistently hard as a team to ensure we encourage reporting in a pro-active manner with staff. It is the ability to prevent a patient safety event before it happens however we also recognise that how we respond to incidents when they occur is equally important.

Identification and responding well to risk is an opportunity that supports us to come together immediately and assess what contributed to ensure not only that we respond well immediately but that we can reduce the likelihood and overall risk of it reoccurring going forward. 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/Complaints are categorised according to the incident area and level of risk (which is scored in line with the HSE risk assessment tool).

In 2025 we can see an increase in the overall number of overall incidents reported in Galway in contrast to 2024. In Mayo in 2025 we can see a reduction in the total number of reports in contrast to 2024. In 2025 sessions were held to support leaders in departments in promoting a positive culture for reporting incidents. A just and fair culture is necessary for staff to be assisted when reporting knowing that a response will focus on actions pertaining to the systems rather than individuals.

Patient engagement remains a central structure to how the organisation delivers care and how we continually improve the care and thus service we provide for patients and families. The response to our annual patient experience survey with the continual increase in comment card is testament to . See section 6.8 for a further breakdown on feedback received and actions undertaken. The Patient council have met consistently over 2025 and are developing into their role within the organisation with representation now on committees within the hospice i.e. Green team, Equality diversity and inclusion and the Research committee. We look forward to seeing the continual growth in their role and the development of a patient council for Mayo Hospice in 2026.

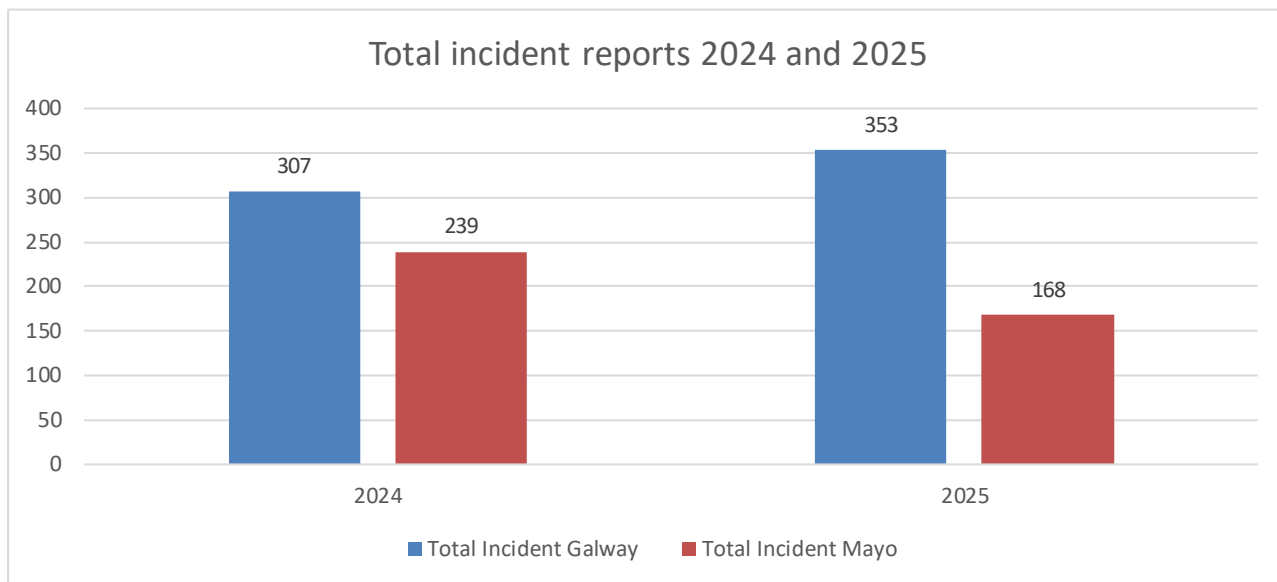
There was one Serious Reportable Events (SRE) reported during 2025 which pertained to the progression of a pressure ulcer present from admission. This was an opportunity to review, reassess and implement improvement actions that support evidence based best practice in the prevention, care and management of pressure injuries.

2025 Incident Review Summary

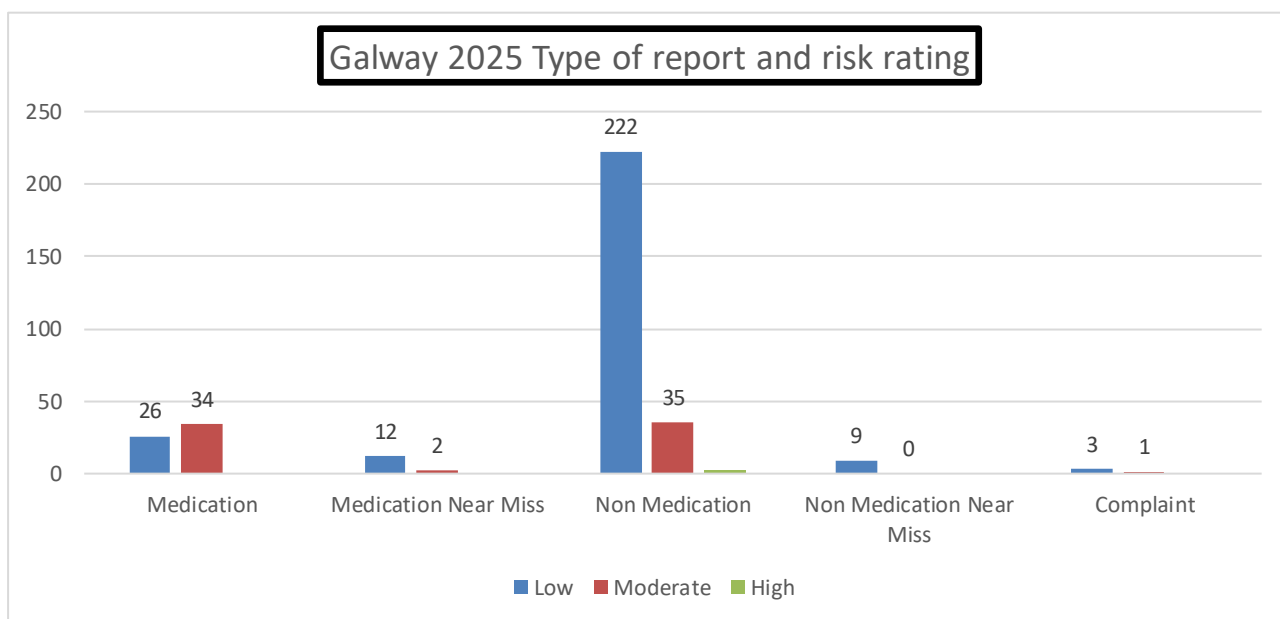
Total number	Moderate 2024	High 2024	Total 2024	Moderate 2025	High 2025	Total 2025	Trend to previous year
Complaints							↔
Mayo	0	0	1	0	0	0	↓
Galway	0	1	1	1	0	4	↑
Incidents							
Mayo	51	0	239	18	2	168	↓
Galway	83	0	307	72	2	346	↑
Medication Incident							
Mayo	9	0	22	5	0	22	↔
Galway	27	0	50	34	0	60	↑
Medication Near-miss							
Mayo	0	0	11	0	0	7	↓
Galway	9	0	32	2	0	14	↓
Incident (non-medication)							
Mayo	35	0	183	13	2	131	↓
Galway	36	0	193	35	2	259	↑
Near Miss (Non-medication)							
Mayo	7	0	22	0	0	8	↓
Galway	11	0	33	0	0	9	↓
Slips, Trips & Falls							
Mayo	4	0	12	0	0	10	↓
Galway	7	0	36	5	0	23	↓
Hospice-acquired Pressure Sore							
Mayo	3	0	22	0	0	18	↓
Galway	7	0	30	3	0	66	↑

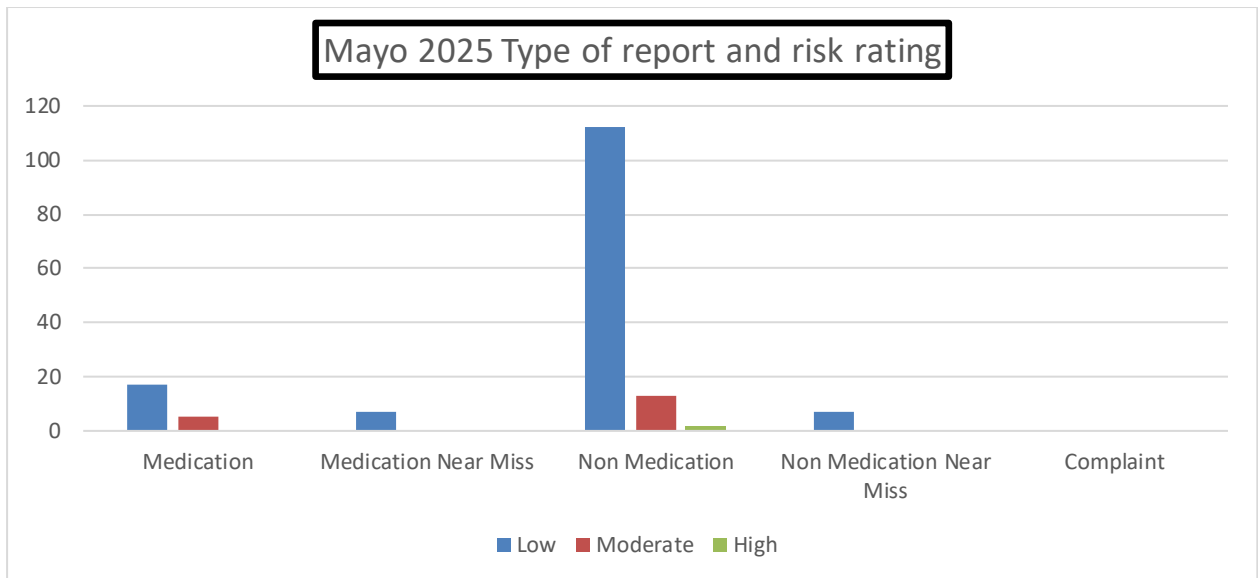
6.1 Galway and Mayo Hospice Incidents

Incidents are analysed and graded in line with the HSE’s incident management framework and the hospice risk management policy. 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 2024 to 2025





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. In 2025 we say the recommencement of medication incident meeting within IPU departments with Pharmacy and

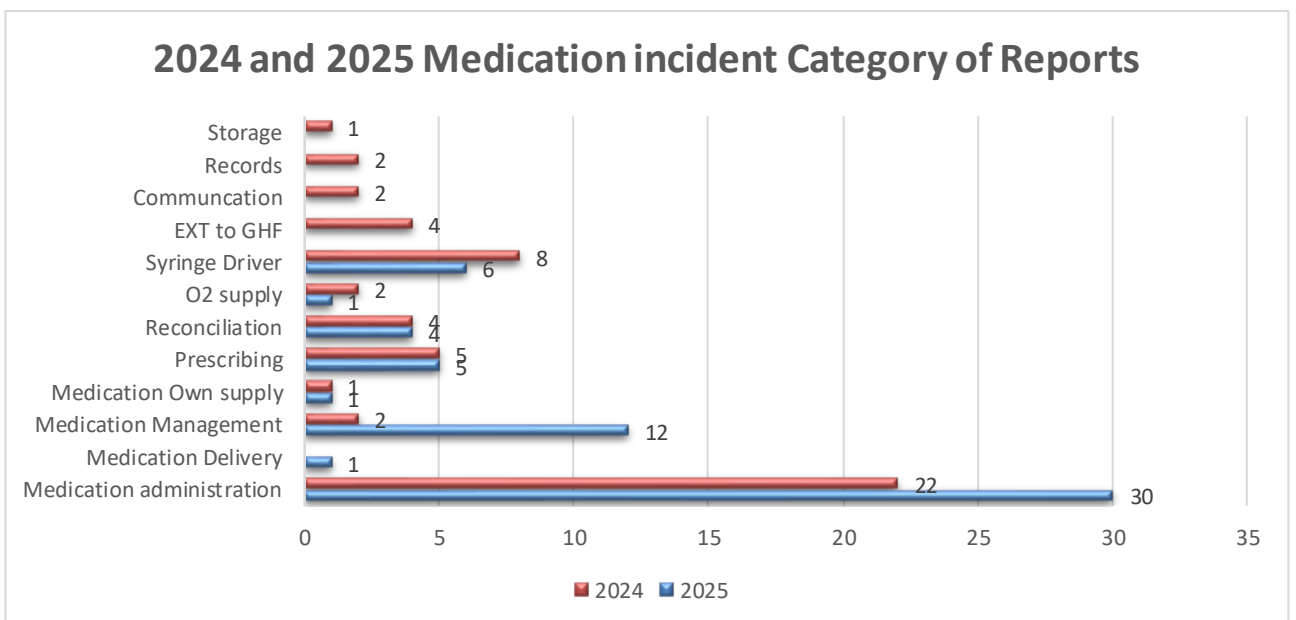
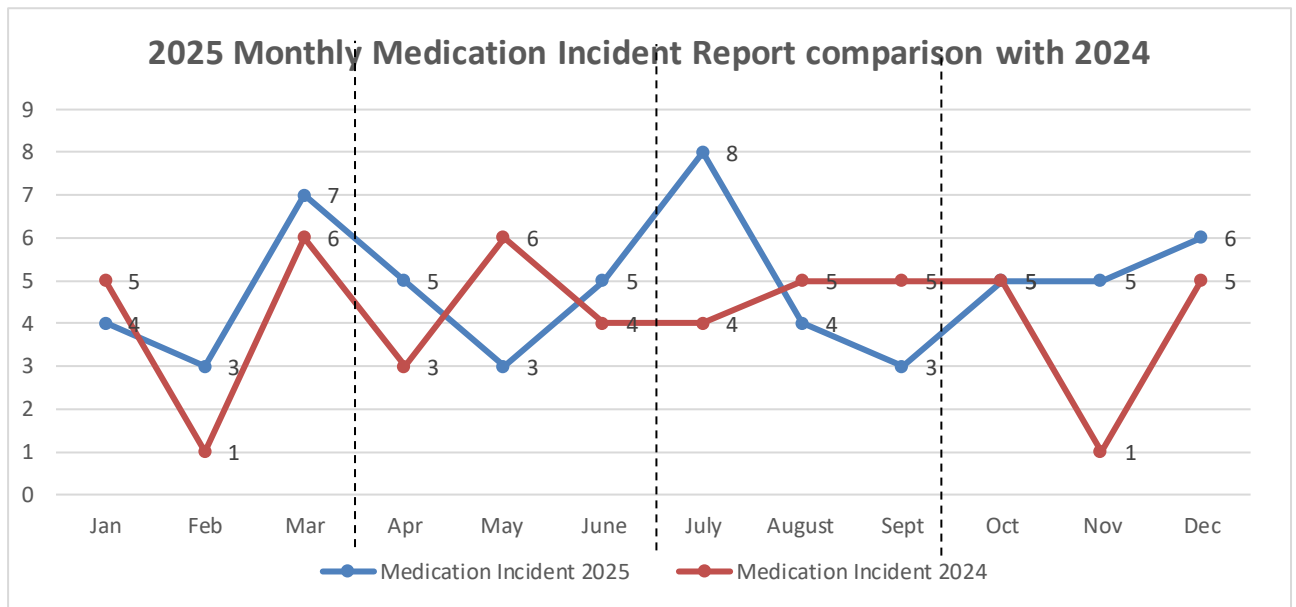
Quarterly report updates are undertaken to the Medication safety committee and then to ISQC.

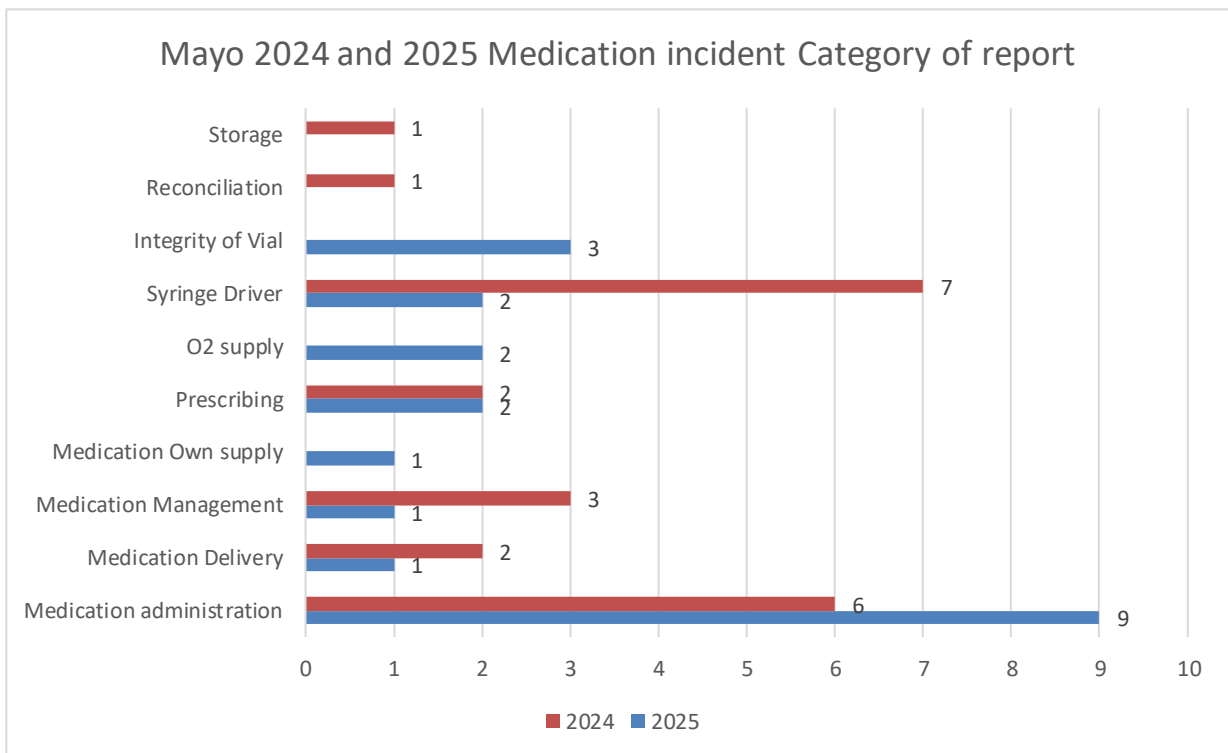
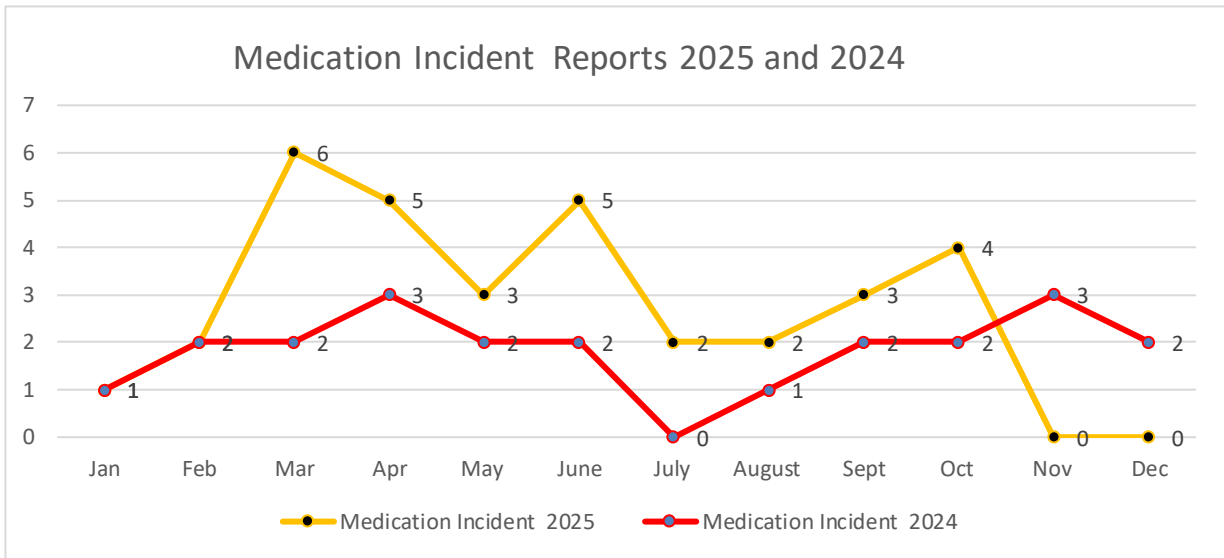
6.2 Galway and Mayo Hospice Medication Incidents

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 2025.
- The reporting of near misses reduced significantly in 2025 on both sites.
- The medication safety plan was progressed and reported to QPS in 2025. See summary below on medication safety plans progress throughout 2025
- The category of medication incident is outlined below

Comparison of Monthly Medication Incident Reports in Galway 2024 to 2025

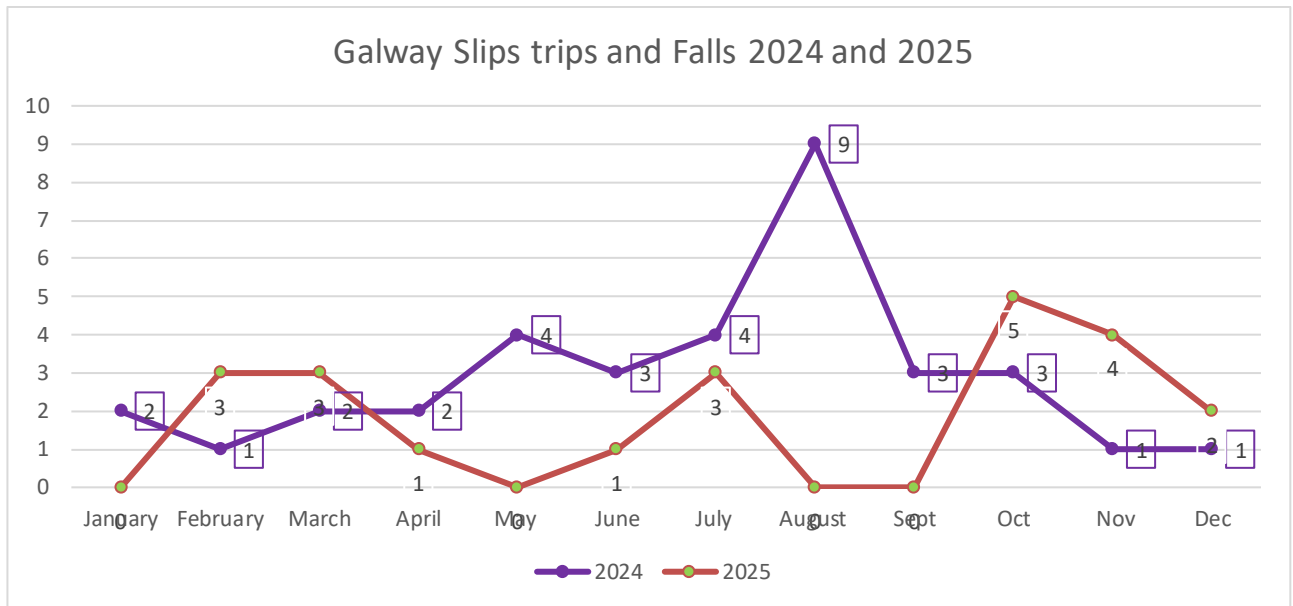




6.3 Slips/Trips/Falls

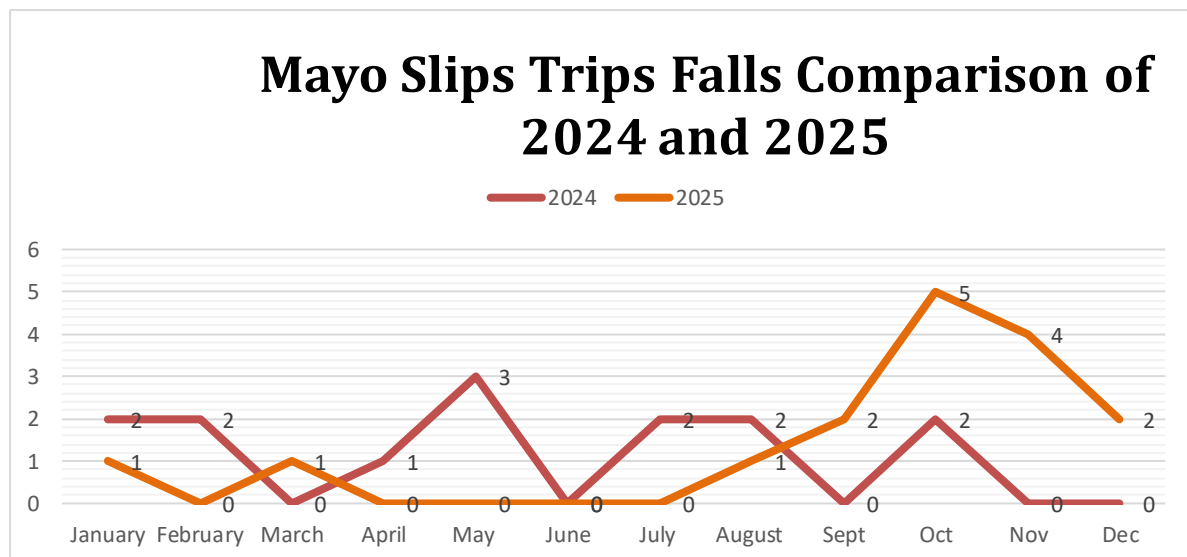
We strive to reduce the risk of patients falling and reduce the potential for injury if a fall occurs. Each patient admitted to the Hospice is screened for their risk of falling. Almost all patients admitted to the Hospice are at risk of falls and thus the focus of falls prevention and management has been on

reducing the risk of falling and reducing the potential for injury if a fall occurs. The Fall's working Group has recommenced its work in Q 4 of 2025 with a Consultant as Chair. The hospice has representation at the All-Ireland Institute of Palliative care falls working group which is also important for the Hospice working group in keeping informed of the work at a national level within falls prevention and management.



Comparison of Monthly Slips, Trips and Falls Reports in Galway 2024 to 2025

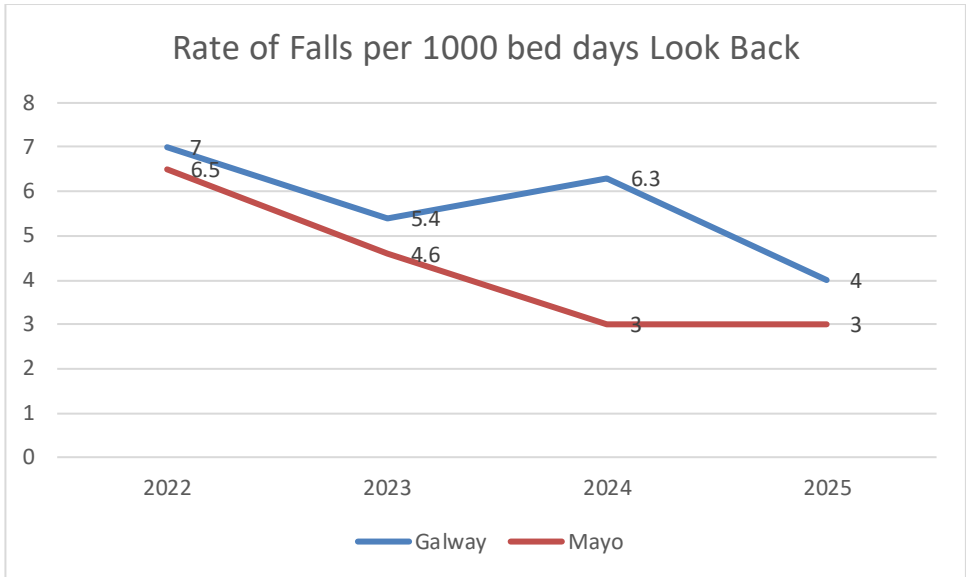
There was a total of 23 slips/trips/falls reported in 2025 in Galway, 3 patients had more than one fall. There was total of 5 slips/trips/falls classified as moderate risk and remainder were low risk falls.



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

The total number of slips/trips/falls reported for 2025 in Mayo was 10. These were all classified as low risk, no patient had a repeat fall.

The rate of falls per 1000 beds days is the optimum indicator and please see chart below with rate of falls since from 2022 to 2025 for both Mayo and Galway hospice.

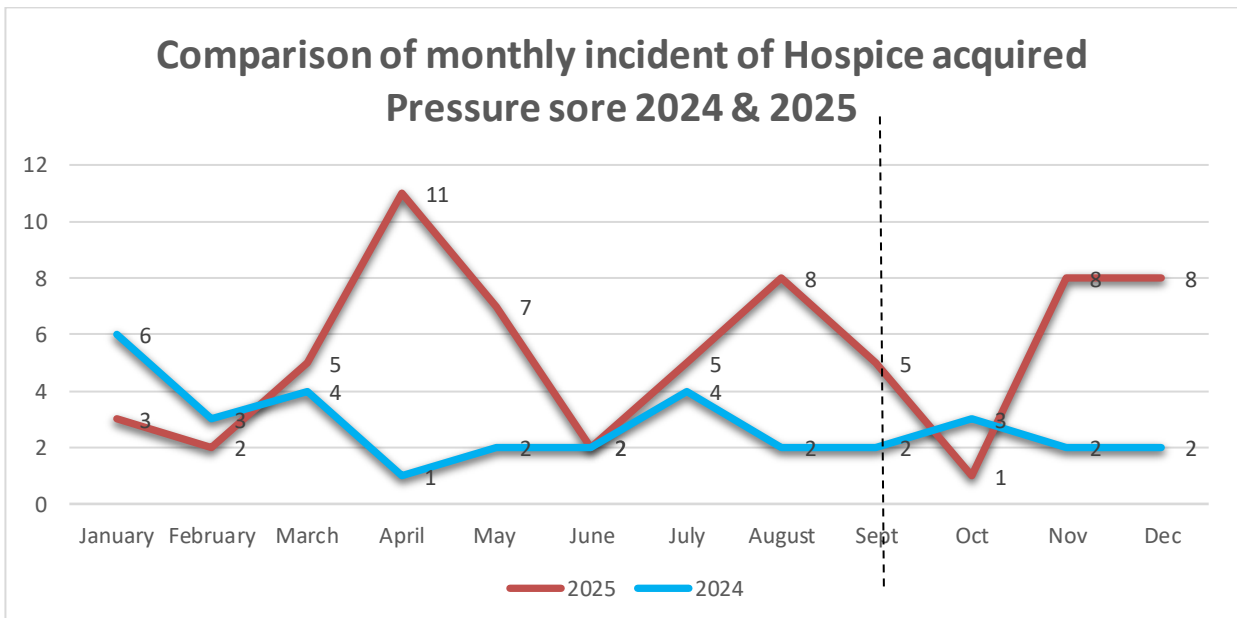


6.4 Hospice Acquired Pressure Sores

There has been a continued emphasis on the prevention and management of pressure injuries throughout 2025. 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 reporting of an Serious reportable event in line with the incident management framework has provided an opportunity to review practice, communication of risk and interventions in response to care plan evaluation. A clear Quality Improvement plan was devised based on cause and effect and implemented and overseen by the nursing management team.

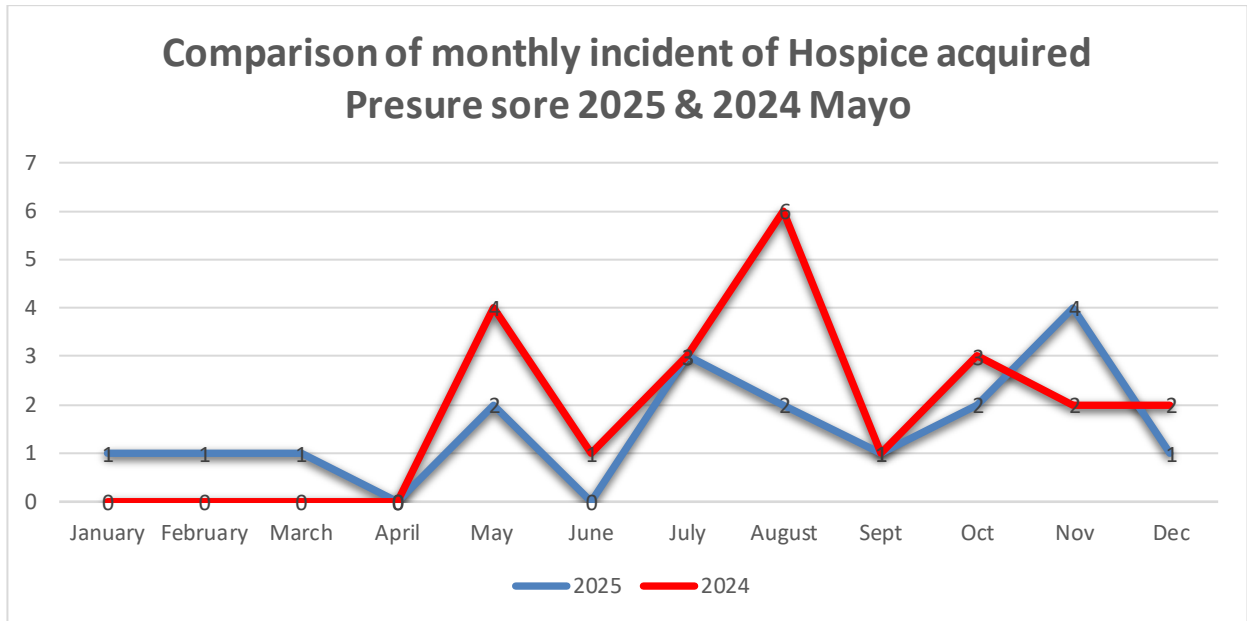
Comparison of Hospice Acquired Pressure Sore Reports in Galway 2024 to 2025

There was a total of 67 reports of Hospice acquired pressure injury in 2025 in Galway. Early detection and the importance of identifying grade 1 pressure injuries is central to reversal where possible and in 2025 of the total reports of Hospice acquired pressure injuries 29 of these were reported as stage 1 pressure injury in contrast to 1 report of a stage 1 pressure injury in 2024.

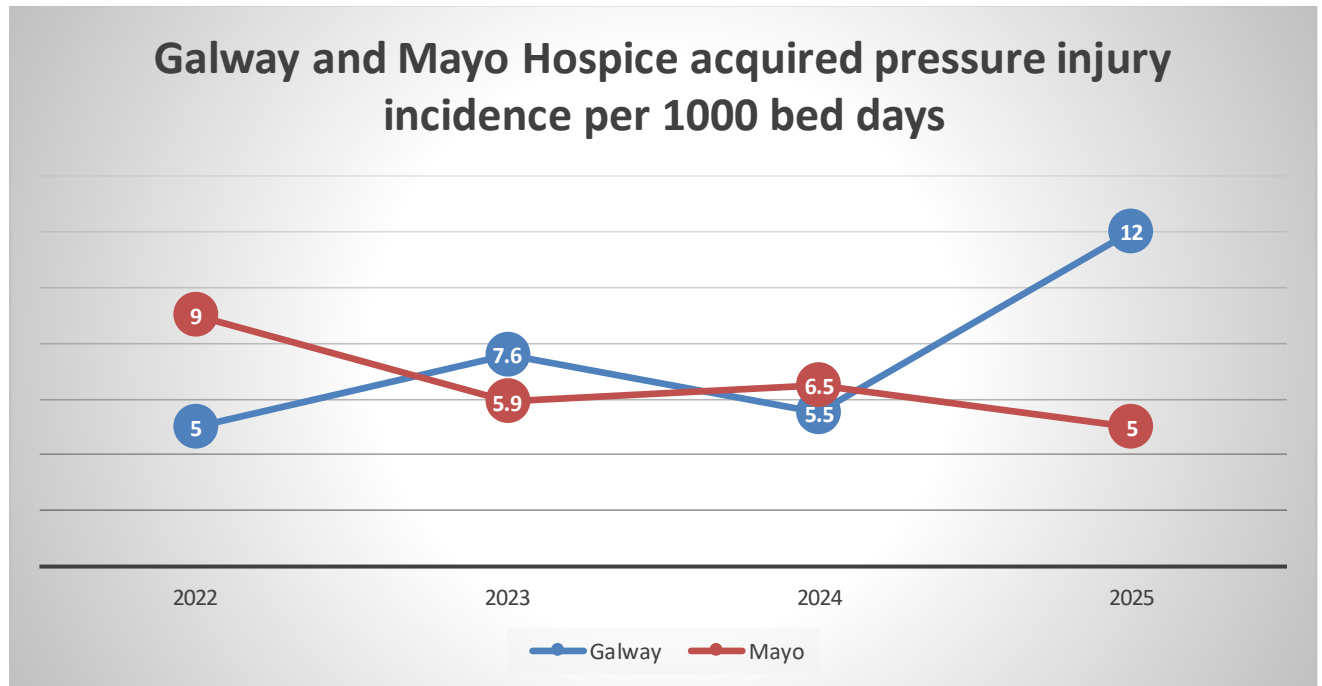


Comparison of Hospice Acquired Pressure Sore Reports in Mayo 2024 to 2025

There was a total of 18 reports of Hospice acquired pressure injuries in Mayo in 2025. These were classified as low risk. All reports were stage 1 or stage 2 pressure injury with three secondary to medical devices.



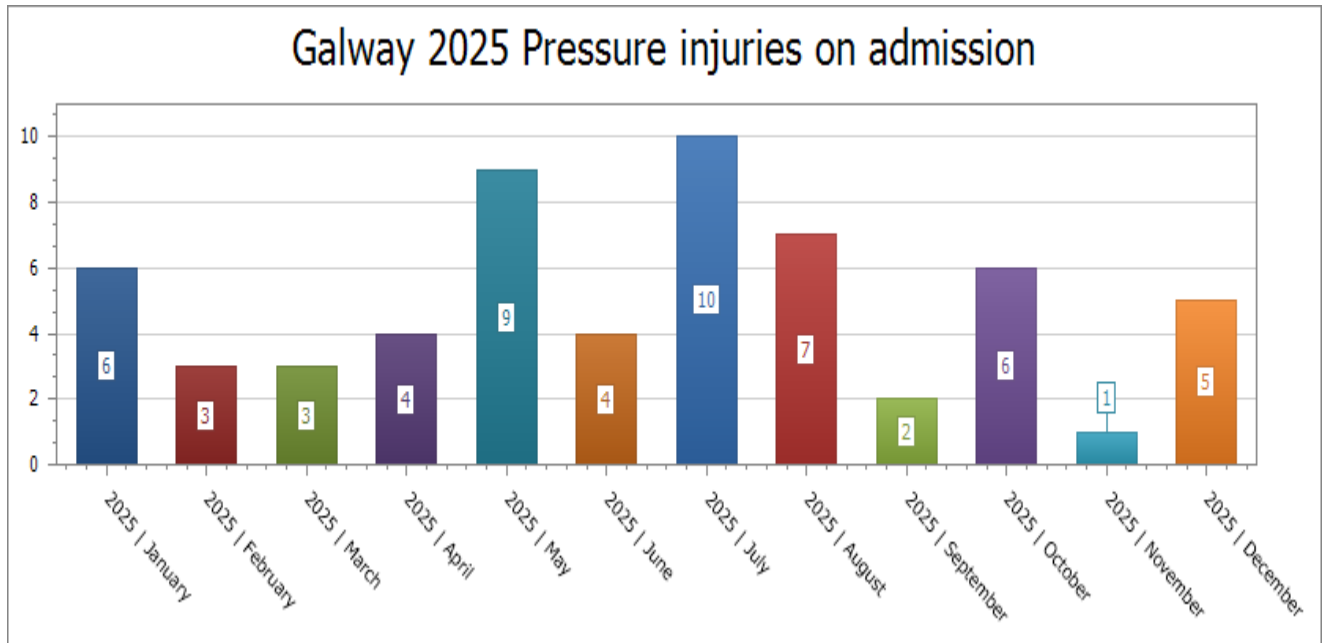
The rate of hospice acquired pressure injuries per 1000 bed days is a significant indicator and monitored quarterly. See look back of the annual rate from 2022 to 2025.



6.5 Pressure Sores on Admission

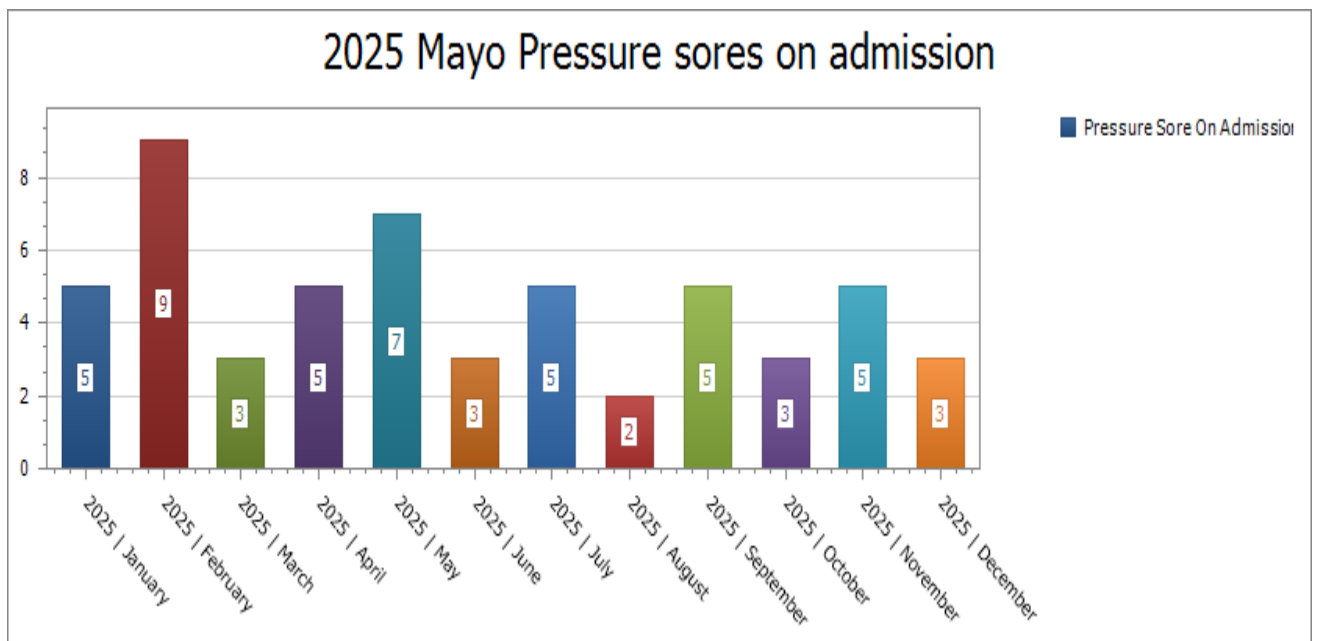
There has been a continued priority given to assessing and reporting of pressure injuries on admission in 2025. The total number reported is 60 for patients admitted to Galway Hospice in contrast to 49 in 2024.

Pressure Sores on Admission: Monthly comparison Galway 2025



Pressure Sores on Admission: Monthly comparison Mayo 2025

There was a total of 55 reports in Mayo Hospice for pressure sores on admission to IPU. This is almost a reduction of 50% from a total of 101 reports in 2024.



6.6 Audit 2025

Clinical and non-clinical audit continued in 2025 which is an essential part of good clinical governance. We continue to monitor audit through our clinical management system Q-Pulse, this is essential in ensuring compliance with audit alongside monitoring of quality improvement processes.

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 audit remain a central component to monitoring and assuring practice is in line with the national standards.

Education:

The Clinical Nurse Manager for Infection Prevention and Control (IPC CNM) provided education sessions for staff throughout 2025 in line with infection control training on HSE Land. 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 Nursing Staff in Galway IPU and Daycare.

Equipment

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

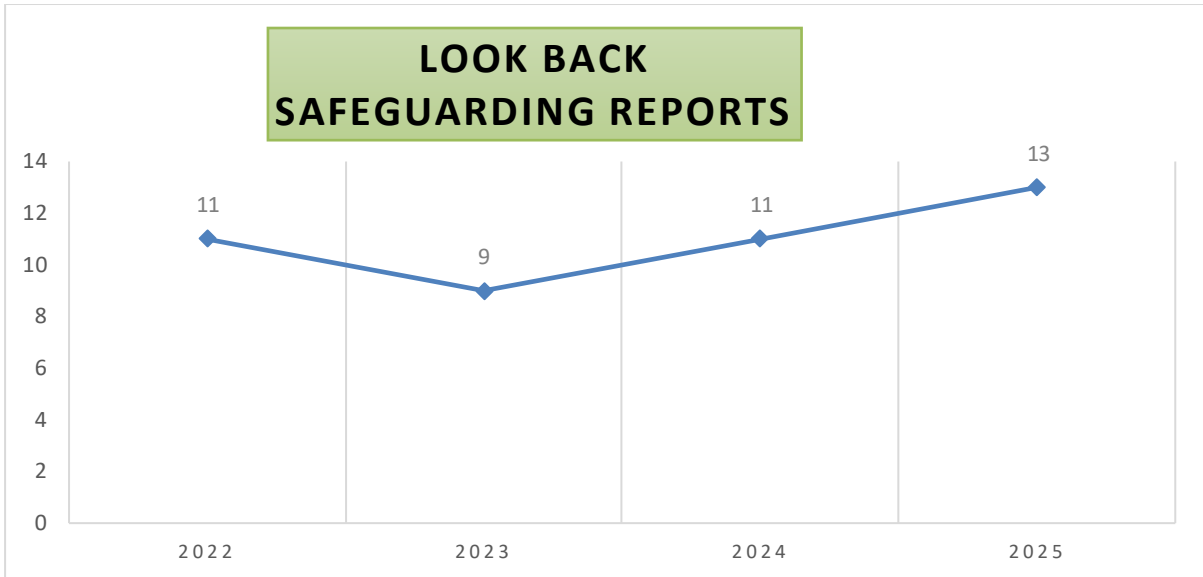
6.7 Safeguarding

The Hospice is committed to ensuring the application of best practice in line with legislation and national standards for the safeguarding of adults and children. It is a key component in the identification and management of risk when providing care to patients and families.

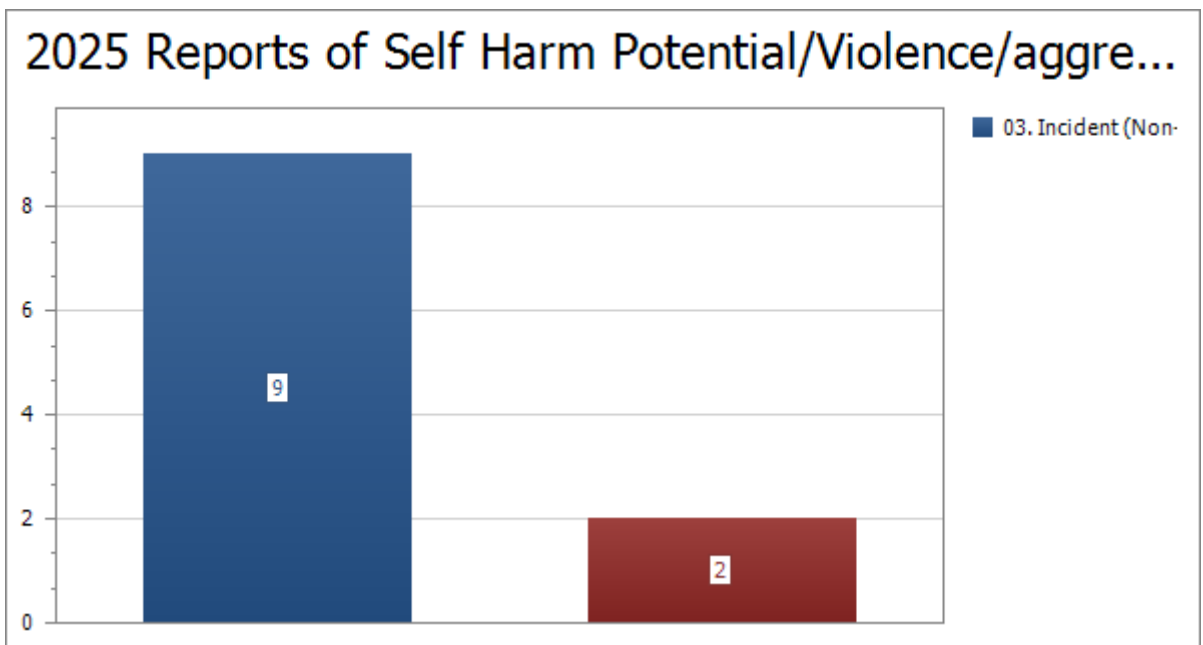
We recognize that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and other professionals. We recognise our responsibility to uphold individual human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, and discrimination.

During 2025 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.

The following is a summary of the number of safeguarding reports from 2022 to 2025.



The reports are managed with the departmental line manager and the Medical social work team. Using the incident management framework, clear actions are identified to support safety and effective engagement with all relevant resources by our Principal social workers, and wider medical social work team as relevant. Each quarter these reports have been reported through the ISQC committee and the Quality Patient Safety committee.



6.8 Patient Feedback- Complaints/Comments/Compliments

The Hospice is committed to delivering high standard of care to anyone who comes into contact with our service. We value all feedback and view complaints as an opportunity to learn develop and improve our services. We are grateful to patients and families who take the time to provide feedback and are committed to reviewing and actioning areas for continuous improvement. See **appendix 1** for quarterly review of comment cards.

The Hospice received 4 complaints in 2025. No complaints required escalation externally. All complaints were reviewed and investigated in line with the complaints policy of the organisation.

Comment Cards

4

Total Responses:

128

Comment cards were received in 2025

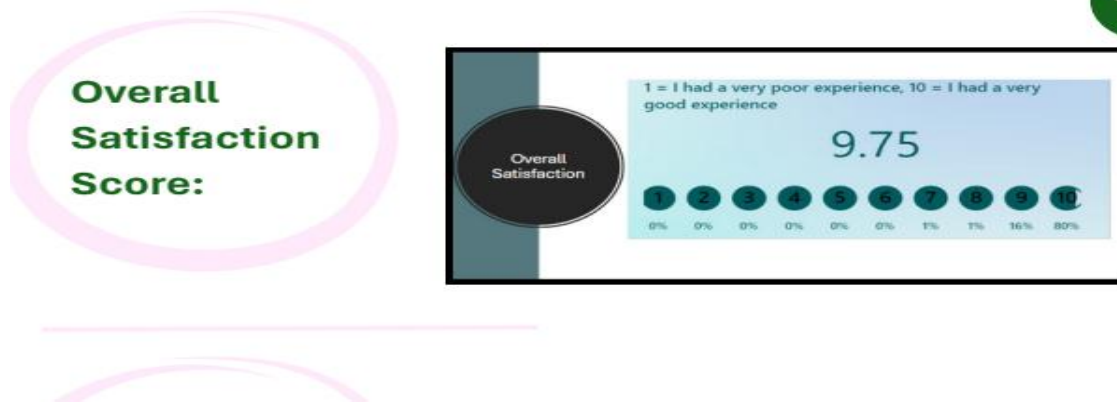
Breakdown of responses received per area over 2025:



The comment cards were revised in both content and design with input from relevant stakeholders, including the Patient Council in late 2024. The cards are available at all times in the comment boxes at both hospices and are also included in the CPC information pack provided to patients and family members, together with a return envelope. The patient council will be reviewing the comment cards again in 2026.

Annual Patient experience survey

In November we circulated the Annual Patient experience survey receiving a total of 71 responses. We value the feedback received each year and it allows us to assess and grow. This year the overall satisfaction score was 9.75 an increase from 9.64 in 2024.



7.0 Quality Initiatives 2024

7.1 CHKS

In May 2025 the organisation undertook the process of accreditation by CHKS survey as part of a 3 yearly cycle. This involved a collective team approach to reviewing standards, revision of policies procedures and discussions in relation to the application of best practice.

All evidence was submitted to CHKS 6 weeks in advance and on May 19th four surveyors began the process over a four-day period on both sites of Galway and Mayo. If the 770 criteria were assessed, we were deemed 99.26% compliance with minor partial compliances that were actioned upon and in January of 2026 we expect to receive the confirmed accreditation approval from CHKS. This is rigorous and robust accreditation but one that supports us in assuring we continually strive for excellence and improve provision of highest standard of care to our patients and families.

7.2 iCare

Electronic paper light record continued to progress across the service in 2025. Both services of Community Palliative Care and the Day care are now entirely paper light using this system and new services within these departments commenced through iCare. Some of the actions to achieve this as included below:

- Daycare risk assessments and care plans are now electronic.
- Outpatient clinic assessments electronic (FAB, Breathe better)
- Referrals and records of care for outpatient clinics all electronic input.
- Patient information update requests are now electronic across all departments CPC/Daycare/IPU.
- The development of patient medication list for CPC use is currently ongoing

During 2025 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.

- Staff members from across disciplines on both sites attended a series of Community Connect engagement workshops which fed into Advanced Clinical sessions which were held virtually in December 2025.
- HSE Community Care Record (previously Community Connect)
- One of our consultants in Mayo and one of our Chief Pharmacists' in Galway are members of the project's National Steering Committee as a subject matter experts.

7.3 Patient Engagement

Patient Council is fully established and met throughout 2025. It is a strong committee and has integrated into the organisation well with council members participating in the Research committee, Green committee and the Equality, Diversity and inclusion committee. We look forward to the work and outcomes as this council evolves further in 2026. The plan to develop a patient council for Mayo Hospice will begin in 2026 with the aim to develop a patient engagement strategy for the hospice.

7.4 Project ECHO

In 2025 Project ECHO nursing home network continued to support education and collaboration across the region. The final session of the current series took place in December, with a learning focus on symptom management at end of life. Planning is underway for four Project ECHO sessions in 2026, agreed in collaboration with the All-Ireland Institute of Hospice and Palliative Care (AIHPC).

Nursing Home Week was marked within the Hospice, alongside active outreach to nursing homes across the CH02 area. Hospice Nursing Home Programme facilitators engaged directly with nursing homes, strengthening professional relationships and identifying priority learning needs to inform future education and support.

The Hospice continues to contribute at a national level through participation in education and knowledge-sharing initiatives with CARU, including involvement in national events focused on pain management and end-of-life care during Q4 2025 and planned contributions in 2026.

Overall, these initiatives demonstrate continued leadership in education, partnership working, and dissemination of best practice in palliative and end-of-life care at both regional and national level.

7.5 Research

In 2025, Research continued to grow from strength to strength, supported by the appointment of our Research Manager, who has been instrumental in advancing the research function across the organisation. This work began with the development of essential structures and processes to ensure a solid foundation as we expand research activity across our increasingly diverse services.

A key milestone was the establishment of the Research Governance Committee, which now provides critical oversight and direction for all research undertaken within the organisation. The development of

core policies and procedures has further strengthened our governance framework and ensures consistency, quality, and rigour in all research activity.

On August 27th, we held a research prioritisation event off-site, bringing together staff from across the organisation to collaboratively identify priority areas of focus for future research. This was a highly successful day, facilitated in partnership with the All-Ireland Institute of Hospice and Palliative Care and academic representatives, that fostered meaningful cross-team engagement and strengthened relationships with both internal and external stakeholders.

Embedding a research culture within the Hospice has been important in ensuring that our involvement in research creates an evidence-based culture throughout the organisation. This culture of engagement has been facilitated in 2025 through the creation of a new monthly multidisciplinary journal club, which has featured thought-provoking presentations and discussions on research from a variety of enthusiastic clinical team members.

Throughout the year, the Research Governance Committee has met regularly to review ongoing work and to drive forward key research initiatives. We look forward to building on this momentum in 2026 as we continue to evolve and further embed research as a central component of our organisational development.

Details of current research projects are contained in Appendix 6

7.6 Equality, Diversity Inclusion (EDI)

The Equality Diversity and inclusion made incredible progress in 2025. Below is a table of the working plan as completed over the year. In 2026 we have been invited to have representation at an international conference and look forward do the inspiration and encouragement this will bring to the committee for 2026

Phase 1:	Representative attends briefing event (virtual or in person) run by MED-TF; project leader identified, assessment team organised, all documentation prepared, translated and distributed; staff involved and briefed about the project.	Completed
Phase 2: Assessment of standards compliance (April – May 2025)	Standards compliance assessed using the self-assessment tool by a multidisciplinary assessment team which is responsible for assigning a score to all measurable elements	Completed

Phase 3: Reporting the assessment results (June 2025)	The project leader fills in the scoresheet and sends it to the MED-TF before end June 2025. This form will gather results from the assessment of standards compliance.	Completed
Phase 4: Identification of improvement areas (July – September 2025)	Based on the assessment of compliance with standards and selected equity indicators, the project leader, together with the assessment team, will identify areas of improvement in each of the standards areas	Completed
Phase 5: Development of action plan (October – December 2025)	The project leader, together with the assessment team, will select one or more areas of improvement for the development of a draft plan to be submitted to the organisation management.	To be developed with EDI committee 2026

7.7 Lightbulb moments

Staff participation and contribution is a pivotal pillar to how we evolve and grow as a service to continually improve. In 2024 Light bulb moments was a successful initiative to support staff to communicate their ideas on areas for improvement. Lightbulb moments have continued into 2025. A total of 11 suggestions were submitted in Galway and 0 in Mayo for 2025. Quarter 1-3's suggestions have all been actioned where decisions by relevant stakeholders were made. Three lightbulb moments which were collected in Q4 remain outstanding with pending actions in quarter 1 2025 by stakeholders. Please see **Appendix 3**.

7.8 Human Resources and Volunteers

2025 has been another busy year for the Human Resource department with work and planning undertaken as we progress for the IBEC KeepWell Mark with further detail below:

IBEC KeepWell Mark

- Submission w/c 9th February
- Audit Date – will be **Wednesday 6th May 2026 Note for your Diary**
- We also ask each Department Manager to nominate one staff member from each area (i.e. Therapies, Admin, Facilities etc.) to participate as a member of the **Wellbeing Committee** (there are two H&S Representatives in both sites who can represent Nursing Dept.). Please forward names to Ann Dolan by **Thursday 26th February**
- Assessed against 9 Pillars - Leadership, Attendance Management, Health and Safety, Mental Health, Nutrition & Physical Health, Intoxicants, Inclusion & Belonging, Talent Support & Development
- Accreditation intended to be held for two years, with a review at the end of year 1 (mid-cycle review)

Intoxicants Policy – updated nationally by HSE

- New policy will allow for 'just cause' Alcohol and Drug testing by outside organisation (Abbott) and in registration process with this company
- Currently revising our policy to reflect above and once complete, the policy will be issued.
- Mandatory Training provided to Line Managers.
- Managers then communicate the policy to staff

- **Speaker from Abbott has been invited to present to staff on both sites** (hopefully April) in person, regarding the effects of intoxicants on Relationships, Finance, Work, Health & Wellbeing.

In 2025 we undertook the staff survey which has yielded great feedback and actions have been undertaken and are in progress throughout 2025 and into 2026 in response to this. We are also planning for the wellbeing at work events in 2026 with further detail below.

Wellbeing at Workday

'Taking place this year on **Friday, 1st May 2026**

'To date, this has been expanded to a week to facilitate staff not rostered on the day

'This year we are going to run the events at different times during the year so that the majority of staff have an opportunity to attend.

'**Staff are asked to forward suggestions** of what they would like to see included

'So far...the organisation is planning for:

- IBEC KeepWell Launch (March) - Information on Intoxicants (April)
- Nutritional Wellbeing (May) - Financial Wellbeing (Pension, Savings, Retirement Planning) - Sept
- Health & Wellbeing Habits – June - Physical Wellbeing – (Summer months)
- Singing Space Launch – (April)

Volunteers

Over the past year, the Volunteering function focused on strengthening governance, quality, and risk management in support of service delivery. The commitment was recognised in quarter 1 2025 when we were awarded Investing in volunteers' certification across both sites. In addition the Galway volunteer team received a Mayor's award from Galway City Council in May.

Key areas of work included the ongoing development of structured recruitment, training, and support processes for volunteers, alongside progress toward recognised quality standards, including Investing in Volunteers. Volunteer wellbeing remained a priority, supported through organisation-wide wellbeing initiatives and ongoing guidance.

Initial foundations were also established to support equality, inclusion, and dignity in the workplace, contributing to a safe and values-led organisational culture. In addition, planning and coordination of community engagement and corporate social responsibility (CSR) volunteering activities for 2025 supported stronger community connections and aligned volunteer involvement with organisational values and strategic priorities.

7.9 Education

In collaboration with various departments within the Hospice, these are some of the projects implemented with support from the Education team during 2025.

- Dissemination of all educational events, continue via SharePoint, email, electronic platforms such as SWAY boards, posters etc.
- Paper lite/IT: Education planner, Education & Training group calendar, allowed for line managers to view and to book staff in for training, as well as introducing a room booking system improved visibility of availability and to aid co-ordination when booking across sites, supported by Alan in IT also.

- Mandatory training: Medication Management Updates completed for all nursing staff across both sites in 2025, co-facilitated with Clinical facilitator Deirdre Munro in the IPU; s and Chief Pharmacist for the CPC team. Trainer the Trainer x 4 staff re Mandated Persons completed in October 2024, supported role out of the face-to-face education session totalled 70 attendees across both sites in 2025. Worked with Donna ADON, in planning, and Implementation of Fire safety awareness training via Online platform in collaboration with Ignite Fire Safety, GK Media and AIIHPC, has since was live from April 2025.
- Spotlight on Drugs continued into in 2025 as per academic year: Monthly education session co facilitated by MDT i.e. Medicine and Nursing CPC team predominantly, with guest speakers also facilitating sessions. These 30-minute sessions comprise of a patient case study and a pharmacology presentation on relevant medications, intended to support shared learning across multidisciplinary teams.
- Worked with Clinical facilitator in delivering PCOC Education sessions, with new staff, adaptation nurse programme, as well as take part in as part in-house Nurse study days completing Complex drug calculations.
- Worked with Quality Manager, in developing and delivering our nursing home education program throughout 2025, as well as visit Nursing Homes during Nursing Home week completing a learning needs analysis.
- Volunteer Sector: Volunteer Patient Companion – Inpatient Unit assisted with delivery of a training day for volunteers which took place in December 25.
- International visits included intern students from Vorarlberg University, Austria, Job shadowing placements from staff at St Michael's Hospice, Malta, as well as facilitate lectures at University of Galway, and site visits from Podiatric medicine.
- Supported the Aromatherapy department with planning and implementation of Massage and Touch Techniques for Cancer and Supportive Care course.
- **"Living for Today, Planning for Tomorrow" Palliative Care Conference** took place on Thursday 09th September locally as part of palliative care week. This was our first independent conference lead by a multidisciplinary team committee, opened by Tony Canavan, and GHF CEO. The Objective was to deliver a full day event; to highlight our services, a chance to promote networking, collaborate with local communities and deliver presentations, bringing together healthcare professionals from across disciplines to explore how integrating palliative care earlier in the care journey and working together can enhance the quality of life for patients and families. Feedback was extremely positive from all attendees. (n=108)
- In Collaboration with AIIHPC, IMNDA with ADON Donna Lynott (Event Chair) **West of Ireland MND Conference** took place on 5th November 2025, a major interdisciplinary event focused on improving care for people living with Motor Neurone Disease (MND) was a very successful event with a large attendance at national level. (n=120) Hildegard Naughton, Minister of State with Responsibility for Disability, delivered the opening address. The event was organised in response to needs identified by staff at Galway and Mayo hospices for more information and up-to-date education on caring for patients with Motor Neurone Disease, as the past number of years have seen an increase in the number of patients being referred to palliative care services with an MND diagnosis.

7.10 Falls Working Group

In Q 4 2025 the Fall's working group was re-established with a consultant in Palliative care as Chair. This is an important forum to support continued application of evidence based best practice. There is representation in the Hospice by Quality Manager at the All-Ireland institute of Palliative Care Falls working group which also supports collaboration as hospice progresses to apply and assess best practice in reducing risk for our patients who are at risk of falls.

7.11 Palliative Care Outcomes Collaboration (PCOC)

In 2025, Mayo and Galway continued to ensure the use of PCOC to support assessment and management of our patients. Nationally the Hospice is delighted to continue to participate as PCOC progresses structurally in Ireland and look forward to collaborating with Hospices in 2026 as we watch the role of PCOC grow.

7.12 Quality Walkabouts

Quality Walk rounds were recommenced in Quarter 4 of 2025 with the presence of the Board. This generated key actions that provide an opportunity for greater understanding and communication on issues that arise when providing service and care to patients and families. The continuation of Quality walk rounds is a vital component of leadership as we progress into 2026, and we look forward to scheduling this into the calendar for the year ahead.

7.13 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.

During 2025 we:

- We expanded Gas installation to add additional cylinders. A protective cage and safety signage was installed around cylinders to reflect our Emergency Policy update.
- Completed upgrade of approx. 25 inline fans to provide fresh air circulation to rooms and continued to monitor air quality in patient areas.
- Completed full clean and spray treatment of roof surface with support from Blossom Property care who provide the labour, Hire Depot who provided the hoist and Hansbury Chemicals who provided the cleaning products free of charge.
- Completed replacement of all rainwater guttering and down pipes.
- Closed kitchen servery and completed installation of new Bain Marie along our counter line. Upgrade of kitchen UV light fan system to increase longevity of UV bulbs
- At our Newcastle House, we excavated the exiting driveway and paving; and installed a new tarmac driveway installed.
- A New shed was installed for storage of dirty laundry and spare clinical waste, to provide more space in existing clinical waste.
- We revised layout of five office areas to provide an additional eight desk spaces, supplied new power and data to each. Supplied new office seating and 6 standing desks.
- Completed installation of wall protection panels in a total of 19 bedrooms and 2 daycare rooms, across both sites.
- Completed installation of power generator shed roof to protect backup Generator and installation of composter bin shelter.

- Carried out Replacement of Boiler due to storm damage and installed pressure vessel top up system in boiler room
- Replaced fourteen couches with new infection control complaint replacements. Provided 9 recliner seats and replaced three medical beds.
- With support from volunteers' from Revive Active staff, we completed spreading of 3 cubic metres of all mulch in planted areas, which was kindly provided to us by Radharc landscaping.
- We completed replacement of our firewall to next generation Firewall solution made up of a primary and a secondary firewall on both sites. Upgraded comms cabinet including new managed switches and ports. Removed all old hardware, completed tracking and testing of our existing data wiring and reconnection of cabling to ports in Galway. Produced a full cabling schedule and labelling of all ports, to provide greater control of the network and prevent downtime. Completed automatic switchover setup for our internet feeds, to provide greater network security and prevent downtime for both sites.
- Continued our IT equipment upgrade programme with rollout of 17 laptops and 11 desktops, docking station and monitors.
- Continued with ongoing servicing of Oxygen System, Emergency Lighting, Fire Protection Systems, medical equipment, fleet vehicles and general building services as part of our annual maintenance plan for both sites.

7.14 Environment / Green

Green Teams were established in both Mayo and Galway. A Green awareness day was held, information posters and leaflets developed with our details of energy consumption as an organisation and some projects completed to reduce our carbon footprint across both sites exhibited by team members. We were joined by speakers from Renmore School who have previously been awarded six green flags, Repack an environmental not-for-profit organisation who aim to be leaders in recycling and sustainability of Ireland's packaging, and the HSE Climate and Sustainability Programme Lead who presented an overview of the HSE Climate strategy and programme, and work of the Climate and Sustainability office.

To support upgrade to part of our fleet vehicles we:

- installed a further 2 EV chargers in Galway.
- We applied for and were awarded grants from Clár and AIB community fund which will be put towards further sustainability projects in 2026.
- We completed further boiler room upgrades with lagging jackets fitted to all valves and fitting to reduce heat loss and improve heating efficiency.
- Additional composter boxes added to help maintain zero food waste going offsite in Castlebar.
- Planted additional shrubs around the site and Laurel hedging at the front of the in Castlebar and installed additional grow boxes for the Greenhouse.
- We installed a monitoring screen for PV system at reception. First full year of PV panel production has shown 81MWh of power produced in 2025 with 91% used in the building, which have covered 34.7% percent of the total electricity demand for our Castlebar site.
- We have Installed further sensor lighting in office spaces and hallways in Galway to reduce hours of operation.
- Achieved further reduction in oxygen compressors running hours to provide power savings.

With our efforts we have continued to see decreases in electricity, gas and oil used for 2025.

7.15 Data Protection

In 2025, we continued ongoing reviews of legislation and standards for Data protection. The workplan commenced at the beginning of the year with our own data protection lead in consultation with our external Data Protection Officer (Ambit Compliance).

Engagements took the form of online meetings, telephone contact, and emails. The tasks and actions covered were led by Galway Hospice governed services and advised by the DPO. We also engaged with actions agreed with the DPO on the workplan and had cross hospice engagement on some of these issues.

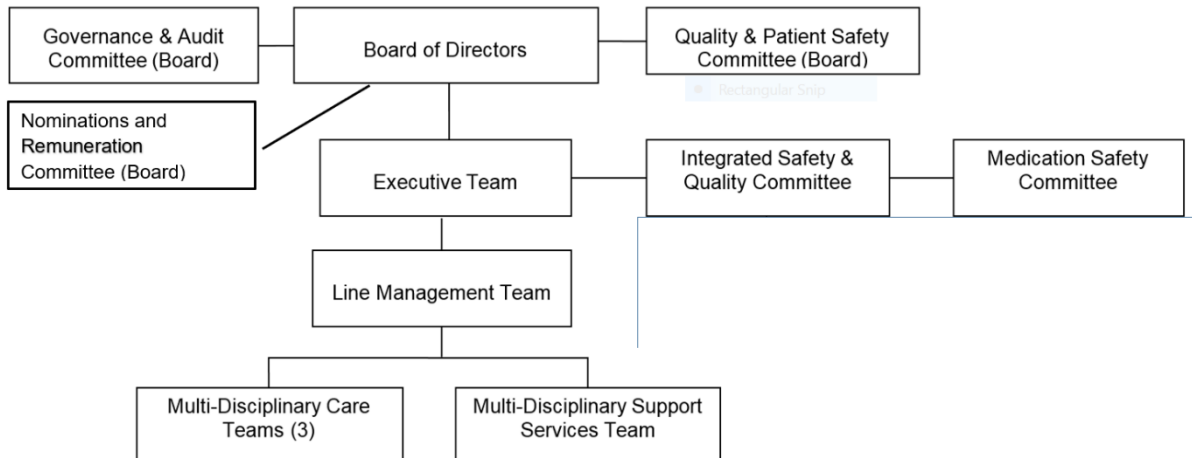
Key Data Protection & Governance Priorities 2025

- **Strengthened Governance Framework:** Major updates to core policies (data protection, confidentiality, retention, CCTV, website privacy/cookies).
- **AI & Technology Oversight:** Development of the organisation's Artificial Intelligence Policy, AI vendor assurance approach, and NIS2 readiness review; guidance on electronic record management (iCare).
- **Compliance Assurance:** Completion of key DPIAs, review of breach and SAR processes, and alignment with CHKS Accreditation (Standard 14) and organisational risk register.
- **Research & Clinical Information Governance:** Enhanced research compliance (retrospective chart reviews, retention, consent), review of patient-facing materials, and patient record management across storage, accuracy, and security.
- **External Data Sharing & Operational Support:** Strengthened Data Processing Agreements, data-sharing arrangements (e.g., Irish Cancer Society, Galway University), and continuous advice on operational data handling, incidents.

Quarterly update health check reports submitted by Ambit supporting and assuring the standards and compliance in the service and care we provide.

8.0 Appendices

Appendix 1 Organisational Chart – Teams and Committees



COMMENT CARD RESPONSES

42 comment cards were received across Galway and Mayo Hospices during **Q1 2025** (January, February and March)

42 rated the care as excellent

42 strongly agreed that they were treated with dignity, respect, kindness and care

42 strongly agreed that they were involved in decisions about care

42 strongly agreed that they were satisfied that medical needs were managed well

42 strongly agreed that they had confidence in the care provided by the Hospice staff

What was good about the experience?

"Ye are amazing, thanks for making such a difficult time easier for my family members"

"Amazing care, home from home"

"The warm welcome was so comforting"

"The care, the aromatherapy, the bike and the physio"

"Very warm and welcoming, the fingerprint idea was great, it was really peaceful"

"Treated with dignity and respect by the members of staff, felt totally at ease"

"The care and empathy I received was above and beyond anything I could have wished for"

"Everything, I enjoyed my aromatherapy session, occupational therapy and art therapy very much. My meal was delicious, and the whole day made me feel vital"

"The staff were kind and I could ask questions"

"Everything was a good experience for all the family of the patient, all the staff were excellent, so friendly and caring, always a smile on their faces"

"Very helpful and nice to talk to and made my Mother very comfortable. Very comforting, sincere and talkative"

"Ye are amazing, thanks for making such a difficult time easier for my family members"

"The care and empathy I received was above and beyond anything I could have wished for"

"It was good when my family could visit, It was a fine experience overall."

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



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



**In Q2 2025 (April, May and June),
32 Comment Card Responses
were received across
Galway and Mayo Hospices**



"From the moment I set foot in the Day Care centre I was overwhelmed with the welcome and warmth from everybody"

"Caring of the patient and of the family. It was outstanding"

"Just so good, Thank you"

"It was a great help"

"Bright spaces and the outdoors was lovely"

"I was treated with dignity and respect"

What was good about the experience

"The Staff were lovely, thank you for everything"

"All aspects of care were great"

"I think this place really helped me to come to terms with everything, I am at peace and I think my family will be better supported by coming here. Thank you for everything"

"It is a very calming, relaxing environment. Very good activities to do. Excellent staff and volunteers who treat you as an individual. Great to meet other people with varying conditions and to socialise, good banter and I look forward to coming"

"The driver collected me from home, The team were kind and lovely. They planned for me to have respite to give my daughter a break. I had chiropody and everything that I wanted in one place. I got my hair done! I met the Doctor, it was just amazing to come. Go Raibh Maith Agat!"

"All brilliant, wonderful team"

"Brilliant, thanks to everyone who helped me"

"All Good"

"I liked the garden and the quiet spaces"

"It was a great help"

"All great, very caring staff"

"Caring and kind staff"

"It was good, thank you"

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"

"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"

What was good about the experience?



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

LIGHT BULB MOMENTS
Q1-Q3 2025

You Said	Action Taken
More privacy for Patient sitting room	Applied privacy film to surrounding glass
Light shades in patient rooms	Replaced in IPU
Bedrail protection bumpers	Reviewed and replaced
Consider the use of a family tree for patients in rooms	Reviewed and agreed to update the getting to know you form and expand same

THANK YOU FOR YOUR INPUT

Appendix 3: External Training 2025

EXTERNAL/PAID EDUCATION 2025		
Date	Course Title	Course run by
06/01/2025 - 31/05/2025	Postgraduate Diploma in Palliative & End of Life Care	ATU
14/01/2025 - 08/04/2025	Dublin Certificate in Evidence Based Palliative Care	OLH
29/01/2025	AOTI PCAG Study day	AOTI
29/01/2025 - 19/06/2025	Leadership Training	Consensus Mediation
30/01/2025	Living with Loss	IHF
31/01/2025	Hoist Training (3 sessions) - Mayo	Usafety
07/02/2025	Hoist Training (3 sessions) - Galway	Usafety
11/02/2025	IAPC 24th Annual Education & Research Seminar	IAPC
18/02/2025	Evidence & Impact	The Royal Society of Medicine
19/02/2025 & 07/03/2025	BLS Training - Mayo	Albany Training
25/02/2025 - 16/12/2025 (Various dates)	MH & PMH - Mayo Training Institute	Mayo Training Institute, Castlebar
27/02/2025	Documentation & Litigation in Nursing & Midwifery Empowering Best Practice	CNME
28/02/2025	Masterclass in Palliative Care	Marymount Hospice
04/03/2025 - 06/03/2025	Storm Training	HSE
08/03/2025 - 09/03/2025	Hearts Teachers Course	The Christie NHS Foundation
19/03/2025 & 26/03/2025	Fatigue Management for OTs	The Brí Clinic
27/03/2025, 07/04/2025, 12/05/2025	BLS Training - Galway	Martin Commins
02/04/2025	Pastoral Care Symposium 2025	Bon Secours
04/04/2025	BLS Training - Mayo	Martin Commins
02/04/2025	Manual Handling Online	Ireland Safety Training
07/04/2025	BLS Training - Mayo	Martin Commins
09/04/2025	Supporting Adolescents through Grief & Loss	IHF

11/04/2025	Prolonged/Complicated Grief: why grief gets stuck & what helps	IHF
11/04/2025	Share Drive/One Drive	Claire Commins
12/04/2025	Faces and phases in Supervision	Supervisors Association of Ireland
14/04/2025 - 18/11/2025	Fire Marshal Training	Ignite Fire Training
16/04/2025 & 23/04/2025	Trauma Informed Practice training	Quality Matters
30/04/2025	National Volunteer Management Conference	Volunteer Ireland
30/04/2025	An Introduction to Palliative Care for Health Care Assistants	Marymount Hospice
07/05/2025 - 08/05/2025	17th International Dementia Conference	Engaging Dementia
08/05/2025	AIHPC Researcher Forum	AIHPC
12/05/2025	Legionella Awareness Training	Environmental Services Ireland
16/05/2025 - 17/05/2025	Kaleidoscope	St. Francis' Hospice
22/05/2025	Grief, Loss & the Neurodiversity Paradigm	IHF
29/05/2025 - 31/05/2025	EAPC World Congress - "Ready for the Future"	EAPC
	Practical Management of Breathlessness Virtual Study day	Cambridge Breathlessness intervention Service
10/06/2025	Spark Summit	HSE
11/06/2025	Palliative Rehabilitation Seminar	AIHPC/HSE
11/06/2025	Garda Vetting Liaison Person Compliance Briefings	The National Vetting Bureau of An Garda Síochána
18/06/2025 - 03/09/2025	Professional Development in Project Management	UCD
18/06/2025 & 25/06/2025	Trauma Informed Practice Core Training	Trauma Informed Ireland
25/06/2025	Campaign Management	Champ Cloud Ltd.
26/06/2025	National Bereavement Forum 2025	IHF
12/07/2025 - 13/07/2025	The Essence of Clinical Aromatherapy International Seminar	Essence of Clinical Aromatherapy
15/07/2025	Tracheostomy	CNME

28/07/2025 - 11/11/2025	Leadership Coaching 1-1	Mary Rafferty
11/08/2025 - 24/08/2025	Corporate Partnerships 2025	Charities Institute Ireland
19/08/2025	Code of Practice for Supporting Decision-Making & Assessing Capacity	HSE
26/08/2025	People Moving and Handling	Mayo Training Institute
02/09/2025 - 07/10/2025	Caring for the Child with a Life Limiting Condition - Level B	UCD
Sept - May 2026	PgDip in Advanced Leadership (Nursing) - Year 2	RCSI
Sept - May 2026	Diploma in Palliative Care	UL
Sept - May 2026	P.Dip in Science in Palliative Care & End of Life	ATU
Sept - May 2026	Prof Dip in Clinical Leadership	RCSI
Sept - Dec 2025	Principles in Palliative Care in Practice (Module N26081)	UL
Sept - May 2027	Master's of Science in Nursing - Palliative Care	UL
Sept - May 2026	Master's of Science in Nursing - Palliative & End of Life Care - Year 2	ATU
03/09/2025	The fundamentals of Frailty	CNME
11/09/2025	Tissue Viability study day	CNME
11/09/2025	Community Fundraising - Activating your Supporters	The Wheel
11/09/2025 & 30/09/2025 (online)	Presentation skills	St. Francis' Hospice
16/09/2025	HSE Climate & Sustainability Programme, Climate Health Alliance & Spark Innovation Conference	HSE
16/09/2025	End of life management in children & young people national programme	HSE/CNME
22/09/2025	BLS Training - Galway	Martin Commins
22/09/2025 - 23/09/2025	Trauma Informed Care - How to support Children & Adolescents with Anxiety	IASW
30/09/2025	Hoist Training (Galway)	U Safety
06/10/2025	Respiratory Study day	CNME

09/10/2025	BLS Training - Galway	Martin Commins
13/10/2025	Preceptorship	CNME/HSE
14/10/2025	Leadership Refresher Training	Mary Rafferty
20/10/2025	Parkinson's Disease Study day	HSE
22/10/2025	Tissue Viability study day	HSE
23/10/2025	Physiotherapy Practice Educator Training	University of Limerick
03/11/2025 - 22/01/2026	High Impact Leadership	IMI
11/11/2025	Improving Communication within Departments	Activate Training & Consultancy
15/11/2025	People Moving and Handling	U Safety
18/11/2025	MH (JF) & PMH (LM)	Mayo Training Institute
20/11/2025	Annual Palliative Care Research Symposium	AIHPC
20/11/2025	Fire Marshal Training - Mayo	Ignite Fire Training
21/11/2025	Irish Medication Safety Network Annual Conference	Irish Medication Safety Network
27/11/2025	Managing Challenging Behaviour	Maurice Healy
03/12/2025	Assisted Decision Making (capacity) Act Training	HSE
15/12/2025	Wheelchair clamping & lifting equipment training	Donegal Safety Services Ltd

Appendix 4: Remembrance Service Evaluations

Remembrance Service Evaluation - Galway 2025				
Comments				
Your overall opinion of the service:				
"Excellent, wonderful".				
"The candle lighting and reading of names was nice but the overall tone could have been more uplifting".				
"It was beautiful, the reflection and music were exceptional".				
"Very peaceful and meaningful".				
"Emotional but uplifting".				
"Serene, respectful, compassionate".				
"Very emotional, peaceful time to remember my dad, also to remember my mother (RIP 2020)".				
"Beautiful service, beautiful music and readings, found it very emotional".				
"I thought it was very good".				
"We thought the service was lovely and put together with a lot of thought and respect".				
"Lovely to hear my father's name and to have a candle lit for him. Music was pleasant to listen to".				
"The service was very thoughtful, respectful and emotional. The prayers, the music and remembering everybody by name and lighting a candle for them was very catching".				
"Beautiful, respectful to both the living and the dead. Many, many thanks".				
"After getting over the initial shock of hearing that 205 people had passed away in 3 months, I thought the remembrance service was beautiful".				
"Excellent & so special. It brought togetherness for all those attending. Thank you".				
"It was absolutely beautiful".				
"Very good service, very respectful".				
"Lovely service all around".				
"Very heartwarming ceremony".				
Did you attend in person or online				
In Person	35	Online	Could not attend	Not answered
What did you find most helpful?				
"The nurses daily call and the night nurses especially in the final weeks of my husband's life".				
"I didn't find it helpful, I felt it was trying to compound my grief".				
"The overall talk from the hospice workers and support available if and when needed".				
"Not being alone with your grief and loss".				
"Information given on hospice supports".				
"Comforting to know our loved ones are remembered".				
"The inclusion of serenity".				
"The fact that we are all in the same boat. Nice to see other people again who we used to meet in the hospice".				

"Whilst I was highly emotional it was also very peaceful to be there - the readings in particular".
"Knowing that my dad was still remembered by the GH after his passing in February. The remembrance service booklet was lovely to read, even after the ceremony".
"The whole service was lovely, but what stands out for us was reading all the deceased names and including the family when lighting the candle in their memory".
"No one thing in particular. I did like that I could light the candle myself for daddy, RIP".
"That there are no rules for grieving".
"All aspects helpful and consoling".
"That there was no urgency by the organisers".
"Everyone was just so nice and welcoming".
"Being there, listening to the speakers, beautiful music. It gave us an opportunity to mark our brother's 70th birthday".
"The silence and the music were lively. Also, the readings".
"The feeling of not grieving alone and knowing your continued support is always there".
"Just to hear people talk about their story".
"I found it difficult".
"Just attending with my family and knowing we are not alone".
"The appropriate music and the lighting of the candles - the whole thing overall".
"The care that my husband Tom received while in your care was unreal, just brilliant"
"Everything was professional".
Is there anything you would like us to do differently or are there any changes you would recommend?
"There are no changes I would recommend, the service was very good".
"I would have preferred more uplifting music and readings; I found them quite depressing".
"No, it was perfect".
"Think service is perfect as it is - simple and meaningful".
"To continue their excellent care and super dedication to the patient and also to the family members".
"You delivered a most complete remembrance service. Congrats to all".
"No, they did everything they could do for him. I am so thankful to them, the team".
"No, I think it was put together very well".
"The changes, come to mind, it was just lovely. Explaining about the stages of grief was also very helpful. Thank you all for your dedication and hard work, always".
"There is nothing that I would ask to change and I loved that we were invited to hospice for a cup of tea after. I would have loved that part too, but I had other commitments that evening. Please keep that part going too though!"
"No".

"I wouldn't change a thing as I think the booklet is very well worded and I can re-read it anytime. The reading of the individuals name in 5 groups and to be given the opportunity to walk to the alter and light a candle for your loved one was very special. The music, singing and the choice of songs was lovely. Also, I didn't expect to be invited to the restaurant for tea! A really memorable night. Thank you".

"I cannot think of anything that would make a difference to a treasured ceremony and the kind invitation to the that familiar canteen where everyone was so kind and caring to us",.

"I know this is probably too much to ask if it could be annual".

"Maybe have a candle lighting at ground level. A lot of relatives had some difficulty with the altar steps".

"A bit more time to go up to light the candle when the name read out".

"Just maybe make it clearer to people if and when they could go up and light the candle for their loved ones".

"Keep doing what you are doing, can't get any better".

Any further comments or suggestions

"My husband Martin was delighted with how well he was looked after and very grateful to all the staff at the hospice".

"The lady reading the last list of names went too fast and mispronounced multiple names. An alternative venue for tea/coffee afterwards would have been preferable as the hospice has traumatic memories".

"It was a lovely gesture and a great privilege to light a candle for our loved one, much appreciated".

"The music was very good and appropriate for the service".

"It is truly amazing how GH remembers every person in their care, we will be forever grateful for the amazing care and support shown to us and our beloved Janette".

"We were so lucky compared to other parts of the country to have such a wonderful facility as the hospice close at hand. All hospice staff deserve our utmost respect and gratitude".

"As an ex assistant DON, I was so proud of these excellent nurses who attended Pats, RIP".

"I was unable to attend in person because I still get so emotional over Judy's death. Thank you for making it available online so I could cry in private".

"No follow up but it is very moving to remember all our loved ones and light the candles in my husband's name. Thank you all".

"Thank you".

"Thank you for all your concern and support prior to and follow our brother's passing. You offer so many services, you are amazing, thank you".

"Very pleased with treatment and care of patients and family".

"The music was nice".

"Hospice was so nice, definitely a home away from home and our father was only a few days with Hospice but our experience was so good. We can never thank the organisation enough".

"The ceremony was extra special because 24th Sept was my brother's 70th birthday. He passed away in your care...".

"Ye are remarkable people in what ye do and I cannot praise you enough. In the depths of our sorrow, it has greatly helped us. Thanks, from the bottom of our hearts".

"Thank you for the service".

"Everyone at entrance was so friendly and welcoming. It would have been nice to join the refreshments but had to catch bus home. Very thoughtful".

"Keep up the good work. The hospice is unique in all it offers. We are so lucky in Galway".

"The service ye provide is exceptional and I thank you all from the bottom of my heart for your care, kindness, understanding and compassion to me, my family and my husband".

"No, overall, a beautiful ceremony. Thank you for all the candles at the end".

"The service was very good; went with my family and it was another stage forward in our grief. Thank you once again for all you have done for us".

"Excellent service, Shannen SW excellent counselling, professional, compassion and empathy. Well, done to all. Keep up the good work. Hopefully some time I can be of help in some way".

MAYO

Remembrance Service Evaluation - Mayo 2025

Comments				
Your overall opinion of the service:				
"It was lovely" .				
"Absolutely beautiful, so personal, healing and felt such support".				
"Calming, thoughtful and relaxing and most memorable".				
"The welcome we got as we arrived - quietness, it is a very special place".				
Service was so beautiful. Readings touching but helpful. Singing was amazing".				
"Really lovely service".				
"It was so moving".				
"The service was so inspiring with the readings and music and song".				
"It was beautiful".				
"The service was beautifully done, from the music, singing and talks".				
"Beautiful, emotional and so well organised".				
"It was wonderfully put together and really good for us".				
"It was very good. The music was beautiful. Very well planned".				
"Beautifully done with kindness and compassion. A very emotional experience".				
"Was excellent, you all put so much into this service, both in thought and compassion.				
"It was emotional and beautiful. The words in the prayers were meaningful. The girls were fantastic at the music".				
"It was absolutely perfect, so meaningful and allowed us celebrate their lives with beautiful prayers, poems and singing".				
"The service was perfect".				
"Wonderful and healing. Derek's talk on the candles was inspiring as my brother had a candle lighting 24/7".				
"Absolutely beautiful, respectful, thoughtful, emotional, helpful".				

Did the time of the service suit you?				
20	No		Not answered	Could not attend

What did you find most helpful?				
"I liked the reading from the gospel and the prayers".				
"The staff as always so supportive, beautiful music and a candle that reminds me of the loving care my mum received".				
"The calming effect but remembering those who passed on and especially for us, our son Seamus".				
" I found the whole atmosphere lovely, the actual service superb and the music a joy. The whole experience was truly moving".				
"Knowing we were back in Hospice where Michael spent his last 9 days with us all in such a peaceful, caring surroundings. Blessed to have you all".				
"Meeting other people in the same position and that helps a lot".				

"The readings, the music and the kind words of all involved. I think everyone would have come away feeling less sad".
"The talk given by each speaker and such a calm atmosphere was so soothing. Each reflection by the speakers was so profound and awe inspiring. The lighting of the candle for the deceased and naming them felt so personal to each one of us. Thank you".
"That it was just our family".
"Everyone joining together to mourn the huge loss we all suffer from".
"Everything - nothing left out".
"I loved the remembrance booklet and the lighting of the individual candles. The music and singing was lovely too".
"Coming together as a group to say goodbye".
"The presence of the hospice staff. Being in the presence of those that cared for my partner and who continue to support me and made me feel safe".
"Everything was done so well, prayers, songs/hymns, reflections and that special touch with the individual candles in remembrance of each person. Even the candles that you post out, most appreciated".
"I found myself thinking of other people who lost their loved ones (like myself) and felt sympathy with them".
"That each and every one had their names called out and the candle lit for them. That was very touching".
"The memorial tree and receiving the invitation 1 year after as everyone expects you to be fine once first of everything is over".
"The talk on grief was very significant. Grief will always be with us, but we learn to carry it in different ways. The name tags on the trees and the candles burning meant so much to us".
"The support that is shown to us after our loved one is gone, that they or us are not forgotten".
Is there anything you would like us to do differently or are there any changes you would recommend?
"I would like the mass, but I understand we have to facilitate and consider all creeds and believers".
"I can't think of anything that would make it any better. I really enjoyed the service and the music and singing".
"None. Everything was beautifully done. Thank you for all the effort and all the work involved".
"Definitely not, absolutely everything so well put together".
"Just to thank you again for everything you did for Carol and now for us, her family members".
"No, I think that the people who organised the service deserves praise and gratitude for a difficult job very well done".

"No, I think that you all planned and organised this service so well. It's great to know that one can get in touch with you if ever we need to".

"No, it was just perfect. Everyone involved was so kind and thoughtful in everything they did".

"I really don't think it could be any better".

"It was perfect, an absolute credit to you all".

"The atmosphere in the Hospice was so soothing, and the staff and volunteers were so understanding and helpful that I wouldn't change anything about the evening".

"More family involvement possibly".

Any further comments or suggestions

"I have to travel from the island; perhaps a Friday evening & stay on the mainland overnight. We have to work with you hard-working people. The evening facilitates working people. I am forever gracious to the care you gave my husband, Pat. You do such wonderful work".

"The service is a great help to those who are bereaved and to me was an extension of the care and support for my friend who died last May. The hospice is truly a wonderful facility".

"Thanks to each of you for the love and care we have experienced during Michael's time spent in hospice during the latter years of his illness. We are truly grateful".

"I appreciate all the effort you put into organising it all. Thank you all so much".

"Thank you to everyone involved for such a tremendous evening of helping everyone through their grief and for remembering all our dearly departed with all the candles and their names on the remembrance tree".

"The service helps gather mourners together and make us realise we are not alone. There is so much help there for us given by the hospice staff and palliative care team. May God Bless all of you".

"Well done to all involved and thank you all for all you do. You went above and beyond".

"Just to thank you again for everything you did for Carol and now for us, her family members".

"Just my heartfelt thanks to everyone at the hospice. They are an amazing team of people. I'll never be able to thank them enough".

"Know that you support us when we need it as some need it more support than others. You are all very special people and do fantastic work, your support, compassion and patience do not go unnoticed We the nation are very lucky to have such wonderful hospice service in Mayo. It is a place of comfort, homely, relaxed, nothing rushed; gives all the time necessary. Everything that both the person and their families need and appreciate at the precise time. You all are very special angels. A bit thank you to all. Long may we have this service".

"Thank you so very much for a lovely service".

"The candle for the family to take home is very touching as we put it beside his photo and remember the hospice always for such great care that was given to us all. Thank you to each and everyone. Ye are all so wonderful".

"Thank you all for the compassion and care to us as a family member, your kindness made a difficult journey a little easier".

"Please continue with the wonderful work you are all doing and we will pray for and support all your good deeds. Thank you".

Mayo Hospice Children's Bereavement Group

First Children's Bereavement Support group facilitated in Mayo Hospice



Working with children into bereavement gives children a voice for their grief and equips them with the skills and tools to help to understand the emotions and reactions to their own grief, which supports the development of coping strategies, and develops their understanding that their grief is a normal response to their loss. Over the first two Saturdays in March 2025, a Children's Bereavement Group was facilitated by the Medical Social Work Department in Mayo/Galway Hospice, Galway Hospice Governed Services. It was the first Children's Bereavement Group of its kind 9. The Bereavement Group followed the facilitation of the Wildlands Claddagh Camp that was successfully run in September of 2023 and 2024 that supported a number of bereaved families that were connected with Mayo and Galway Hospice's. The Medical Social Work Department, through its work in both hospices throughout 2023 and 2024, was aware of the growing identified need to support young families into their bereavement. The Medical Social Work Team with the support of colleagues within the Hospices, decided to best support families and to reach and meet as much identified bereavement need for children as possible that both Mayo and Galway Hospice's would run Children's Bereavement Groups in both Hospice sites. This led to the planning and development of the first Children's Bereavement Support Group in Mayo Hospice.

The Group was facilitated by two of the Senior Medical Social Workers based in Mayo Hospice. A total of 9 children attended the group; 4 boys and 5 girls aged 6-12 years. Each of the children who attended the group have experienced the death of a parent. The group was a closed group and focused on group work with the children while also involving the parents in specific interventions. The Group took place in an identified space within Mayo Hospice building.

The Group explored the following themes over the two group sessions:

- o Children telling their story of grief and loss
- o Expressing thoughts, feelings and behaviours.
- o Managing difficult feelings.
- o Identifying worries and questions.
- o Memory work.
- o Coping skills and strengthening support for the future, and;
- o Continuing bonds.

The Group offered a safe and supportive environment for children to gain increased understanding of feelings and experiences that can be associated with grief. It provided the children with an opportunity to connect with others, going through similar situations in a calm, relaxed, and supportive environment. The sessions were activity-based and flexibly structured to ensure that the individual needs of the children who attended were met within the group setting. The group allowed for the exploring of each of the children's experience of losing their parent at each child's own pace and time. The children were all aware of their shared experience; that they had experienced the death of either their mother or father, which allowed the development of connections within the group from the get-go!

Following the Group, each family received a follow up home visit by one of the Medical Social Workers and an evaluation was completed with the child who attended the group with their parents' input. All the families rated the Bereavement group as 'great'. All the feedback was very positive, and all families noted that the children benefited from the psychoeducation provided in regard to grief and loss and also the peer support within the group setting. Some of the comments received from the children included:

"I love it"

"I had a great time it was soooooo much fun."

"I liked not having to talk if you did not want to and that we could take breaks".

"I liked talking about what mum liked and didn't like".

"It was a safe space".

"I liked talking about feelings".

"I'd like more days".

"I am glad that I attend the group".

A number of months following the group, in June 2025 the families who attend the Bereavement Group were invited back to a family day in Westport House. The day focused on free fun activities that encouraged the families to come together in a relaxed environment

and have fun as a family. It offered space to make further lasting memories in the presence of families who shared similar experiences of loss and bereavement.

Overall, the activities run in 2025 to support children and their families in their bereavement were very successful and the Medical Social Work team continue to plan towards meeting this ongoing need into 2026.

Galway Children's Bereavement Group Report 2025

Dates: 7th and 14th June 2025

When: Saturday 10am – 3.30pm

Venue: Day Care, Galway Hospice

Facilitated By: Hazel Greene, Holly Sheeran, Jamie McDonagh, Nuala Creedon and Carmel Murphy (Bereavement Volunteers)

Attended By: 14 children attended – 7 girls and 7 boys ages ranging from 6-12 years.

Background:

The Medical Social Work team collated notification forms of Bereaved Children whose parent had died under the care of GHF between 2021 and 2025 and suitable for consideration for attending a children's bereavement support group. We implemented the Bereavement Support Group model that we used in our previous group sessions in previous years and adapted it accordingly to suit the needs of this group. Screening was undertaken by the Medical Social Workers who in most cases had previous contact or involvement with the bereaved child/family and had knowledge of their support needs and suitability for a group.

Children were identified as suitable for the group, and each parent received a letter with information on the group and a registration form for each child.

Day One: 14 children attended – 7 girls and 7 boys

Day Two: 14 children attended – 7 girls and 7 boys

In summary:

1. 13 of the children's parents died from Cancer and one from Multi System Atrophy.
2. Eight of the children were grieving the death of a father and six were grieving the death of their mother.
3. Length of time since death ranged from 2 months to 4 years.
4. 14 of the 14 children had support from the MSW department pre- death via homecare and IPU.

Themes: The bereavement support group explored the following themes over the two group sessions:

- Children telling their story of grief and loss and events surrounding their parent's death.
- Expressing thoughts, feelings and behaviours.
- Managing difficult feelings.
- Changes since the death of their parent.
- Identifying worries and questions.
- Memory work.
- Coping skills and strengthening supports for the future.
- Continuing bonds.

Group Session One Outline:

Warm-up games: Ball game

- u Introductions: purpose of the day
- u Ground rules for the day on flip chart
- u Group candle ceremony and stickers
- u sharing the name/picture of the parent who died
- u Muddles and Puddles A3 Worksheets:
 - q *This is me*
 - q *My family*
 - q *About the person who died*
- u Collage using photo of the person who died
- u Flipchart: *My life has changed, some things are different exercise*
- u Children pick a picture/image that reminds them of a place they used to visit or activity they used to do with the person who died
- u Puppets to introduce feelings
- u Identifying feelings of grief and loss: children explore different feelings in their body and complete body map
- u Worry Box and Question Box for the Doctor/group facilitators
- u Ending of group -game/ Relaxation and closing down the group

Group Session Two Outline:

- u Warm-up game
- u Lighting of candle
- u Reflection on how the week was for the children
- u Recap on previous group session
- u Questions for doctor- facilitated with one of the medical team
- u Healthy and unhealthy ways of managing feelings and coping strategies
- u Decorate masks with feelings: angry; worried; sad; lonely;
- u Discussion about worries/questions identified for worry box

- u Conversation around funeral/memorial service using funeral sheet (*Muddles, Puddles and Sunshine*)
- u Memory stone exercise: One shiny pebble and one hard stone to identify good/difficult memories
- u Rock painting exercise, with images/words of special memories
- u Planting exercise, planting a memory; continuing bond
- u Evaluation forms to be completed by children
- u Children to share their work with parents/guardians
- u Presentation of certificate to the children

Evaluation/Feedback:

Verbal and written feedback was received from the group participants and parents. All the feedback was very positive, and all noted that the children benefited from the educational and peer support within the group setting.

Some of the comments received from the children included:

"I had a great time"

"Everybody listened"

"I liked the art"

"I liked meeting other people"

"I felt able to share my feelings"

"I liked the plant exercise"

Feedback from Group:

The children's parents were contacted by phone within six weeks of the group ending and provided with verbal feedback on their child's participation in the group and any concerns that had arisen within the group. Recommendations for follow up support discussed with each parent and Medical Social Workers agreed to provide ongoing support if required in GHF.

Group Assisted by:

- o Bereavement volunteers (Nuala Creedon, Carmel Murphy)
- o Maintenance (Brian Nally) assisted with the organisation of day care room - volunteers could be considered for arranging removal of furniture and reorganizing day care room for future groups.
- o Catering staff consulted for group sessions - snack and lunch for children/parents.
- o Dr Orla Geaney, Palliative Care Doctor

Considerations for future groups:

- Five adults/staff were required for the number of children in attendance.

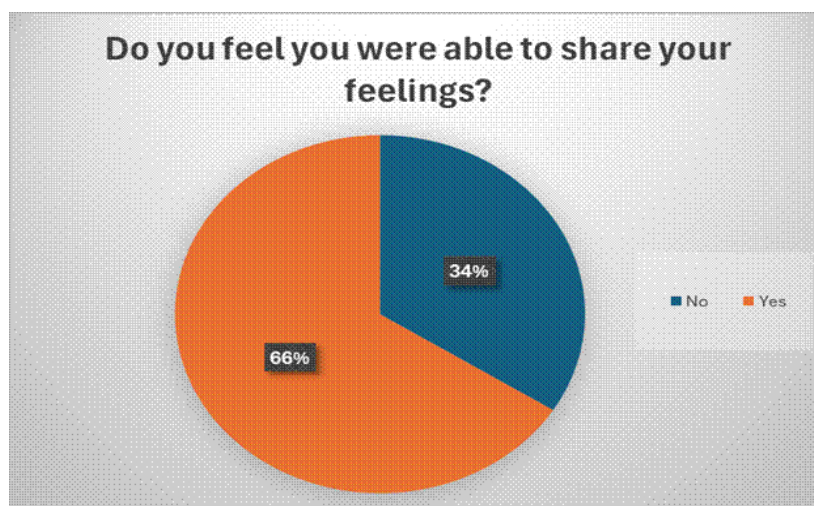
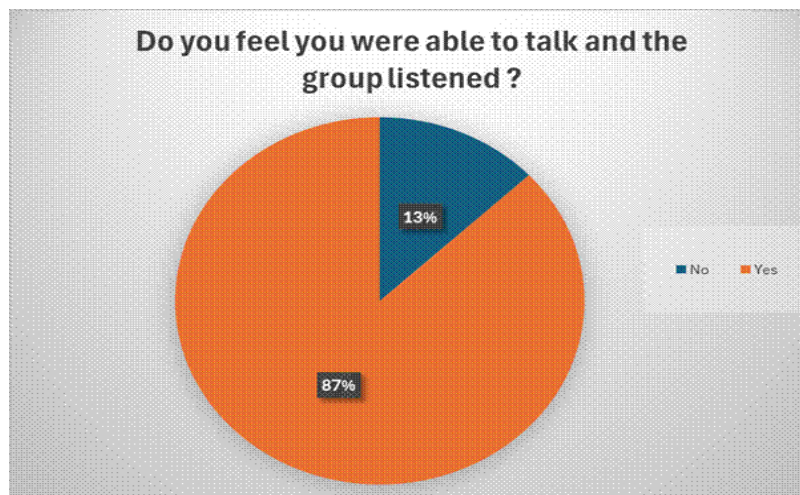
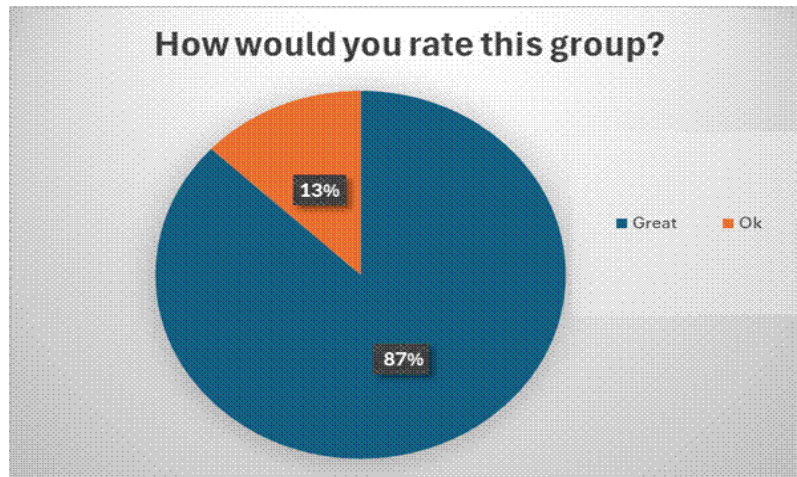
- Dividing the children to age specific groups worked well and the same facilitator each week.
- Aged 6-11 years is a broad age category with differing developmental needs/level of understanding and requires consideration for different exercises/activities. Games, music and the ability to adapt group programme required.
- Children invited and attending the group had various length of time being bereaved, some had processed their loss more than others which affected their capacity to share or perhaps adequate therapeutic intervention. The benefits were primarily meeting other children.
- Time keeping and planning of group, many of children felt the day was long, more so day one.

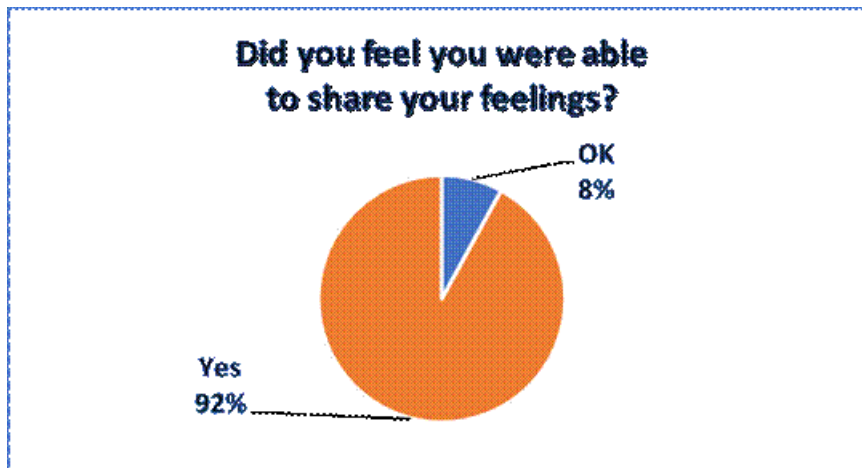
Future Planning:

- In light of the positive feedback received from the group participants, it would be important that children continue to be offered this form of bereavement support within Galway Hospice. These groups need to be organised annually.
- As the weekends are the most conducive time for children/families to attend a group and the availability of space in Galway Hospice, implications for staff facilitating groups at the weekends (2 Saturdays) needs to be considered in the group planning stage.
- In summary, it was a very successful, supportive and well attended group and the children completed evaluation forms to reflect their experience.
- Within the referrals there is a higher volume of adolescent bereavement referrals coming in and needs to be considered in our service response
- The group responded well to time outside; they struggled with longer periods indoors.
- If any child has additional needs this needs to be considered in staffing resources and ratio within each group. A conscious effort was made this year to accommodate the needs of children known to be neurodivergent.
- A conscious effort was made to take into consideration the environmental impact of the group. We used sustainable resources and reduced the use of plastic; this is in line with the hospice's 'Green policy and initiatives'
- The parents were offered a space to meet in the canteen; this was facilitated by our bereavement volunteer and very well received and overall, extremely positive feedback from this experience of peer support.

Evaluation Report

12 Evaluation forms were completed All the children rated the group as 'great' and All were glad that they had attended.





Some of the children agreed that they were able to share their feelings in the group and felt they were able to talk and feel listened to. Other comments that children included in the evaluation forms included:

Things they liked and did not like about coming to the group were:

- *"I liked all the activities"*
- *"I enjoyed the art"*
- *"I liked the lunch"*
- *"I liked meeting others"*
- *"I liked the plant"*
- *"I liked playing with people"*
- *"Everybody listened"*
- *"The games"*
- *"It was too long"*

2. Do you think the group was too long or too short or just right?

- *"Just right"*
- *"A bit too long"*
- *"Well, a bit long"*

3. Feedback from parents

- *"I think the girls found it hard, but it was good for them"*
- *"We brought the plants to the grave"*
- *"It did them good to meet others"*
- *"I really feel it did help even if she didn't say much afterwards"*
- *"You accommodated my son's neurodiverse needs"*
- *"Meeting the group in the canteen was helpful and supportive"*
- *"The memory making pieces were really good"*
- *"She seems more content in herself"*

Figure 1 Appendix 6

A	B	C	D	E	F	G	H	I	J
Open/Closed/Pending	Study Title	PI	Co-Investigators	Approval Date	RGC Ref:	Ethics Approval Date	Notes	Progress	Dissemination
Closed	Experiences and perceptions of palliative care nurses participating in Clinical Supervision – A qualitative study	Dr Siobhán Smyth (UoG)	Deirdre Munro			Aug-24		Completed - journal article to be written	EAPC 2026 (Poster presentation), Trinity Health and Education International Research Conference 2026 (Oral presentation)
Open	Exploring the Specialist Palliative Care Experiences of Native Irish Speakers in the West of Ireland	Dr Ronan McLernon	Niall Manktelow, Dr Camilla Murtagh, Dorothy Ni Uigin (UoG), Dr Sinéad Donnelly	Aug-25	RGC 1	Aug-25		Completed	IAPC 2026 (Oral Presentation)
Open	Expert consensus opinion on anticipatory prescribing of "crisis packs" for patients at risk of terminal haemorrhage in palliative inpatient and acute hospital settings; a modified Delphi process	Dr Claire Kelly	Niall Manktelow, Dr Ita Harnett, Dr Camilla Murtagh	Aug-25	RGC 2	Oct-25		Round 1 commenced 20/1/2026	
Open	A National action research project to examine the effectiveness of the occupational therapy led "EMPOWER", self-management group programme for stress and anxiety, for community based palliative care patients across a variety of specialist palliative care settings.	Jessica Duggan	Trinity and St Francis Hospice teams	Aug-25	RGC 3	Oct-25		2 cycles completed (13 participants)	
Open	Assistance in Estimation of Prognosis Using AKPS	Dr Ronan McLernon	Niall Manktelow, Dr Jasleen Tarrent, Dr Alison Cran	Aug-25	RGC 4	Dec-25			IAPC 2026 (Poster), EAPC 2026 (Poster)
Open	High-Flow Nasal Oxygen for Community Palliative Care Patients: A Case Series	Dr Sarah Nestor	Maria Alvarez	Aug-25	RGC 5	Aug-25		Data collection completed, analysis commencing Jan 2026	
Closed	VTE prophylaxis within an IPU setting	Dr Laura Healy		N/A		N/A		Completed	IAPC 2026
Closed	Do Not Attempt Resuscitation (DNAR) Discussions – The experience of medical registrars in the Irish hospital setting	Dr Laura Gaffney		N/A		Previously granted during MSc (RCSI REC)	Previous MSc thesis - planning for publication		
Closed	Development of a Model of Integrated Palliative Heart Failure Care: A Regional Proof of Concept	Niall Manktelow	Emer Burke, Dr. Julien O'Riordan, Dr. Alison Cran, Dr. Nuria Farre, Prof. Loreena Hill	N/A		N/A		Completed - 2 new studies for development (PCOC acceptability in HF service, Referral tool validation)	PCRN Symposium 2025 (Oral presentation)
Closed	Breathlessness beyond the patient: addressing breathlessness and the psychosocial needs of carers as a collaborative intervention in specialist palliative care	Maria Alvarez	Caroline Quinn	N/A		N/A		Completed	IAPC 2026 (Poster)

Figure 2 APPENDIX 6

1	Closed	Breathlessness beyond the patient: addressing breathlessness and the psychosocial needs of carers as a collaborative intervention in specialist palliative care	Maria Alvarez	Caroline Quinn	N/A		N/A		Completed	IAPC 2026 (Poster)
2	Closed	Enhancing Palliative Care integration of Healthcare Services in the West of Ireland; A collaborative approach using Project ECHO and a specialist palliative care in-person hospice education programme for nursing homes	Vanessa Butler		N/A		N/A			IAPC 2026 (Poster)
3	Open	Newly Qualified Nurses Perceptions of their preparedness to care for Palliative and End of Life Patients in the West North West Health Region of Ireland	Laura Glynn	Dr. Marcella Horrigan Kelly (UoG)	N/A		Oct-25	MSc Thesis	Recruiting	
4	Pending	The Influence of Age and Sex on the Experience of Total Pain in Adults Receiving Palliative Care: An Integrative Review Proposal	Jolanta Palczynska	Prof Pauline O'Reilly (UL)	N/A			MSc Protocol	Protocol developed, study commencement 2026/2027)	
5	Open	Exploration of Year four and Pre-Registration Nurses' Perceptions of Palliative Care Education for End-of-Life Care Preparation.	Cristin Healy		N/A		(UL REC)	MSc Thesis	Interviews completed December 2025	
6	Closed	Evaluation of the impact of implementing Future Care Plans for patients with palliative care needs – ENCIRCLE-PC	Dr Ita Harnett	Dr Orla Geaney, Martina O'Reilly (national clinical programme), UCC Team	CRDO approval		Apr-25		Recruiting	
7	Open	Deprescribing in Adult Palliative care: A Scoping review of processes and healthcare professional roles.	Shruti Gambhir	Niall Manktelow (supervisor)	N/A		N/A	MSc Thesis	JBI protocol for completion Jan 2026	
8	Pending	Deprescribing Practices in Dementia End-of-Life Care: A Retrospective Review of Rates and Influencing Factors in Specialist Palliative Inpatient Care in the West of Ireland	Dr Jasleen Tarrant	Niall Manktelow, Mairead Murrin		Dec-25	RGC 6		Dec-25	
9	Open	Experience Based Co-Design Oxygen Delivery Project	Deirdre Munro	Joan Burke, Maria Alvarez	N/A		N/A		Staff input complete, recruiting for patient perspective	
10	Planning	CommPAL: Decision Support System for Delivery of Palliative Care in the Community	Prof. Ciara Heavin (UCC)						Secured further EI funding - discussion as possible pilot site initial positive meeting with EI December, EI funding application to proceed, meeting with possible engineer scheduled	
11				Niall Manktelow, Dr Edwards						

2							initial positive meeting with EI December, EI funding application to proceed, meeting with possible engineer scheduled		
3	Planning	Novel CSCI delivery solutions (BioInnovate)	Lara Coyne	Niall Manktelow, Dr Eduardo Bruera					
4	Planning	OT-led Palliative Fatigue Management Programme							
5	Planning	Evaluating fatigue measurement in palliative care: congruence between PCOC Symptom Assessment Scale and FACIT-Fatigue scores							
6	Planning	National photovoice project with Irish Hospice Foundation							