

OBJECTIVES OF THE ORGANISATION:

- To provide a comprehensive Palliative Care programme, by Palliative Care Trained Registered Nurses, assisted by the Interdisciplinary team.
- To place trained Home Based Carers, from the community, in the community to deliver a comprehensive, quality, palliative home based care service including family empowerment through education.
- To provide supervision by Professional Nurses to Home Based Carers to enable them to fulfil their duties.
- To continually monitor and evaluate the service given to ensure a high standard of care is delivered.
- To seek solutions and partnerships to achieve equal access to quality health care for everybody in the district.

GOALS OF THE ORGANISATION FOR 2008-2009:

- To provide a comprehensive, quality, palliative (holistic symptom management) home based care service in an area from Langebaan to Dwarskersbos, to those in the community who need it.
- To promote family and patient empowerment in respect of care and the management of their illness through education, with on-going support.
- Increase funding income by R250 000.00.
- Accreditation with Hospice Palliative Care Association (HPCA) for credibility which leads to funding – by end 2009
- Grow patient base - to have cared for 55 AIDS by September 2009
- Grow the volunteer base to better represent the demographics of the district. This includes the Board.

Services provided by the Organization: The package of service and the approach our organization is using in the provision of the services

The approach to our service is:

- Holistic
To achieve this we have a caring team, which consists of a Palliatively Trained Patient Care Manager; a Doctor with a particular interest in palliative care, 2 Palliative Trained Registered nurses, 1 Registered Nurse, 2 additional Registered Nurses who supervise the chronic home based care patients, a Social Worker and 5 Home Based Carers. The service runs 24 hours per day, 365 days per year as a Registered Nurse is always on call after hours.
- Interdisciplinary
Once a week we have a palliative patient round which is attended by the Doctor, Registered Nurses and the Social Worker. The objective is to formulate a care plan for all new patients in order to address their specific needs and to re-evaluate the care provided to the rest of the palliative patients. This meeting also concentrates on on-going training.
- Home Based Carers
A Home Based Carers meeting takes place monthly and is attended by all categories of nursing staff and the Social Worker as required. This meeting includes:
 - Re-evaluation of patient care plans
 - Training sessions pertaining to aspects of care as identified by the Home Based Carers
 - Submission of written reports and replenishment of stock

- Care for the carer support, provided by either the Patient Care Manager or the Social Worker.
- Day Hospice Service

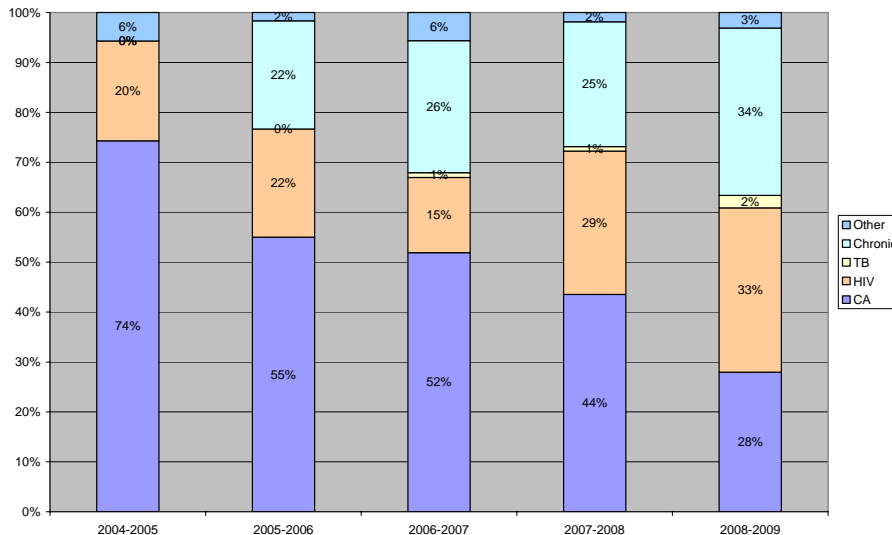
Day Hospice is a service provided as part of the Palliative Care Program, to improve quality of life and is held every second week. Day Hospice provides appropriate care for non bed-bound patients and their families and provides a forum for interaction with other patients in a supportive environment. Family members caring for a patient benefit as they have a morning “off” to attend to other needs. An additional benefit to the organisation is that the Registered Nurses see their “well” patients in one place on one morning, which is more economically viable and ensures that the majority of the Registered Nurses’ time and resources are spent with the imminently terminal patients.

Together with our core business of the Palliative Home Care Program, we have in place additional services such as;

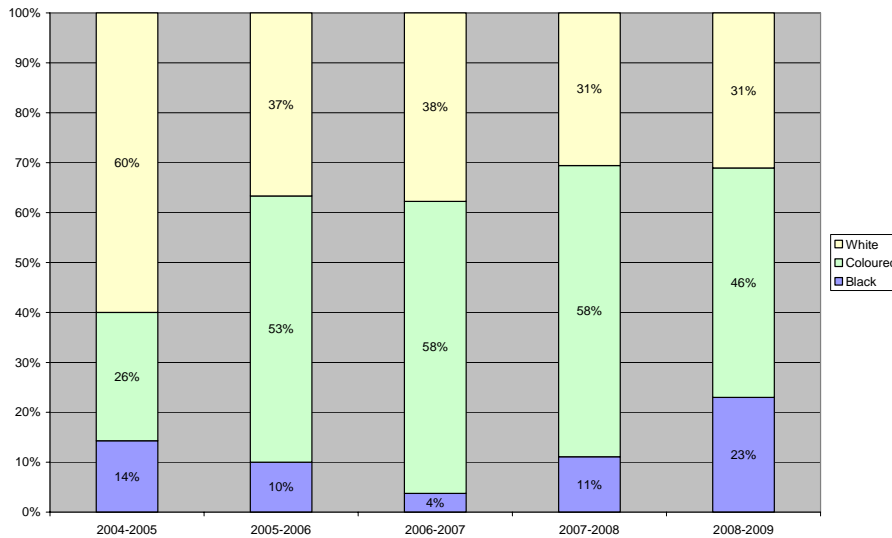
- Facilitating access to grants
- Individual counselling
- Family counselling
- Support group
- Spiritual counselling
- Planning care for orphans and vulnerable children
- Providing care for orphans and vulnerable children
- Nutritional program
- Bereavement service

Our core business is the care of patients in the community. The Annual patient satisfaction report revealed that the performance of our staff deserves praise. This satisfaction was confirmed by the HPCA audit, which was conducted in October 2008. Patient numbers rose this year by 49%. These consist of 28% cancer patients, 33% HIV/AIDS, and 39% chronic and patients with other diseases.

Diag. 1: Graph representing the percentage breakdown of patients by diagnosis



Diag. 2: Graph representing the percentage breakdown of patients by race



Networking and Marketing;

- Networking with the Hospitals, Municipal Clinics, local GP's, Specialists and all other NGO's providing care within our community - ongoing
- We are supported by the Weslander where we are regularly featured covering events and activities of the Hospice - ongoing.
- Maintain a database of all donors, members, interested parties and companies and keep them regularly informed of Hospice matters via a quarterly newsletter-ongoing
- A pamphlet on our services is distributed regularly
- We have a website <http://www.sthelenahospice.co.za>.
- We have street banners which are displayed at various events in the various towns of our Municipal District
- All the staff are involved in promotional talks at churches, service organisations and the radio - ongoing
- We are involved in teaching and education as part of our mission statement – ongoing
- Bereaved families are invited to attend our annual Remembrance Service; a service which is held in one of the local churches and supported by other denominations.

Our service delivery speaks for itself and being able to maintain good quality palliative holistic community based care will ensure the continuation of St Helena Sandveld Hospice. Our patients and their families are the best advocates of our service through promotion of the service via word of mouth; a slogan often repeated is: 'By the community, for the community.'

Community involvement

The target group and beneficiaries are involved with the NGO:

- Volunteers from the community assist in fundraising and marketing and services provided by the organisation.
- Bereaved families are invited to attend our annual Remembrance Service; a service which is held in one of the local churches and supported by other denominations

Monitoring and Evaluation

The activities are monitored and evaluated monthly, quarterly and annually so that the impact of the service can be measured including cost effectiveness.

Monitoring and Evaluation systems;

- St Helena Sandveld Hospice is part of the HPCA (Hospice Palliative Care Association of South Africa). Accreditation process is currently in progress.
- Monthly Quality Improvement and Risk Management meetings, attended by one Board member, the Patient Care Manager, the Administration Manager, the Social Worker and the Volunteer Services Coordinator. In addition to these persons, one Registered Nurse and one Home Based Carer attend these meetings, and are rotated 6 monthly to give other members of clinical staff an opportunity to be involved.
- Annual audits of the financial statements are carried out by external auditors; Members of staff from DOH performed Monitoring and Evaluation of our organisation October 2008;
- Internal audits of personnel and procedures are conducted and are part of our Quality Improvement Plan.

Sustainability

The organizations' plan to continue with the service after the government and donor funding have been withdrawn:

The Hospice is funded by donations and grants from the community, individuals, corporations, international funders and the Charity shop. Donor funding will have a great influence on the expansion of the service delivery both qualitatively and quantitatively. Withdrawal of the funding would mean scaling down of the project and renegotiating with other possible funders for the continuation of the service delivery.

Financial statements:

Total revenue has increased almost commensurate with increased costs. Not reflected in the attached audited financial statements is the good news that we have secured funding from the NLDTF (National Lotteries).

Organisational Successes:

- St Helena Sandveld Hospice has been providing palliative care to our community for 5 years and during this time has experienced growth in patient numbers as well as expansion of various services that constitute a fully functional palliative care service.
- Our Quality Improvement Project has been successful in meeting the monthly targets in order to achieve our goals.
- A third registered nurse has been employed as of April 2009 to care for the increasing number of palliative patients
- A Xhosa speaking home based carer has been employed to assist with the increasing number of black patients cared for. The number of black patients has quadrupled in the last year.
- We are a lot more visible in the community
- The local doctors, clinics and hospitals are referring patients on a regular basis.
- To date, we have cared for 495 patients. This translates into 495 direct beneficiaries and approximately 1238 indirect beneficiaries.

- Successful fundraising events have been held; namely the West Coast Fossil Park MTB Ride and a Spinathon.
- ArcelorMittal have donated a second-hand car. This has now alleviated the pressure we had that all clinical staff had a vehicle and that a vehicle was available for the Social Worker as well.
- The Vredenburg shop has become well established and we are in a situation where we are well known to the public. Premises have been found for another shop in Saldanha and it has been running for two months.

Challenges:

- Sustainability and future funding
- Five other NGO's in our area receive similar funding – this has resulted in a decrease in patient referrals.
- Personnel: In reporting on the staff situation, there are changes taking place in the environment in which we work which will impact on our ability to continue to provide an expanding service. As a non profit organisation we have traditionally not paid our staff market-related salaries, relying on being able to offer a rewarding job and more flexible working conditions. The shortage of nursing services in the country and pay increases awarded in the government sector have significantly raised the level of competition in the industry. Part time work in the manufacturing industry as well as government health care at inflated salaries has also reduced the pool of available personnel. We have, nevertheless, been fortunate to retain a highly motivated and competent staff. Our Volunteer Services Coordinator is well known to all our volunteers and continues to recruit more as needed.
- The rising crime rate has not left us untouched. We have experienced theft from cars left on the premises, theft of volunteers' personal belongings from the shop and shop lifting has also become a major problem. This of course raises concerns for the safety of our volunteers and staff.

Way forward:

- We will continue to work closely with the adult and paediatric ARV clinics.
- Our staff continues to visit the clinics regularly to find out which patients require our service. This has strengthened our partnerships with the clinics and other local NGO's.
- We will expand the Bereavement Service; this will be achieved by training appropriate members of the community in bereavement care. All members of the Bereavement Team will be supervised and supported by the Social Worker.
- A fundraising committee will be formed. This core group will be coordinated by the Administration Manager. Each member of the group will take on a different facet of the fundraising activities. Each committee member will have the backing of more volunteers if required, which will be arranged via the Volunteer Services Coordinator. There will be Board representation on this committee.
- The Hospice continues to operate from the premises we rent for the shop activities and the mobile office parked on the premises. With the increase in patients, there has also been an increase in staff and our office accommodation is inhibiting functionality. A long term objective is to obtain permanent premises for the office accommodation.

Chairman's Report:

Welcome to all those attending our fifth annual general meeting. Before proceeding with my report, I would like to express some thanks;

Firstly to members of the board who have attended regular meetings and played an active part in the management of the Hospice.

Secondly to all our financial supporters, from large corporate donors to those who gave many small donations of cash and goods for sale in the shop and to those who have supported the fund raising projects we have held.

Thirdly to all our volunteers who have helped in the shop and with our patient care. They are all an essential part of our organisation and we could not do without them.

Fourthly to the Saldanha Rotary Club, founders of the Hospice, who have given us much needed moral support as well as considerable financial support through the Rotary Foundation and overseas clubs.

Last, but most importantly, to our staff who have provided the service for which our hospice was established.

Financial situation.

You will see from the financial statements that our current situation is quite healthy, The Treasurer will present the financial statements in detail, but I would like to make a few comments. Total revenue has increased almost commensurate with increased costs and I would like to thank our administrator Felicity Holmes who has carried the responsibility of fund raising during the year under review. She has kept us afloat and we owe her a debt of gratitude for that. Last year we said that we wanted to appoint a person to be responsible for fundraising and I am pleased to report that in the last month this appointment has been made. Not reflected in these accounts is the good news that we have at last managed to get some help from the LOTTO. We will be able to breathe a little more easily for the next few months. However, we will have to significantly increase the remuneration for our staff, and as salaries are by far the major component of our expenditure, this will put a significant strain on our resources next year.

Pasientversorging

Die doel van hierdie organisasie is die lewering van 'n diens aan die gemeenskap, deur pasiënte te versorg. Ons is hiervoor dank verskuldig aan die verpleegpersoneel en tuisversorgers vir die uitstekende werk wat gedoen word. Die jaarlikse opname onder pasiënte bevestig die hoë standard van diens wat gelewer word. Dit vul mens met trots. Die uitslag van die HPCA se oudit in Augustus het ook hul tevredenheid met ons prestasie onderstreep,. Die doel is om by die HPCA en ook die owerhede volle akkreditasie te bekom met die volgende oudit in Maart 2010. Pasiënte getalle styg steeds, van 108 tot 161 in hierdie jaar, 'n toename van 49%. Hiervan is 28% kanker; 33% HIV/VIGS-, en 39% kroniese en ander pasiënte.

Ter inligting aangaande die diens wat die Hospice lewer, graag die volgende:

Pasiënte word verwys deur dokters, klinieke en hospitale. Die doel is om optimale lewenskwaliteit en bystand te verseker aan pasiënte wat nie meer reageer op geneesende behandeling nie. Bystand word verleen met pynbeheer. Die maatskaplike werker verskaf psigologiese bystand aan die pasiënt en naasbestaandes. Die tweeweeklikse daghospice bied die geleentheid aan pasiënte wat nie bedlêend is nie, om te besoek. Aktiwiteite en versnaperings word aangebied, en die personeel is ook by hierdie geleentheid beskikbaar om probleme op te los.

Staff

In reporting to you on the staff situation, I should bring to your attention changes taking place in the environment in which we work which will impact on our ability to continue to provide an expanding service. As a non profit organisation we have traditionally paid our staff under the going rate relying on being able to offer a rewarding job and more flexible working conditions. The shortage of nursing services in the country and pay increases awarded in the government sector have significantly raised the level of competition in the industry. Part time work in the manufacturing industry as well as government health care at inflated salaries has also reduced the pool of available personnel. We have, nevertheless, been fortunate to retain a highly motivated and competent staff who are loved and respected by our patients. Magriet Coetzee is well known to all our volunteers and continues to recruit more as well as running our charity shops.

It is with considerable regret that we had to accept the resignation of our founding palliative care advisor and employee when Sister Leonore Haley resigned for personal reasons. Her experience in palliative care and contacts in the industry have been invaluable to us, and I don't say that lightly. She has agreed to make her self available as a board member, so we will not loose her valued experience entirely.

General

Your Hospice continues to operate from the premises we rent for the shop activities and the mobile office parked on the premises. With the increase in patients, there has also been an increase in staff and our premises are proving to be a tight squeeze for all our activities. The Vredenburg shop has become well established and we would not want to move from the premises which are well known to the public. Premises have been found in Saldanha and the shop there has been running for two months. Early days yet but we hope that it will also become good source of income. The rising crime rate has not left us untouched. We have experienced theft from cars left on the premises, theft of volunteers' personal belongings from the shop and shop lifting has also become a major problem. This of course raises concerns for the safety of our volunteers.

We have attempted to keep our friends informed through news letters and our web site. The news letters have not been as regular as we would have liked, but our new fund raiser Christie du Toit has volunteered to take over the important role of keeping our donors and volunteers informed on a regular basis.

Laastens, dankie aan u almal vir u teenwoordigheid heer vanmiddag en vir u ondersteuning gedurende die jaar. As daar enige vrae is sal ek my beste doen om antwoorde te gee.

If not I should call for a proposal to adopt my report for the year.

Malcolm J McGregor

Chairman