

## **Ardgowan Hospice**

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**“I will never be alone  
in my illness and that  
is such a comfort.”**



**Ardgowan Hospice  
Annual Review 2005/06**

## Our Key Values

Ardgowan Hospice is a community resource that exists to provide specialist symptom management and terminal care for people living with a life limiting illness in Inverclyde, whilst supporting their families and carers. Patients are involved with their personal plan of care, which is tailored to meet their needs.

## Our aims:

- we treat our patients with unconditional regard
- we preserve quality of life, dignity and autonomy
- we provide a safe, pleasant and accepting environment
- we promote individualised and holistic care
- we affirm and support family and friends during the illness and in their bereavement
- we work as a multi-disciplinary team
- we promote open communications at all levels within and outwith the Hospice
- we foster growth and development by continued education of staff and volunteers
- we promote palliative care principles in a wider care setting
- we enhance standards of excellence by ongoing review and openness to change
- we ensure efficient resource management in all departments

Our boundaries are coterminous with Inverclyde Council – from Wemyss Bay in the west to Finlaystone in the east and Kilmacolm in the south.

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I came to the hospice feeling very unwell, but was soon feeling much better.

## Chairman's Report

Much has happened during this, my second year as Chairman. Last year I outlined my four priority areas to address. The first was to appoint a Chief Executive and Dorothy McElroy has now completed her first year in the post and has ably demonstrated her considerable qualities and abilities. She and I meet regularly to discuss management and other Hospice related issues and the relationship works really well.

The second area was to resolve the medical staffing problem and we were delighted to appoint Dr Rachel Thorp as our Consultant in Palliative Medicine based at the Hospice and with two sessions held at Inverclyde Royal Hospital.

In her short time with us Rachel has certainly made her mark and with her colleagues we now have a strong medical team.

Thirdly, my intention was to extend the sphere of influence of Ardgowan Hospice and promote palliative care into areas other than cancer. Rachel's appointment in itself has advanced these aims with her sessions at I.R.H. and her interest in palliation in other clinical areas such as respiratory and cardiac failure.

The fourth aim was to forge closer links with our local hospices and that is an evolving process, which is inevitable and indeed probably essential for the optimal functioning of small hospices such as ours in the future.

It will be seen that following two consistently good financial years in 2004 and 2005, it has been more of a challenge this year to raise the required funds.

We will continue to find ways of increasing revenue and reducing costs while maintaining the vital services, which Ardgowan Hospice provides with your continuing and essential valued support. In this way we aim to create a sustainable future for specialist palliative services in the Inverclyde area.

**Peter Semple, Chairman**



**We will maintain the vital services, which Ardgowan Hospice provides, with your continuing and essential valued support.**



# Hospice People

## Committee Members and Officials 2005-06

### Office Bearers

#### Honorary President

Lady Jane Dawnay

#### Honorary Vice Presidents

Lady Shaw-Stewart of Ardgowan

Mr Tom Weir MBE

Mrs James Wilson

Lady Yarrow

### Council of Management

#### Chairman

Dr P Semple DL, MBChB, MD, FRCP

#### Vice Chair

Dr A C Marr MB, BS

#### Treasurer

Mr K Stevenson MBA, FCMA, FCIPD

#### Members

Sister Mary Anthony LRAM, MBE

Mrs F Cherry SRN, BA, MBA, MCMI

Rev Mrs E Crumlish BD, Cert Mm

Mr G Edwards MIEE, CEng

Mrs J Galbraith RGN

Ms S Hutcheon NNEB

Mrs S Lapsley

Mr J J Morrice MB, FRCS

Mr D Vallance MCIBSE

### Officials

#### Chief Executive Officer

Mrs Dorothy McElroy

MN, MIHM, BSc (Hons), Dip (DN), RGN

(From 1st July 2005)

#### Director of Nursing and Patient Services

Mrs Dorothy McElroy

MN, MIHM, BSc (Hons), Dip (DN), RGN

#### Financial Director and Company Secretary

Mr Duncan N Macdonald

BD, DMS, MBA, MCMI

#### Director of In-Patient Services

Mrs Morag Macintosh PG Dip, RGN,

#### Director of Out Patient Services

Ms Allison Bunce

MSc, PG Dip, PG Cert, RGN

#### Consultant in Palliative Medicine

Dr Rachel Thorpe MBChB

#### Locum Consultant in Palliative Medicine

Dr Rosalyn Mauchline MBChB



## Chief Executive's Report

There have been a number of developments this year for Ardgowan Hospice, and I was delighted to be appointed as the first Chief Executive in the Hospice's 24-year history. There is now a strong management team in place, ready and keen to take the organisation forward. During the course of the year our medical and fundraising departments also returned to full strength. In the Year of the Volunteer, we appreciated more than ever the 300 very dedicated volunteers, who each contributed something special to every department within the Hospice.

We were fortunate to secure funding from the St James Place Foundation, made possible by Help the Hospices Care Beyond Cancer initiative. The funding enabled us to conduct an exciting pilot project for patients with cardiac failure and their carers, entitled Wider Horizons. Ardgowan Hospice was the only Scottish hospice to be successful in this first round of UK funding. The innovative project is to be evaluated by the University of Southampton, under the auspices of Professor Julia Addington-Hall. During the pilot we have had the opportunity of working in close collaboration with the Cardiology department at Inverclyde Royal Hospital, and a great deal of staff training has resulted from this partnership.



Success was also achieved by being voted into the Nursing Times Top 100, demonstrating the value of Ardgowan Hospice as a top employer for nurses in the UK. One of only two Scottish organisations to be placed amongst the top 100, our nurses spoke of our culture of support, training and development, coupled with a high nurse to patient ratio and the drive to provide holistic care.

We are not complacent however, and realise that such high standards are difficult to maintain without a constant focus on quality improvement. Our plans for next year include developing our Governance structure and listening to patients and carers' views on current and future services.

The Trustees and I recognise that delivering high quality care requires prudent management. To safeguard our future financial security we must review our current activities and strengthen our most profitable income streams. We remain dedicated to providing the best possible service for the Inverclyde community.



**Dorothy McElroy, Chief Executive**



**“ A great deal has been achieved in 2005/2006. I thank all the staff and volunteers wholeheartedly. ”**



## Directors' Reports

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### In-Patient Services

#### Setting High Standards

The past year has been extremely busy with many significant changes taking place within the In-Patient Unit.

Dr Rachel Thorp, Consultant in Palliative Medicine, was appointed in February 2006 and she has had a very positive effect in increasing the skills and knowledge of all staff, by her motivation and willingness to embrace the challenges ahead.

There were changes within the management structure of the hospice with a new Chief Executive being appointed who is enthusiastic in taking us forward as the organisation grows and there is an increasing demand on our services.

I was appointed Director of In-Patient Services with responsibility for the In-Patient Unit, Patient and Family Support Worker, Educational Facilitator, Spiritual Care Coordinator, Physiotherapy, Catering and Housekeeping.

It has certainly been a challenging time for me in supporting all departmental staff in a constantly changing environment.

Our last visit from the Care Commission went well and once again they were impressed by our high standard of care and the openness we displayed to patients and families.

A comment from a patient really shows how well the staff work with and support those affected by a life limiting illness:

**“I came into the hospice feeling very unwell but was soon feeling better and my pain had gone because they treated my symptoms quickly. The staff always let you know what is happening to you and why, they always explain everything to you.”**

At the heart of what any Hospice offers is the best care and support we can give to patients and their families and here at Ardgowan we are achieving this in all departments. We encourage staff to have pride in the high standards we set, and to lead by example in achieving real improvements in patient care.

**Morag Mackintosh,**  
Director of In-Patients Services

### Out Patient Services

#### Committed to Patient Care

The Hospice has undergone some changes in the past year with the appointment of Dorothy McElroy as our Chief Executive and the restructuring of the Management Team of which I am now part.

September 2005 saw me leave the Ardgowan Community Nurse Specialist Team as Team Leader and take up post as Director of Out Patient Services, a role which encompasses responsibility for managing the ACNS Team, Day Hospice, Living with Cancer Service at ACCESS, Lymphoedema and Bereavement Services.

Although at times I have felt somewhat daunted by the prospect of this diverse umbrella of Out Patient Services, I am completely committed to expanding the services delivered whilst continuing to maintain the highest achievable standards of care.

Recent years have seen an acceleration in the pace and scope of regulation and control, especially in care homes and Hospices and we at Ardgowan strive to work hand in hand with the Care Commission, who regulate the quality of care within Hospices in Scotland. Out Patient Services at Ardgowan Hospice, along with all areas of patient care, are committed to improving our clinical governance and clinical effectiveness with regular meetings and ongoing project work that meets these criteria.

I have always regarded inspection visits as an opportunity to demonstrate our professionalism – not as a threat, as they are so often perceived. Keeping up high standards is a challenge for any organisation, but they are essential if an organisation is to continue to regard itself as a 'Centre for Specialist Palliative Care'.

In the year ahead I look forward to this continuing challenge and aim for a strong, dedicated team who take pride in their achievements and improve the quality of patient care at Ardgowan Hospice.

**Alison Bunce,**  
Director of Out Patients Services



**The staff always let you know what's happening and why. They always explain everything to you.**

## Hospice Services

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## In-Patient Unit

### People Are Our Priority

The 8-bed In-Patient unit offers 24 hour care for people with serious life limiting illnesses. The experienced staff provide specialist palliative care. Our aim is to ultimately improve quality of life for the patient and their families and carers. This can be achieved by attempting to improve people's physical symptoms as well as the psychological, spiritual and social concerns caused by their illness.

This year 144 patients were admitted to the In-Patient unit, the average stay was 17 days and more than 50% of patients were discharged home.

The resources required for continuing to provide a high standard of care are varied. They range from staff continually updating their skills and knowledge to ensuring the provision of updated equipment and facilities. This year alone one of the staff nurses gained a BSc degree and an auxiliary nurse achieved SVQ Level III. Alongside supporting other members of staff to continue to pursue academic qualifications, the Hospice also plans to implement staff development programmes next year. In response to patient's views, plans are underway to upgrade existing bathroom facilities to incorporate a wet shower area.

Perhaps the message below, within this thank you card, encapsulates the spirit of Ardgowan Hospice:

**“To Doctors, dedicated nursing staff and friends of Ardgowan Hospice, we would like to extend a heartfelt thank you to all for the love, help and care shown to Dad and the family during his illness.”**

## Day Hospice

### A Home From Home

The purpose of Day Hospice is to support people with serious, life limiting illnesses who are living in the community. At present we have 40 patients. Over the past year there were 39 admissions, 51 discharges and attendances totalled 1873.

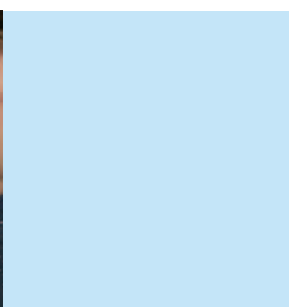
Patients here have access to all of the services offered by the Hospice. However, they value Day Hospice most as a place to spend time with other people who have had similar experiences and therefore have a better understanding of their problems.

Our social life is therefore important. We like to get out and about and this year we had summer days out to Ayr, Helensburgh, Inveraray, Largs and Luss as well as many picnics nearer home. Christmas was celebrated in style with shopping days, a carol service and a night out at the Arts Guild to see the pantomime - complete with a fish tea at the Hospice first. We always have a Christmas party for patients with staff providing the entertainment. This year the theme was songs from the shows and it was a big success. All of these things can help to bring back some normality to peoples lives when they are ill.

The social life of Day Hospice however is only one aspect of our care and at present we are reviewing the service we offer. Attendance is now more structured, with each patients problems being assessed, goals being set and regular reviews taking place. In this way, patient's physical, psychological and spiritual aspects of care are addressed, in addition to the social dimension.

Patients attend for an initial 8-12 week period before being reviewed, however anyone who is discharged at that time can be re-referred in the future, if necessary.

Our aim is to fully support those who come to Day Hospice while encouraging them to remain as independent as possible.



## Patient & Family Support

### Supporting Your Needs

Ardgowan Hospice, as a specialist palliative care provider, recognises the needs of both patients and families for ongoing support with psychological adjustment and practical social issues.

Supporting patients, families and carers is an extremely important part of this service.

Key areas that support can be provided in are psychological support, help to apply for appropriate benefits for patients and carers, discharge planning, and housing issues.

In addition to this over the last 12 months, Ardgowan Hospice has continued to have its views represented on a variety of different networks, whilst continuing to actively encourage patient and public involvement by working in partnership with many other organisations. This will be a key feature of this service for the forthcoming year.

Lots of people have made good use of the service and have commented on the benefits:

**“We are very grateful for all your help and support”**

**“It is comforting to speak to someone who understands”**

**“Thanks for listening. I feel so much better after having this chat”**

## Bereavement and Counselling Support

### Finding The Strength

The Bereavement and Counselling Service at the Hospice provides appropriate structured psychological support to patients, bereaved individuals and their families. Over the past year this has been achieved more fully in the community, partly due to increased networking and extended patient inclusion by invitation to our yearly Remembrance Service. This has brought a 20% increase in the number of patients utilising our counselling service and indeed we now have extra support from a volunteer counsellor.

Although patients can access counselling services through a number of different sources, around 60% of counselling requests are made by the patients themselves.

Our sessions usually last one hour and, depending on the need of the individual, may continue over a period of several weeks or months.

A follow up telephone call approximately 4-6 weeks after bereavement is made to the families of patients in the In-patient Unit, offering our services if they are required.

On the anniversary of the bereavement, a card is sent to the appropriate family member or carer to show continuing support and each year a Remembrance Service is held to which families and carers are invited.

Patients often express their appreciation of the service provided as illustrated in the following quote:

**“Thanks for helping me and for wanting to. Being there and listening. You helped me be strong. It is greatly appreciated.”**

It is hoped we can further continue to develop the Bereavement Service into the community as well as within the Hospice with the help of volunteer support. The service will further develop to include patients with non-malignant diseases. Professional clinical support will be offered to staff in the coming months.

## Spiritual Support

### Matters of a Spiritual Nature

As the Hospice assesses its needs, an understanding of faith in the post-modern era has led to the change of emphasis for this area of care from chaplaincy to spiritual care. This is to facilitate a person-centred approach to spirituality rather than the traditional denominationally based religious care given by a chaplain. Faith and spiritual matters are acknowledged to be issues that concern all, rather than only those with a church-based background.

Underlining the need for a spiritual perspective in holistic care, a new Spiritual Care Coordinator post was taken up in March 2006. Spiritual care is also available to staff and volunteers. Whilst the core role is to offer pastoral support, the position also encompasses working as part of the multi-disciplinary team and assisting in the hospice education programme.

Over the coming year the emphasis will be to fulfil these aims whilst maintaining the existing patient support. A team of honorary chaplains, including local clergy, assist in the care given and also help lead the lunchtime worship that is held in the Hospice chapel. This sanctuary was refurbished in the year and offers a peaceful quiet space to patients, relatives and staff for prayer and reflection.



## Ardgowan Community Nurse Specialists

### Terrific Team Work

The team provides a specialist palliative care service to patients and their families and carers living with a life limiting illness in the Inverclyde area.

There are 4 members in the team, who are GP attached and they work collaboratively with District Nurse teams, as well as liaising with other health care professionals involved in a patient's management.

During the last year the team saw 252 new patients, 61 patients being re-referred, attended 1565 home consultations and provided 272 indirect consultations at clinics, and via hospital ward contacts.

All in all another extremely busy year greatly appreciated by all the patients cared for -

**“glad to have the help and support, she helps to ease the burden of daily life”.**

In the last year, Anna Forde joined the team in a training role. Simultaneously, Jill McInnes and Maureen Anderson were seconded to Inverclyde Royal Hospital to provide a palliative care service to cover for maternity leave over a 6-month period. During this time their caseloads were covered by Anna and Isobel McKnight, our day hospice sister. Both were being mentored by Allison Brown, providing an opportunity for professional development.

The team attended sessions with a Business Management Consultant, developing team building, policy development and implementation, formulating a learning needs analysis and clinical supervision. In order to provide clinical supervision for the organisation, the team will participate in further training in due course. As a result of this investment in the team, the following projects are being undertaken:

- Safety of medication changes in the community (policy developed)
- In-house education programme currently being piloted
- Clinical effectiveness portfolios
- Implementation of Gold Standards framework in the community

In the coming year, the challenges for the team include:

- A secondment providing a service to the Isle of Bute
- A project researching the training needs/skills of social carers in the community

## Medical Services

### Clinical Care

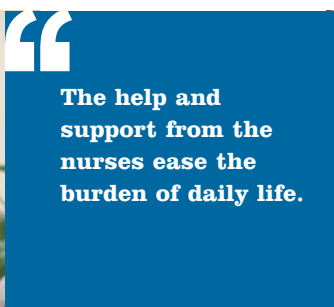
The Hospice is grateful for the contributions of locum consultants Dr. Rosalyn Mauchline, Dr. Valerie Oates and Dr. Elizabeth Orr who, over the last year, have provided support to the hospice team and contributed to the constant process of development within the organisation.

A new full time consultant, Dr. Rachel Thorp, was appointed to the hospice in February of this year and along with the dedicated medical team of staff grade Dr. Stephanie Renshaw and clinical assistants Dr. Douglas Foster and Dr. Ruth Ward will continue to provide medical care to patients in the In-Patient unit, Day Hospice and at home.

With the filling of this permanent post, the Hospice now seeks to improve equity of access to the Hospice service for all people in need of specialist palliative care in the Inverclyde area. A new out-patient clinic has been started and there are dedicated sessions from the consultant to Inverclyde Royal Hospital. We hope to build on the success of the cardiac failure project '**Wider Horizons**' and find ways, throughout the organisation, to care for patients with life-limiting, non-malignant disease and their families.

Links are being forged with colleagues in Cowal and Bute, and ways of working collaboratively with our sister hospices are continually being sought, such as sharing the teaching of undergraduate medical students who are placed at the Hospices several times a year.

Overall the coming year promises to be an exciting one as we build on the strengths and successes of the past and present.



## Living with Cancer

### ACCESS Our Support Services

Our Living with Cancer team at ACCESS provides cancer patients, their families and carers with a nurse-led service giving support and information from point of diagnosis. Anyone affected by cancer can access the Drop-in where they are seen without needing an appointment. We also offer complementary therapies to reduce stress; classes addressing fatigue, relaxation, stress and exercise, as well as support groups offering peer support, and the Top Notch service advising on hair loss.

2005/06 has been an exciting, busy year. Record numbers of patients and carers have used the service, showing an increase of more than 7% overall on the previous year and the use of the Drop-in has risen by 13%.

The St James Place award administered by Help the Hospices allowed support of heart failure patients and carers, through the 1-year "Wider Horizons" project, which was welcomed by both patients and carers. As they commented, "we really appreciated the help" and "this is a special place". The staff involved gained a development opportunity, by participating in the Scottish Partnership of Palliative Care 2005 conference, by presenting a poster of the work.

Listening to those who are living with cancer has informed service development to its current level, and will continue to guide future progress. The expansion of services, which are more inclusive, in line with Scottish Executive policy, will be one of the main challenges for the coming year.

## Lymphoedema Clinic

### Reassuring Treatment

Ardgowan Hospice set up the lymphoedema service in 1991 to provide lymphoedema management for patients within the Inverclyde region who had lymphoedema secondary to cancer and its treatments. Over the years, the service has developed to try to meet the gaps in service provision within Argyll and Clyde Health Board by extending our service to encompass West Dunbartonshire and Renfrewshire region.

The clinic is currently funded for 30 hours per week with a patient caseload of 118 patients. Inactive patients are currently managing their condition without support from the clinic, but who can self refer as required. This successful initiative began 18 months ago. As some patients had stated, they were aware that they were managing their condition but the thought of being discharged felt daunting. Being able to self refer has given them the reassurance that although they are no longer being seen regularly at the clinic they can contact the clinic for advice at any time.

We thankfully have no restrictions over the treatment we can provide for patients who meet our admission criteria. This allows us to treat not only the severe and complicated oedemas but also patients with very mild lymphoedema and patients for preventative advice following cancer treatments.

For the future, we would like to expand our service to provide more preventative treatment. This would include providing a drop-in facility for information on lymphoedema and easier referral. The Hospice and the clinic are committed to research and development within lymphoedema. As part of that commitment, we will be involved in a forthcoming research project on chronic oedema/lymphoedema Service Mapping and Prevalence in Scotland.



We really appreciate the help...this is a special place.



## Education Resources

### Learning for Life

The Education Service at Ardgowan Hospice exists to meet the learning needs of hospice staff and volunteers, and also, to provide an "outreach" education service for the Inverclyde area as a whole. In these ways, standards of care for people with life limiting illnesses are maintained and improved, both within the hospice and further a field.

This year, hospice staff have benefited from courses and study sessions on topics as diverse as communication and dealing with aggression. We have also had a number of talks by visiting speakers including an interesting account of palliative care in the African country of Malawi.

Many staff members undertake additional studies outwith the hospice, and education services seek to meet their needs as well. It is very encouraging therefore to note that at least two staff members will graduate with newly awarded degrees this year.

The "outreach" work of the education service is vital to the spread of good practice well beyond the walls of the hospice. In the past year, over 200 doctors, nurses and others have benefited from courses and study days held not only in the hospice but also in settings such as the Inverclyde Royal Hospital and The Little Sisters of the Poor. Ardgowan Hospice staff have also delivered lectures in Johnstone, Paisley, Renfrew, Oban, Dunoon, Islay, Yorkshire, London and Salt Lake City, USA.

Thanks to all who have helped the education service in the past year and we look forward to an even more successful year to come.

## Volunteer Services

### A Hospice Lifeline

The core function of the Voluntary Services Department is to provide effective recruitment and retention of the hospice's voluntary workforce, which is in line with current employment legislation.

However, the remit extends to management of patient transport, organisation of duty rosters and communication with external agencies and support groups.

In the past year we have recruited 77 volunteers who have been deployed in various areas within the organisation such as the kitchen, housekeeping and reception as well as in our shop and transport teams.

The key objectives last year have been met. We now have a stronger reception base, increased fundraising and finance support and have established an improved database of our 281 volunteers.

Presently, around 70% of hospice volunteers are over 60 years old. The Association of Voluntary Service Managers and Help the Hospices recognise the importance of fostering interest from all age groups. In the next year, we aim to widen our net in terms of recruitment, by approaching local businesses and organisations to encourage volunteering among their employees and members.

One young volunteer said,

**"From the day I began volunteering I was made most welcome. There is a friendly atmosphere, and I quickly settled in. I feel that I do a worthwhile and fulfilling job."**



## Fundraising

### Why Your Money Matters

At Ardgowan Hospice all our services are provided free of charge, and as a registered charity, our existence relies on grants and donations. Therefore the generosity in the past year from the many supporters, too many to mention, is greatly appreciated. Without it we would be unable to meet our annual running costs of almost £2 million.

The Fundraising team is small in numbers but big in effort, enthusiasm and dedication. As a result, the past year's efforts they have been successful in various areas, and none more so than the biggest event in the Hospice social calendar – the annual St Valentine's Ball was a spectacular fundraising event held at the Glasgow Hilton Hotel, raising an impressive £14,000. We are already looking forward to next year's event, which will take place on Saturday 17th February 2007.

Another fundraising growth area came in the form of our "Light up a Life" Christmas Appeal. Almost 2000 individuals gave to this annual appeal in memory of their loved ones, raising a staggering £18,535.00, an increase of 18% from last year.

Our other fundraising heroes, The Friends of Ardgowan Hospice, turned out again this year in all weathers to plan and host events such as lunches, coffee mornings and Christmas fayres. Their commitment and generosity raised a fantastic £31,200. They are already planning next year's events, including a Christmas Carol Concert, which is sure to be a huge success.

The fundraising team is striving to provide an even better level of service in the coming year and have developed a detailed strategy to work towards which includes some new exciting ideas.

The team hope to introduce a wider range of events such as overseas challenges, as well as incorporating a calendar of events that will appeal to the whole community. The team will also endeavour to build stronger relationships with our corporate neighbours engaging in sponsorship programmes and payroll giving.

Fundraisers in many organisations find themselves in an extremely challenging climate at the moment, however, with the continuing support of our many donors we will continue to provide the excellent care and services that have become synonymous with Ardgowan Hospice.



## Charity Shops

### Retail Therapy

Cath Bonner and her team of shop supervisors have once again excelled themselves generating a healthy profit increase of almost 13.8% on last year.

The Hospice's three shops in Greenock, Gourock and Port Glasgow are exceptionally well supported by the local community both in terms of donations and the purchase of previously owned goods.

Although each shop has a part-time supervisor the Hospice relies heavily on a very dependable band of volunteers who staff all three locations.

With the increasing level of sales and donations of goods over the last few years, it is fortunate that we have a shops store on the ground floor at the ACCESS building. This allows members of the public to drop goods off at a central location – where they can be sorted.

All of the vital services offered by Ardgowan Hospice are provided free of charge to patients and their families. As a registered charity with annual running costs of almost £2 million, our existence is wholly dependent on grants and donations. Therefore, despite the success of our three current shops the future needs of the Hospice warrant sourcing potential new premises to further increase revenue.

Ardgowan Hospice is extremely grateful to those supporters who give to or buy from our shops, and to the volunteers who make the venture so successful.

## Hospice Lottery

### Everyone's A Winner

The end of the financial year 2005/2006, once again saw the Ardgowan Hospice Lottery provide in excess of £100,000 clear profit for the fifth year running which funds direct services at the Hospice.

The introduction of an Assistant Manager for the lottery played no small part in this, as it allowed us to consolidate our income and improve our collection efficiency.

The current membership is 5,100 with over 500 new members in the past year. We continually strive to recruit new members to maximise our income. Next year we hope to encourage our members to recommend a friend to the lottery. If one in five players introduce someone new this would increase our membership by 20%, increasing our profit significantly and therefore our contribution to Hospice funds.



**We are extremely grateful to those supporters who give to or buy from our shops, and to the volunteers who make the venture so successful.**



## Treasurer's Report

### Year Ending March 2006

As forecasted in last year's treasurer's report, the Financial Year ending March 2006 was indeed financially challenging.

After two successive years of £155K and £171K profit respectively in 2005/2006 the Hospice suffered an operational deficit of £81K before the adjustment for Gains on Investments.

This represented a deterioration in performance of £252K from last years profit of £171K. This was in turn caused by an overall decrease of £44K in Income and an increase of £208K in the expenditure of the Hospice.

The Income was down in all areas with the exception of the Hospice Shops. Donations were down by £31K, Legacies by £117K, Goodwill Lottery by £14K, Fundraising by £15K and Friends of Ardgowan Hospice by £6K. These significant decreases were largely offset by a large increase in the income from Statutory Sources, Inverclyde Health Board.

However, thanks must again be expressed to all people who willingly contributed financially or with their time to the Hospice over the last year. Despite the decreases the absolute amounts raised by all parties continues to be very commendable. The on going support of the volunteers and the community of Inverclyde is invaluable to the Hospice.

The increase of £208K in expenditure is very significant in a single year and Management will be required to closely monitor and control costs in 2006/2007 to achieve a reduction in costs, excluding the costs of implementing a new pay structure in line with the NHS.

However, to keep things in perspective the net operational surplus over the last three years is £243K. The result of this surplus is that the Balance Sheet of the Hospice continues to be healthy as at the year-end March 2006. The net Working Capital was £320K in addition to which there were investments of £466K. Both of the above could be greatly depleted by one or two successive years of deficit.

The way ahead is to maximise income from Legacies and Grants and to prudently manage all Hospice expenditure.

A meeting with Inverclyde Solicitors is currently being planned to encourage and facilitate their clients to consider including the Ardgowan Hospice in their Last Will and Testaments. The Fundraising section is working hard to access grants from all possible sources.

The staff in the Hospice continues to provide a first class service to the people of Inverclyde and the Hospice Council and Management are confident of continued success in the future.

**Ken Stevenson, Treasurer**

## Accounts 2005/06

### The Following Summary of the Key Figures for the Year is Taken from the Accounts

	2005	2006
In the years ended 31 Mar 2005-06 it cost to run Ardgowan Hospice:	1,715,082	1,923,425
<b>Grants from</b>		
NHS Argyll & Clyde Health	642,547	790,091
NHS Ayrshire & Arran	31,110	34,717
National Lottery	29,382	—
	703,039	824,808
Leaving us to find <b>You, our supporters, gave:</b>	1,012,043	1,098,617
Donations & Gifts	265,652	233,682
Fundraising	279,502	250,672
GAYE	11,805	11,318
	556,959	495,672
Leaving us to find	455,084	602,945
Through Hospice Shops	129,164	146,948
Goodwill Lottery	110,925	96,913
Other Income	12,640	6,117
	252,729	249,978
Leaving to be found <b>Which was financed from:</b>	202,355	352,967
Interest & Investment		
Income	26,683	40,970
Legacies	347,008	230,265
	373,691	271,235
	-171,336	81,732
Total funds of the charity at 31st Mar 2005-06 were:	2,232,130	2,244,804

These funds were represented by:  
Fixed assets inc. investments in Hospice Buildings, shops & equipment, after deducting depreciation where appropriate

Stock Exchange	1,500,175	1,460,442
Investments		
at 31st March, 2006	389,183	466,133
Net current assets inc.		
Cash Balances	342,772	318,229
	2,232,130	2,244,804

### Ardgowan Hospice (Goodwill) Limited Detailed Trading and Profit and Loss Account

	2005	2006
For the year ended 31 March 2006		
<b>Turnover</b>		
Subscriptions	111,933	121,210
Collections	1,179	3,776
Donations	—	—
Collections	134,166	133,522
	247,278	258,508
<b>Administrative Expenses</b>	-136,338	-160,627
Exceptional Items	-110,925	-96,913
Operating Profit	15	968
Other interest receivable and similar income		
Bank interest received	494	426
<b>Profit before taxation</b>	<b>509</b>	<b>1,394</b>



**Thank you to all for the love, help and care shown to Dad during his illness.**

