

Dignity | Respect | Compassion | Collaboration | Excellence | Kindness



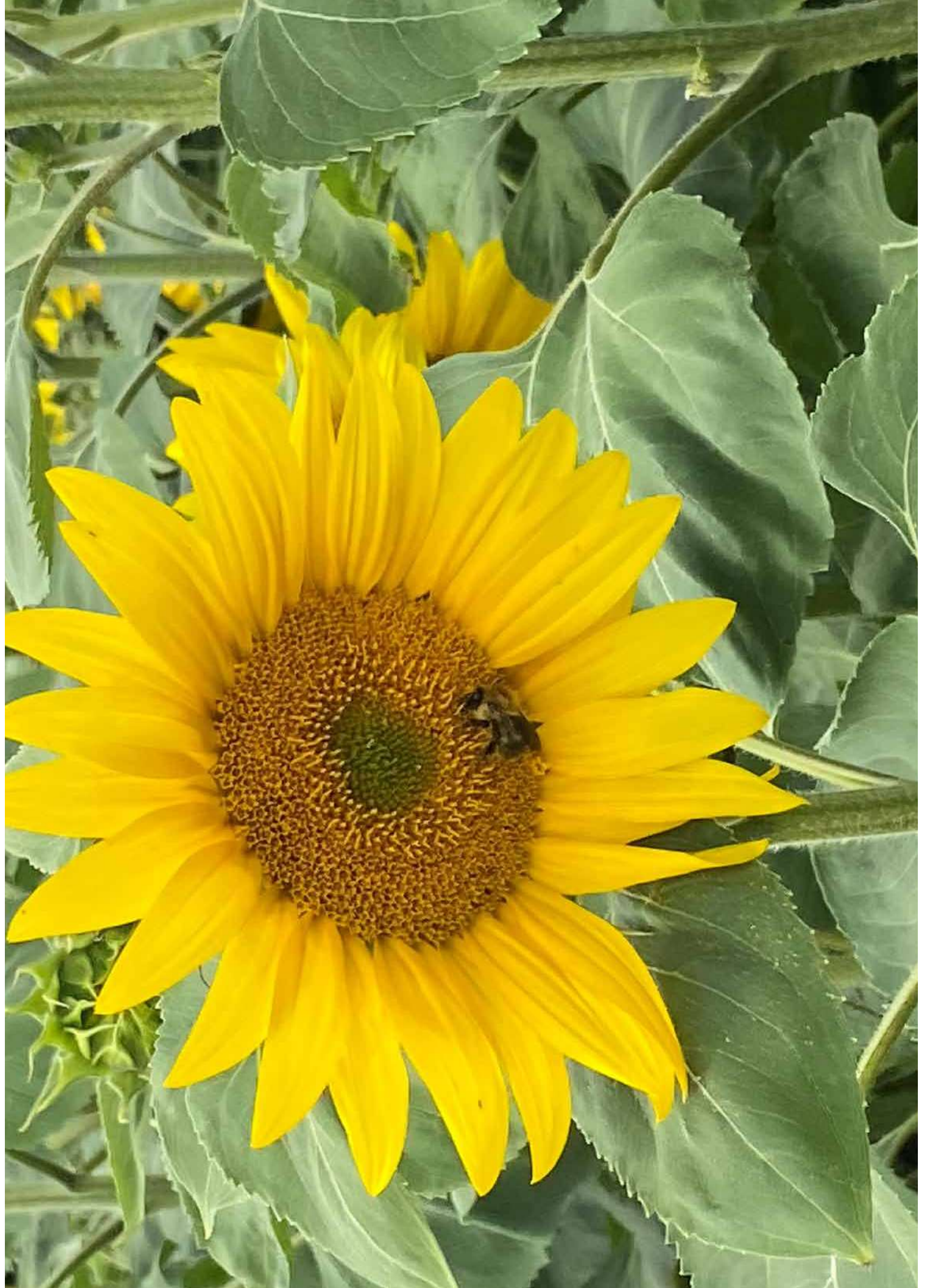
*St. Francis Hospice Dublin*

**2021**

**St Francis Hospice  
Dublin**

Annual Report and  
Audited Financial Statements









## Contents

### Page Section 1

- 6 Our Vision, Our Values, Our Mission
- 7 Definition of Palliative Care
- 9 Chairperson's Report
- 10 Chief Executive's Statement
- 13 Directors' Report
- 14 Our History
- 16 What We Do
- 17 Directors' and Other Information
- 18 Structure, Governance and Management

### Section 2

- 28 Strategic Aims
- 32 Fundraising

### Section 3

- 38 Impact in 2021
- 40 Service Statistics 2021
- 44 Activities and Achievements

### Section 4

- 77 Financial Review
- 80 Future Plans

### Section 5

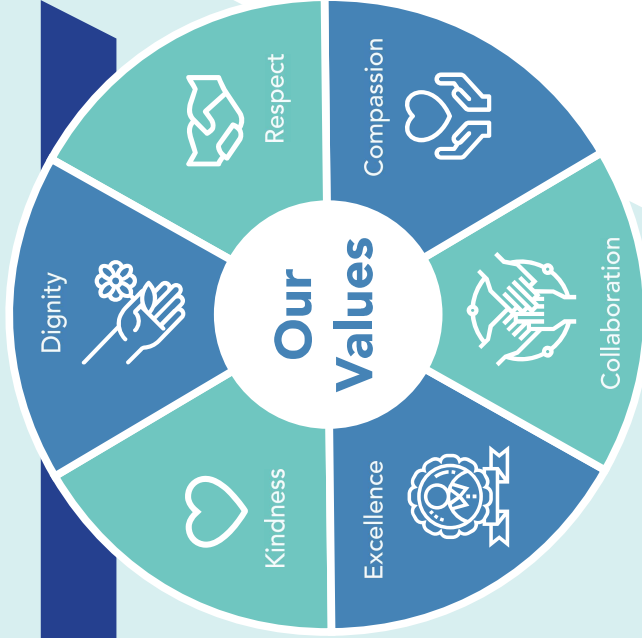
- 83 Statement of Directors' Responsibilities
- 84 Independent Auditors' Report
- 87 Statement of Financial Activities
- 88 Statement of Financial Position
- 89 Statement of Cash Flows
- 90 Notes to Financial Statements



## Our Vision

As a voluntary organisation our vision is to continue to harness widespread community support and be at the forefront in identifying specialist palliative care needs in the community and develop responses to them. The principle of “voluntarism” is at the centre of the Hospice’s mission and success.

## Our Values



## Our Mission

St Francis Hospice provides a specialist palliative care service to people in North Dublin. This includes support for their families and friends and all healthcare professionals involved in their care. The service is based on a Christian philosophy of human dignity, which treats each person with respect and compassion, irrespective of their cultural or religious background or socio-economic status.

The Hospice plays a leadership role in shaping palliative care nationally, working in partnership to advance policy, education, research and service innovation.

## Definition of Palliative Care

Specialist Palliative Care Day Care In-Patient Unit Community Palliative Care Bereavement Support Education and Research Out-Patient Services Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

### Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;

- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

(World Health Organisation, 2015)





## Chairperson's Report

### I am delighted to present the 2021 St Francis Hospice Dublin Annual Report and Financial Statements.

Throughout 2021, St Francis Hospice Dublin continued to provide specialist palliative care services to patients and their families. These services included in-patient care, community palliative care, day care and out-patient services provided from our hospices in Raheny and Blanchardstown.

A sincere thank you to the staff and volunteers of the hospice and to my fellow directors for the great efforts they have made during 2021 in ensuring the provision of a first class specialist palliative care service. During the continuing Covid-19 pandemic, the resilience, focus and compassion exhibited by staff, volunteers and contract staff are embedded in the organisation.

I would like to acknowledge the record of achievement of the hospice team throughout 2021. Significant progress was made towards achieving our financial goals and innovatively reviewing and developing the model of service delivery. I would like to record my appreciation for the work undertaken by all at the hospice in what was an excellent year operationally, developmentally and financially.

I would like to welcome the new directors, Ms Catherine Doyle, Ms Eileen Dunne and Mr Patrick Kelleher, who joined the board during 2021.

I would like to extend appreciation to all staff for their sustained effort and achievement in maintaining services to patients and families during 2021. Great adaptability has been shown by all staff including fundraising, administration and volunteers.

The hospice is extremely grateful to all who have participated in raising funds for our two hospices during 2021. I would ask you to continue to support us with the same level of generosity in 2022. I thank in a special way our benefactors without whom we would be unable to provide a quality hospice service.

I look forward with hope and confidence for the future development of the services we provide in North Dublin and its environs.



**Dermot McCarthy**,  
Chairman, Board of Directors





## Chief Executive Statement

**Since its foundation in 1989, St Francis Hospice Dublin has played an integral leadership role in the provision of palliative care services. As a voluntary organisation our independence has enabled us to harness widespread community support and we have been at the forefront in identifying needs in the community and developing responses to them. The principle of “voluntarism” is at the centre of the hospice’s mission and success.**

I am delighted to report that during 2021 we continued to provide high quality and accessible palliative care services at no charge to patients and families. Our objective of ensuring that the people of North Dublin and surrounding counties have improved access to specialist palliative care was demonstrated by our care for 1,944 patients and their families in 2021. This represents a 9% increase on 2020 activity and it exceeds pre-pandemic levels by 8%. This is an extraordinary achievement under the circumstances, and it can be attributed to the adaptability, creativity, commitment and courage of each member of the hospice team.

Our Sr Margaret Cashman, Director of Nursing, retired during 2021. I would like to reflect and acknowledge many of Sr Margaret’s achievements over 21 years as Director of Nursing. We will never know the full extent of Sr Margaret’s leadership and contribution to the hospice and her personal support, kindness, friendship and wisdom which patients, families, staff, volunteers and board directors have

experienced and benefitted from over the years. She embodies our core values, which drive her tireless work for the hospice. Sr Margaret lives out the words of St Francis of Assisi who said, “Start by doing what’s necessary, then do what’s possible; and suddenly you are doing the impossible.”

Since 2000, the hospice has grown its catchment area to include all of North Dublin and surrounding counties, the expansion of community palliative care, the development of hospice day care, bereavement and education services, the opening of Walmer Villa out-patient services and the expansion of our services to the new hospice in Blanchardstown. The expansion of our services is exceptional and could not have been achieved without Sr Margaret’s leadership and hard work.

I believe that Sr Margaret’s success in her role can be attributed to three precious things which she holds dear. The first is being present with people; the second is kindness and the third is humanity, which ensures that she always puts others before herself. I have learned from Sr Margaret that by being present you can understand and empathise; by being kind you can be supportive and by showing humanity you can become a leader of people.

The amazing support we consistently receive from our community is a direct reflection of the high quality, person-centred, holistic care provided by individuals and teams here in St Francis Hospice. I would like to take the opportunity to thank all our Board of Directors, staff, contractors and volunteers for their professionalism, humanity, and

commitment to our core values of dignity, respect, compassion, collaboration, excellence and kindness.

I am delighted to report that the Government announced on 10th December 2021 an additional €1m in funding for St Francis Hospice Dublin to help reduce the bank loans in respect of the building costs for our Blanchardstown hospice. All at the hospice greatly appreciate this additional funding and would like to thank our local representatives in Government for their support.

I wish to express my appreciation for the continuing strategic and financial support of the Health Service Executive through the Directorate of Primary Care and Community Health Organisation 9. I look forward to continuing to work constructively together to maintain, develop and improve the vital services provided by St Francis Hospice Dublin.

We at St Francis Hospice Dublin will continue to work closely with and for the community we serve and will very much continue to need the support of our community into the future. We value the support from Government and our local political representatives and their advocacy for St Francis Hospice Dublin during the Covid-19 pandemic.



**Fintan Fagan,**  
Chief Executive Officer





## **Directors' Report**

**The Directors of St Francis Hospice  
present their annual report and the  
audited financial statements for the year  
ended 31 December 2021**



## Directors' Report

**The Directors of St Francis Hospice present their annual report and the audited financial statements for the year ended 31st December 2021.**

## Our History

In 1888 Dr. Mary Redmond identified a need for a hospice on the north side of Dublin city. She asked the Daughters of Charity for help in setting up a home care service for this area. Over the years, numerous individuals, groups and organisations have provided the dedication and financial support to enable St Francis Hospice to develop a comprehensive specialist palliative care service for North Dublin city, county and surrounding counties.

### Raheny

The Community Palliative Care team were originally based in a portacabin on the grounds of the Capuchin Friary in Raheny. The team provided advice and support to patients and families in their own homes. The Capuchin Friars donated the site of their monastery garden and St Francis Hospice Raheny was built in two phases. In 1993, office and meeting space for the Community Palliative Care team and a purpose built Day Care centre opened. The Day Care service began that year, providing patients with a place to come for support and advice from the multidisciplinary team and to receive complementary therapies.

In 1995, the second phase, St Anne's In-Patient Unit (19 beds), was completed. Patients are admitted to St Anne's In-Patient Unit when their need for specialist palliative care cannot be met at home or in hospital. Education is an important way of extending the palliative care philosophy and approach to other healthcare settings, such as hospitals and nursing homes.

An Education Department was formed in 1997 in order to develop courses and workshops for staff of other healthcare institutions, as well as staff of the Hospice. In 1999, St Francis Hospice Dublin purchased the adjoining Walmer Villa. This was restored and became Walmer Out-Patient services, offering a range of services to patients living at home. Further expansion took place in 2002, when a new phase of building was completed, providing enhanced facilities for the provision of day care, bereavement counselling and a Centre for Continuing Studies.

### Blanchardstown

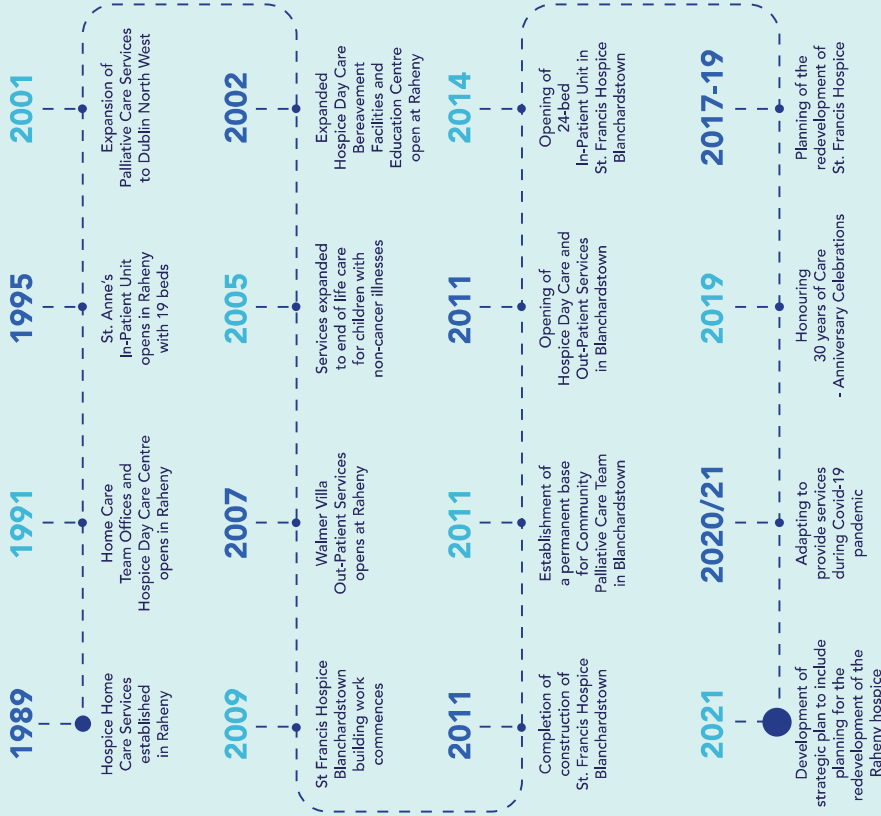
The need for a hospice to be provided for the people of Dublin North West was identified a number of years later. Blanchardstown was identified as an ideal location from which to serve the needs of Dublin North West. The Government allocated a 6.8 acre site on the Abbotstown lands for the building of the hospice. The construction works were completed in April 2011.

St Francis Hospice Blanchardstown is now fully open and providing services to patients in the Dublin North West and surrounding counties.

### St Francis Hospice Dublin today

Together, St Francis Hospice Raheny and Blanchardstown provide specialist palliative care services to the people of North Dublin city, county and surrounding counties with life limiting illnesses. We are a voluntary organisation under the care of the Daughters of Charity of St Vincent de Paul. All of the services are provided free of charge to patients and their families. Today St Francis Hospice Dublin plays a leadership role in shaping palliative care nationally, working in partnership to advance policy, education, research and service innovation.

## Our History





## What We Do

St Francis Hospice Dublin provides four distinct services to patients:

- Day Care, providing a visit to the Hospice on a weekly basis for nursing care, therapies and social/creative activities.
- Outpatient Service for nursing / medical care, occupational therapy, physiotherapy, complementary therapies, lymphoedema treatment, and palliative rehabilitation programmes.
- Care in their own home through our Community Palliative Care Team.
- In-Patient Care, offering admission for management of complex symptoms and psychosocial problems, as well as care in the terminal phase of a patient's illness.



The hospice philosophy also addresses the needs of the patients' families and friends: Family and friends are encouraged to share in the care of their loved one. Education and support is provided to family members caring for people at home.

Counselling is offered to family and friends to help them adjust to changing situations.

Bereavement support is offered through the multidisciplinary team, including pre-bereavement, post-bereavement counselling and bereavement work with children.

The team at St Francis Hospice includes nurses, doctors, health care assistants, household staff, complementary therapists, lymphoedema nurse specialists, physiotherapists, occupational therapists, social workers, chaplains, pharmacists, volunteers, administrative staff, finance, and education professionals. They are supported by contract catering, security and cleaning staff. Each makes a valuable contribution to the holistic care of patients and their families.

As part of St Francis Hospice's strategy to continue to provide accessible, high level specialist palliative care to patients and families we have an Education and Practice Development Team which provides education, training and orientation for staff and volunteers. Education is a core component of specialist palliative care. The programmes provided ensure that we develop our staff and volunteers to deliver the best possible care and services. The team also deliver palliative care education to healthcare staff working in hospitals, nursing homes and community settings. The Education Team delivers the Interdisciplinary MSC in Palliative Care in conjunction with Trinity College Dublin; they also facilitate third level students of many disciplines to complete clinical placements within St Francis Hospice Dublin.

Volunteers are an integral part of the Hospice; they bring a dimension in terms of enthusiasm and commitment which are further enhanced by their considerable life skills and community links.

## Directors and Other Information

### Board of Directors

Dermot McCarthy, Chairperson  
Patrick Kenny, Company Secretary  
Sr. Bernadette MacMahon  
Dr. Carolann Casey  
Prof. Peter Daly  
Mary Hayes  
Thomas Joseph McMahan  
Padraig O'Dea  
Joseph Pitcher  
Sr. Claire McKiernan  
Sr. Nuala Dolan  
Fr. Peter Rodgers  
Catherine Doyle (appointed 26th May 2021)  
Eileen Dunne (appointed 30th June 2021)  
Patrick Kelleher (appointed 30th June 2021)

### Leadership Team

Fintan Fagan, Chief Executive Officer  
Dr. Regina McQuillan, Medical Director  
Sr. Margaret Cashman, Director of Nursing (retired 31st January 2021)  
Aishling Kearney, Director of Nursing (commenced in post 1st January 2021)

### Executive Team

Breda Hawkshaw, Head of Finance  
Yolanda Cuadrado, Head of Human Resources  
Dee Kinnane, Head of Fundraising  
Angela Coughlan, Business Manager  
Donna Reddy, Communications & Marketing Manager  
Aishling Kearney, Quality and Risk Manager (finished in post 31st December 2020)  
Sheila O'Leary, Quality, Risk and Patient Safety Manager (commenced in post 14th May 2021)  
Peter Crowe, General Services Manager  
Cara Ryan, ICT Specialist

### Solicitors

McCann Fitzgerald  
Riverside One  
Sir John Rogerson's Quay  
Dublin 2

Colleen Cleary  
127 Lower Baggot Street  
Dublin 2

Mason Hayes & Curran  
Barrow Street  
Dublin 4

Eversheds Sutherland  
One Earlsfort Centre  
Earlsfort Terrace  
Dublin 2

### Independent Auditors

JPA Brenson Lawlor  
Brenson Lawlor House  
Argyle Square  
Morehampton Road  
Dublin 4

### Principal Bankers

Bank of Ireland  
Raheny  
Dublin 5  
Allied Irish Bank  
Westend Retail Park  
Blanchardstown  
Dublin 15

### About Us

St Francis Hospice Dublin is a company limited by guarantee and is registered in Ireland as a charity. It is a Section 39 Agency under the Health Act 2004.

Company Registration No: 153874  
Charity Number: CHY10568  
Charity Regulatory Authority Number: 20027193

Registered Office: St Francis Hospice Dublin  
Station Road Raheny Dublin 5 D05 E392



## Structure, Governance and Management

### Legal Status

St Francis Hospice Dublin is a company limited by guarantee.

St Francis Hospice Dublin is a registered charity (with the Charities Regulatory Authority) with charitable tax exempt ("CHY") status from the Revenue Commissioners. It is also a Section 39 Agency under the Health Act 2004. It holds a current valid Tax Clearance Certificate.

### Governance

#### BOARD OF DIRECTORS

The Board of Directors comprising of voluntary, non-executive Directors, is the body governing St Francis Hospice Dublin and is vested with the powers to carry out its aims in particular focusing on matters of policy and oversight. The Board of Directors meets six times per year. In addition, the Annual General Meeting of Trustees/Members is held in June each year. During 2021 an additional special Board meeting was convened to consider the challenges, impact and response to the Covid-19 Pandemic. The Board ensures that the activities of St Francis Hospice are consistent with its charitable objectives.

In particular, the Board of Directors has collective responsibility for:

- Putting in place a clear scheme of delegation of accountability from the Board to the CEO;
- Approval of the strategic goals, annual service plans and the annual Service Level Arrangement with the HSE;
- Approval of annual budgets and ensuring the adequacy of internal financial control measures;
- Approval of significant procurement contracts and acquisitions, disposals and retirement of assets of SFHD;

- Ensuring effective systems are in place for identifying and managing risk;
- Approval of Annual reports and Audited Financial Statements; and
- Approval of Annual Compliance Statement prior to submission to HSE.

#### Management and Decision Making

Decisions of the Board are taken on a consensus basis following discussion. The Board of Directors has devised and agreed procedures for supporting decision making and conducting its business in a productive way.

To do this it has established an appropriate sub-committee structure creating five sub-committees assigned with responsibility for specific areas. Each sub-committee has at least three members and has approved terms of reference. The Chief Executive Officer and members of senior management are in attendance at the sub-committee meetings. There are clear distinctions between the roles of the Board of Directors and the Leadership Team, to which day-to-day management is delegated. Matters such as policy, strategic planning, and budgets are drafted by the Executive Team for consideration and approval by the Board, who then monitor the implementation of these plans unless they have been specifically delegated authority to make decisions.

The following committees are approved by the Board:

#### Governance and Risk (to include Board Nominations and Remuneration)

The role of the Governance and Risk Committee is to oversee the implementation of governance and risk management at St Francis Hospice Dublin and to review its compliance with the Charities Regulator's Governance Code. Three committee meetings were held in 2021.

### Finance and Audit

The role of the Finance and Audit Committee is to focus principally on assisting the Board in fulfilling its duties by providing an independent and objective review of the financial status and performance of St Francis Hospice Dublin. Four meetings were held in 2021.

### Quality and Safety

The role of the Quality and Safety Committee is to make a positive difference to the safety, health and welfare of all patients, staff, volunteers and visitors at St Francis Hospice Dublin. Four meetings were held in 2021.

### Fundraising Advisory

The role of the Fundraising Advisory Committee is to ensure that all fundraising activity is conducted in line with current best practice for fundraising and Board approved policy. Four meetings were held in 2021.

### Research Ethics

The purpose of the Research Ethics Committee is to evaluate from an ethical viewpoint any planned research at the Hospice or by its staff in settings where no Research Ethics Committees are available.

### Management

St Francis Hospice Dublin's Leadership Team includes the Chief Executive Officer, Medical Director and Director of Nursing. The Leadership Team is supported by an Executive Team comprising the Head of Finance, Head of Human Resources, Head of Fundraising, General Services Manager, Business Manager, Quality, Risk & Patient Safety Manager, Communications Manager and ICT Specialist.

### Commitment to Standards of Best Practice

St Francis Hospice Dublin is fully committed to implementing the highest standards of governance and accountability in its stewardship. St Francis Hospice Dublin has a detailed Corporate Governance Manual and a Code of Conduct for the Board of Directors.

The Conflict of Interest policy is observed at each board meeting. Each Director is required to divulge any associated business. If this arises the Director in question is required to remove himself/herself from the meeting. St Francis Hospice Dublin is fully compliant with the Guidelines for Charitable Organisations on Fundraising. It is committed to adhering to the core principles of respect, honesty and openness by:

- Respecting the rights, dignity and privacy of supporters, clients and beneficiaries
- Answering reasonable questions about fundraising activity and fundraising costs honestly
- Making information about our purpose, activities and governance available to the public

All Directors at St Francis Hospice Dublin are unpaid volunteers. No Director is employed directly or indirectly by St Francis Hospice Dublin or has any financial relationship with St Francis Hospice Dublin. No expenses or fees are paid to any Directors. Governance training opportunities are provided to ensure all Board Directors are prepared for their roles.

St Francis Hospice Dublin works in compliance with the terms and obligations set out in Part 1 and Part 2 (Service Schedules) of its Service Level Arrangement with the HSE.

All procurement and purchasing activities carried out at the Hospice are in accordance with best professional practice and ethical codes of conduct. There is co-ordination with HBS Procurement and the Office of Public Procurement, where possible, on contracts that provide cost savings.

St Francis Hospice Dublin is in compliance with the Charities Regulator's Governance Code.

## Structure, Governance and Management (continued)

### Financial Reporting

St Francis Hospice Dublin is committed to high levels of openness and transparency. The financial statements are prepared according to the Financial Reporting Standard (FRS) 102 and the Statement of Recommended Practice (SORP) 2015 Accounting and Reporting by Charities, issued by the Charity Commission in the UK.

### Reserves Policy

St Francis Hospice Dublin strives to ensure a balance between the need to expend donations as donors would expect and the need to maintain an appropriate level of resources to ensure that there is sufficient funding for working capital, income shortfalls and unexpected expenditure. The Board of Directors hold a minimum level of free reserves as part of prudent financial management. The target amount to be attained and maintained for the operating reserve fund is €1,500,000, representing about one month of expenses on average.

### Vetting

St Francis Hospice Dublin is fully compliant with the obligations of the National Vetting Bureau (Children and Vulnerable Adults) Act, 2012 which was commenced in April 2016. St Francis Hospice Dublin applies Child and Vulnerable Adult Protection policies, which are based on Children First Act 2015 and Children First Guidelines 2017, and best practice recruitment policies and procedures.

### Complaints Policy

St Francis Hospice Dublin's Complaints Policy ensures that all complaints are dealt with in accordance with Part 9 of the Health Act 2004 and Statutory Instrument No. 652/2006 – Health Act 2004 (Complaints) Regulations 2006. Our Complaints Policy aims to meet the needs of patients, families, carers and visitors to the Hospice. St Francis Hospice Dublin received five complaints during 2021. These

complaints were dealt with in accordance with our Complaints Policy and are now closed. On review of these complaints, no trends were identified.

### Risk Management

St Francis Hospice Dublin's risk management system is managed by the Chief Executive Officer and is overseen on behalf of the Board by the Governance and Risk Committee. A Risk Register is in place which identifies the key risks the Hospice is subject to. Each risk is assessed and is gauged on the register at the level of risk it is exposed to. Financial risks are identified by the Finance and Audit Committee and if necessary are reported to the Board of Directors for assessment. Identified risks and internal controls are subject to periodic review and this work is carried out by management, the internal auditors and from, time to time, by some external parties such as the HSE who are a major funder of the Hospice. Risk is further reduced by having appropriate insurance in place.

### Principal Risk and Uncertainties:

- Adequate funding by the HSE is crucial towards maintaining the current range of services and also towards providing for the totality of services at both Hospice locations.
- St Francis Hospice Dublin, as a priority, strives to maintain and develop its income sources to meet the specialist palliative care service needs of North Dublin City, County and surrounding Counties. It closely monitors reserve levels to ensure that they are sufficient to meet planned outgoings in the short term.
- St Francis Hospice Dublin has now two interest bearing loans of €1.51m. The Hospice relies entirely on fundraising activities,

donations and bequests to service interest costs and handle agreed arrangements for repayments, in addition to meeting the annual gap of €4.7m in 2021 between HSE grants and the ongoing cost of Hospice activities, St Francis Hospice Dublin is making special efforts in its current fundraising programmes to reduce debt levels. In relation to increasing interest costs, this risk has been significantly mitigated by the rate and term of fixed interest rates negotiated in the bank loan contract. The Hospice closely monitors the ongoing adequacy of headroom over the banking covenants in the bank loan agreement.

- The Hospice's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. These are disclosed in Note 24 to the financial statements.

The Directors are aware of the key risks to which the charity is exposed, in particular those related to the operations and finances of the charity and are satisfied that there are appropriate systems in place to mitigate these risks appropriately.





## Structure, Governance and Management (continued)

Attendance – 2021 Board and Committee Meetings						
Name	Board Meetings	Governance and Risk Committee Meetings	Finance Audit Committee Meetings	Quality and Safety Committee Meetings	Fundraising Advisory Committee Meetings	Research Ethics Committee Meetings
<b>St Francis Hospice Dublin Board of Directors</b>						
Mr. Dermot McCarthy	8/8	3/4	2/4	2/4	4/4	
Sr. Bernadette MacMahon	7/8	2/4				
Mr. Thomas J. McMahon	6/8	4/4				1/1
Sr. Nuala Dolan	5/7					
Ms. Mary Hayes	2/7					
Prof. Peter Daly	8/8	4/4		4/4	4/4	
Fr. Peter Rodgers	7/8		1/1			
Mr. Joseph Pitcher	6/7	2/4			3/3	
Sr. Claire McKiernan	7/7					
Dr. Carolann Casey	5/7	4/4	4/4			
Mr. Padraig O'Dea	6/7	4/4				
Ms. Eileen Dunne	1/3					
Ms. Catherine Doyle	4/4	1/1		1/1		
Mr. Patrick Kelleher	3/3		1/1			
Mr. Patrick Kenny	8/8	3/4	3/4			
(Company Secretary)						
<b>Senior Management Team</b>						
Mr. Fintan Fagan Chief Executive Officer	7/7	4/4	4/4	4/4	4/4	1/2
Sr. Margaret Cashman Director of Nursing	6/7	3/4		3/4		
Dr. Regina McQuillan Medical Director	7/7	3/4		4/4		
Ms. Breda Hawkshaw Head of Finance	7/7	4/4	4/4		4/4	
Ms. Angela Coughlan Business Manager	7/7	4/4	4/4	1/1		

## Reference and Administrative Details

The Directors and Company Secretary, who served at any time during the financial year, were as follows:

### Directors

Dermot McCarthy (Chairperson)  
Sr Bernadette MacMahon  
Dr Carolann Casey  
Prof Peter Daly  
Mary Hayes  
Patrick Kenny  
Thomas Joseph McMahon  
Padraig O'Dea  
Joseph Pitcher  
Sr Claire McKiernan  
Sr Nuala Dolan  
Fr Peter Rodgers  
Catherine Doyle (appointed 26/05/2021)  
Eileen Dunne (appointed 30/06/2021)  
Patrick Kelleher (appointed 30/06/2021)

### Company Secretary:

Patrick Kenny

### Directors and Company Secretary and their interests

The Directors do not hold any beneficial interest in the charity.

### EXEMPTION FROM DISCLOSURE

The charity has not availed of any disclosure exemptions.

### FUNDS HELD AS CUSTODIAN TRUSTEE ON BEHALF OF OTHERS

The charity does not hold any funds or other assets by way of custodian arrangement.

### LIKELY FUTURE DEVELOPMENTS

The charity plans to continue its charitable activities for the foreseeable future, subject to satisfactory funding arrangements. St Francis Hospice Dublin is currently reviewing the refurbishment and redevelopment of its Raheny Hospice with a view to improving In-Patient facilities.

### EVENTS AFTER THE END OF THE FINANCIAL YEAR

There were no post reporting date events which require disclosure.

### GOING CONCERN

It is noted that St Francis Hospice Dublin is currently not fully funded for the public sector pay restoration and pay progression by the HSE. St Francis Hospice Dublin requires funding for 2016-2021 inclusive. St Francis Hospice Dublin had implemented both the LRA/HRA pay cuts and achieved the associated cost savings. The Hospice is strongly of the view that the HSE funding alignment for salaries is long established. The annual funding of the pay awards is essential to St Francis Hospice to continue to provide existing services to our patients and families. We have fully participated in the HSE's request for extensive information and understand that the HSE reported same to the Department of Health and the Work Place Relations Commission.

The HSE has stated that only pay restoration will be funded. St Francis Hospice Dublin continues its discussions with HSE officials in HSE Community Health Organisation 9 regarding the need to receive full funding for recent and future pay progression awards.

The directors have a reasonable expectation that St Francis Hospice Dublin has adequate resources to continue in operational existence for the foreseeable future, thus they continue to adopt the going concern basis in preparing the annual financial statements. Further details regarding the adoption of the going concern basis can be found in note 1 to the financial statements.

### RESEARCH AND DEVELOPMENT

St Francis Hospice Dublin carries out on-going research to achieve and enhance optimum care for patients.

## Reference and Administrative Details (continued)

### POLITICAL CONTRIBUTIONS

The charity did not make any political donations during the year.

### RESULTS FOR THE FINANCIAL YEAR

The net movement of funds during the financial year was a surplus of €691,651 (2020: Surplus €4,346,107).

### DIVIDENDS AND RESERVES

The reserves are not distributable and are applied in accordance with the Articles of Association to finance the work of the Hospice.

### SUBSIDIARY COMPANY

Details relating to the subsidiary company are set out in Note 15 to the financial statements.

### ACCOUNTING RECORDS

The measures that the Directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The Hospice's accounting records are maintained at the Hospice's registered office at Station Road, Raheny, Dublin 5, D05 E392.

### DISCLOSURE OF INFORMATION TO AUDITORS

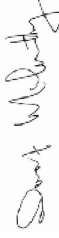
In the case of each of the persons who are Directors at the time the Directors' report and financial statements are approved:

- So far as the director is aware, there is no relevant audit information of which the Hospice's statutory auditors are unaware; and
- Each Director has taken all steps that ought to have been taken by the Director in order to make himself/herself aware of any relevant audit information and to establish that the Hospice's auditors are aware of that information.

### Auditors

In accordance with the Companies Act 2014, section 383(2), JPA Brenson Lawlor continue in office as auditor of the company.

Approved by the Board and signed on its behalf by:



**Dermot McCarthy**  
Director  
Date: 25th May 2022

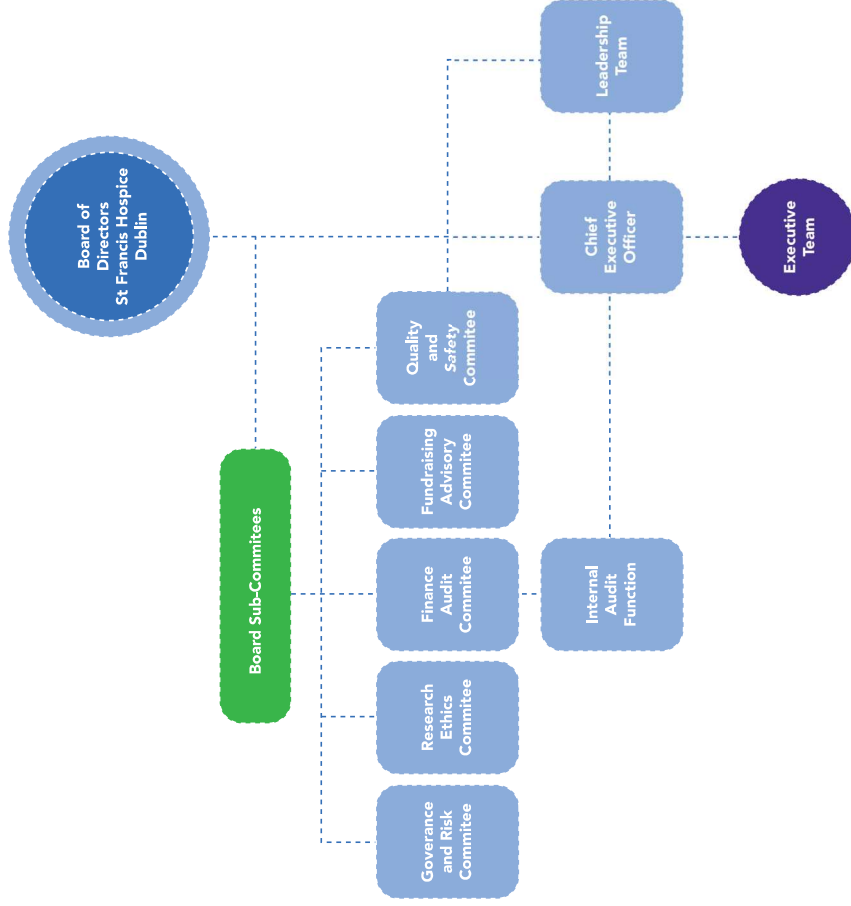


**Patrick Kenny**  
Director





## Organisation Chart



You are all truly special people and we as a family will be forever grateful for the memories you allowed us to have with our dad.

## STRATEGIC AIMS

### Strategic Aim

1. To continue to provide accessible, high level specialist palliative care at no charge to patients and families

### Strategic Objective

(a) Achieve excellence in our governance to ensure that the hospice continues to function effectively, operates with transparency and accountability reporting regularly to our stakeholders on performance and demonstration of our impact.

(b) Development of the SFHD Strategic Plan 2022-2027.

(c) Put a stronger emphasis on mobilising financial resources at every level to ensure that we have the financial capacity to see our plans fully developed. Obtain optimal funding from Government and donors.

(d) Raise our profile to ensure that there is a greater awareness of the role and activities of the hospice within the communities we serve.

(e) Secure, quality facilities that provide an optimal care and work environment

### Enablement Action Taken and Performance 2021

St Francis Hospice continue to review its compliance to the Governance Code on an annual basis. The Board recognises that this is an ongoing continuous improvement process. As part of this work and the obligation to meet the requirements of the Annual Compliance Statement with the HSE, it engaged an external consultant to carry out an evaluation of the effectiveness of the Board. The findings of this review were brought to the Governance and Risk Committee and the wider Board for consideration. The report concluded that the Board was as found to be highly effective and there were some matters for further consideration. Those matters inform the Governance and Risk Committee agenda.

Governance training was provided to all Board members in November 2021. This ensures that the Board remains robust and members are kept abreast of any recent developments within the sector that may impact the governance activities.

Work on the development of the St Francis Hospice Strategic Plan was delayed due to the COVID pandemic, however this work still remains at the forefront of the Board agenda. A Strategic Planning Steering Group was established in 2021. To commence the work of the group it was agreed that two internal reviews would be carried out 1) Review of Hospice Day Care and Outpatient Services and 2) Review of Community Palliative Care Services. When the reviews are completed, they will be presented to the Steering Group, any recommendations from the reviews will inform the strategic planning process. This work is ongoing.

The newly appointed Partnership and Philanthropy Manager, presented the fundraising plan "Living Today" to the Fundraising Advisory Committee. Two main funding priorities were recognised: 1) extending patient services and 2) creating a 24 single room palliative care facility in Raheny. The planning process recognised key recommendations in the following areas: Fundraising goal, Fundraising priorities, Relationship building, Communications, Leadership, Resources and Culture. Those recommendations have been adopted and now form part of the Fundraising team work programme. The main responsibility of the new Partnership and Philanthropy Manager role is to help deliver increased funds from major donors, corporate supporters and trusts and foundations, whilst also managing and expanding St Francis Hospice Dublin's legacy income.

St Francis Hospice continues to benefit the support received from the Government and the Health Service Executive. The CEO continues to work with the Voluntary Hospice Group in advancing strategic, policy and funding matters for the sector including service development and the associated fundraising model to support the delivery of care. The VHG is a collective CEO forum where the shared interests of the Voluntary Hospices are discussed and advanced. Two key areas of strategic focus for the group are: 1. Secure baseline funding for hospice care and to reduce the overreliance on fundraising income. 2. Advance the application for designation of Section 39 hospices to section 38 status. The re-designation of St Francis Hospice Dublin from a section 39 to a section 38 organisation will rectify a number of operational issues and will give the Hospice access to HSE funding for pay awards to include pay progression, INMO and SPTU pay awards, etc. In 2019, the VHG made a submission to the Department of Health seeking additional funding of €10.68m. The purpose of this funding was to reduce the sector's reliance on fundraising income which in effect would increase the level of core funding thereby ensuring sustainability of services. €3m was made allocated to the hospices in 2020 and a further €7.68m in 2021. St Francis Hospice received an allocation of €1,739,875 of this funding in 2021, bringing the HSE % level of funding to 79%. An additional grant of €373,189 was awarded to the hospice to fund minor capital expenditure items such as upgrades of facilities, fittings, furniture, beds, equipment, ICT systems and the implementation of a new fire alarm system for the Raheny Hospice.

The newly appointed Communications and Marketing Manager, who is responsible for the internal and external communication for the hospice, works closely with the Partnership and Philanthropy Manager in shaping external communications for particular audiences. Communications are focused on human stories and impact. Bi-annual news letters are now issued to over 9,000 donors, 400+ staff and volunteers, corporate partners and key SFHD community members. Our communication strategy for 2021 included weekly email messages, a high level of availability to all staff and enhanced contacts with all external agencies who could assist the hospice to manage the extreme challenges of the COVID-19 pandemic. The multidisciplinary team used innovative technologies including podcasts for bereavement support and weekly chaplaincy reflections broadcast live on Facebook and to both in-patient units. St Francis Hospice Dublin continues to roll out adverts in key publications and on social media to raise the profile of the hospice and increase the communication around its impact.

St Francis Hospice continued to respond to the COVID-19 pandemic in a professional and effective manner. The hospice has maintained critical and on-going services for essential patient care through restructuring care delivery, and in particular, community palliative care. Remote patient assessment, telemedicine and essential visits to patients' homes were carried out in line with COVID-19 protocols. Employment of additional resources for cleaning contractors, ICT support, Infection Prevention and Control CNS and backfill for COVID-19 related absences.

Work was completed on the installation and commissioning of two standby generators at each hospice site during 2021.

A new telephone system for St Francis Hospice Raheny was procured through public tender. The installation and integration of the system will be completed in 2022. The new fire alarm system for Raheny hospice was procured through public tender in the second half of 2021 with installation planned for quarter one of 2022.

A second garden pod was installed in the gardens of St Francis Hospice Dublin. The garden pods located at Blanchardstown and Raheny hospices provide a peaceful retreat for our patients and their families where they can enjoy the tranquility of the hospice gardens regardless of the weather conditions



STRATEGIC AIMS (Continued)		Enablers	
Strategic Aim	Strategic Objective	Enablers	Enablers
1. To continue to provide accessible, high level specialist palliative care at no charge to patients and families	(f) Leverage technology to optimise care.	A considerable investment was made in 2020 and 2021 on ICT hardware, software, online meeting solutions and engagement of additional expert ICT managed services to help the hospice realise a hybrid workplace during the COVID-19 pandemic. This enabled seamless and safe digital workplaces for all staff across the two sites and home offices with no disruption in our service provision to our patients and their families. A cyber security review was commissioned by the Board during 2021. This work, which included both a network penetration test and physical penetration test, was carried out by third party contractors. Key improvements were identified and a cyber security programme of work was scheduled. The improvement work is ongoing and St Francis Hospice will continue its improvement process to prevent and detect cyber attacks advance. ICT adaptations continue to be made to facilitate the use of telemedicine or telehealth platforms to provide palliative care and services to patients and families.	<b>Enabler Action Taken and Performance 2021</b>
	(g) Recruit and support a skilled and engaged, medical, clinical, administrative and volunteer workforce and ensure that the hospice provides them with appropriate opportunities to grow and develop.	A vendor for the implementation of the new HR system was successfully procured in 2021. This project is well underway. The MyHR self service app was launched. It is expected the implementation project will be completed in early 2023.	
	(h) Implementation of Green Healthcare at St Francis Hospice Dublin	The Board approved the implementation of the Enhanced Nurse scale at St Francis Hospice which is an important factor in recruiting and retention of nursing staff. A new job description for the role was developed to include enhanced duties and training and implementation plan for the change of role was put in place. Active nursing recruitment campaigns both nationally and internationally have been initiated. The hospice continues to pursue additional funding for Clinical Nurse Specialists for community palliative care to respond to the growing population and increasing complexity of care in this area of service provision. The hospice continued to invest in the provision of continuous professional development for all staff. The annual Employee Recognition Awards were held virtually during 2021 to acknowledge staff members' long service.	
	(a) Specialist Palliative care is accessed via a referral system and is often initiated by the GP caring for the patient. It is our goal to provide timely access to quality care where possible within the constraints of our finances. Extend care to those who are most in need.	The Green Healthcare Programme is funded by HSE (HBS) Estates through the National Health Sustainability Office. The National Health Sustainability Office works with Irish healthcare providers to promote the sustainability agenda. The St Francis Hospice Green Advocate Committee was established in 2021, it plays the key role of championing sustainability in the hospice, in particular developing and proposing sustainable environment initiatives in St Francis Hospice, maintaining awareness about sustainable environment issues around the hospice and raising staff awareness about the impact of the workplace upon the environment, by reducing carbon footprint and energy consumption, conserving water and managing waste correctly.	
	(b) Increase the multidisciplinary mix of staff within our Community Palliative Care teams such as Physiotherapy, Occupational Therapy and Social Work.	Key achievement in 2021 include: <ul style="list-style-type: none"> <li>Dedicated recycling area on both sites</li> <li>Education for staff &amp; volunteers – Green Healthcare, Recycling</li> <li>Assigned HBS /HSE Energy Officer (The Estates Energy Bureau set up in 2018 works in partnership with the Sustainable Energy Authority of Ireland)</li> <li>Support and regular engagement with our onsite contractors</li> <li>Became member of Repak Green Team</li> <li>Three Green Team committee meetings</li> <li>Assigned HBS /HSE Energy Officer (The Estates Energy Bureau set up in 2018 works in partnership with the Sustainable Energy Authority of Ireland)</li> <li>Introduction of 22 new recycling centres across both hospices</li> <li>Food waste: We have introduced new information tent cards in the canteens to inform staff about how our waste is segregated by our food and catering supplier</li> <li>Identified Electrical Recycling as a priority – safe recycling and data destruction in line with our policy</li> <li>Pocket Forests: A method of planting native trees, shrubs and wildflowers in a small urban area. An area in the grounds of the Blanchardstown hospice was identified as suitable.</li> <li>Education for staff &amp; volunteers: We have become a member of useful resources which have been circulated to staff. Education is on-going and our Green Advocate Committee members continue to be champions across the organisation.</li> <li>An energy audit took place in SFHB, in conjunction with our HSE Estates Energy Management Engineer and an external contractor. This service is provided through our relationship with HSE Estates.</li> </ul>	
	(a) Develop plans to move to all single room patient accommodation in order to ensure the privacy and dignity for each patient. Increase the availability of suitable beds to increase access. Increase family space for visitors.	We cared for 1,994 patients and their families in 2021. In spite of the need to make changes to how we delivered some of our care in 2021, we looked after 9% more patients than in the pre-pandemic years, 95% of patients referred to our Community Palliative Care service received a visit within 7 days. 96% of patients referred to our In-Patient service were admitted within 7 days.	
3. Plan for the redevelopment of St Francis Hospice Raheny		The hospice continued to focus on improving its services in the community which included recruitment of additional allied health professionals in 2021. These included social work, physiotherapy and occupational therapy posts.	
		The feasibility of the redevelopment of St Francis Hospice Raheny has been established by way of design options and the selection by the hospice of a preferred layout for a new 24 bed in-patient unit. The hospice appointed a design team to commence the detailed design and preparation of the planning application submission. The design team was contracted in October. Detailed designs have been completed and the planning application work will commence shortly. During the year the Board took the decision to designate all legacy income received in 2021 and 2022 to a specified fund called the Raheny Building Development Fund. It was proposed that this fund will be used for the design fees and ongoing costs associated with the redevelopment project. The "Living Today" Campaign has gathered momentum and is performing in line with expectations.	

## Fundraising 2021

In 2021, Covid-19 was still very prevalent in Ireland. For our first campaign of the year, the **5K Annual Spring Memorial Walk**, our approach went from a large gathering in St. Anne's Park to forming an event that fell within Covid-19 safety guidelines for all participants. Supported by RTE Journalist Kathryn Thomas and AWS in Communities we appealed directly by mail to our donors to do their own individual/family walks providing them with masks, t-shirts, sponsor cards and access to set up iDonate pages. We were deeply touched at the overwhelming response from supporters who raised the enormous sum of €180,000 for St Francis Hospice. A huge number of participants sent photographs of their walks with family and friends. We were delighted to receive these images and a video was compiled and shared on all social media platforms.

In 2021 we needed to fundraise €4.5m and our experience with Spring Memorial Walk gave the Fundraising Team the confidence to move forward and adapt to new methods of Fundraising that ensured the safety and convenience of our donors. Our **National Sunflower Day** Street Collection in June could not proceed and again we wrote out to our supporters to donate to the hospice directly. During this time, the **Sunflower of Life Reflection Ceremony**, was introduced and shared on



our website and social media platforms. It provided our supporters with a gentle space to remember their loved ones while viewing hospice staff as they placed their Sunflower



of Life Remembrance cards in the hospice garden. We were very grateful to all staff and volunteers for providing this reflective space which concluded with "The Parting Glass" played on mandolin by Actor Brendan Gleeson, a huge advocate for hospice. We were also very grateful to Eleanor Flew, Director of Communications and Fundraising at Our Lady's Hospice and Care Services, Harold's Cross for giving us permission to use the "Little Flower of Life" Campaign and adapt it to the Sunflower of Life Campaign.



The Sunflower of Life Campaign extended into the **Sunflower Field of Life** through the generosity of the Hoey and Bergin families. Unbeknownst to the hospice these families planted a field of Sunflowers. They then invited hospice supporters to pick Sunflowers from the field and donate to St Francis Hospice. This extraordinary gesture on their part really resonated with families and friends of hospice who visited the field during the many sun filled days of July and August. The overall total raised for Sunflower Days was the enormous sum of €150,000 so generously donated by the Community.

The summer months heralded an easing of restrictions. With **Bewley's Big Coffee Morning Social for Hospice** on the horizon, we reached out to our donors asking them to host Coffee Mornings and raise funds for hospice within Covid-19 guidelines. Once again they rallied to our cause. Despite a restrictive environment, our hosts managed to raise the huge sum of over €250,000 for hospice care.

The Taoiseach's photocall for Coffee Morning was held at St Francis Hospice Blanchardstown. We were delighted to welcome Taoiseach Micheál Martin T.D., Jason Doyle, Managing Director from Bewley's Ltd and a number of staff and volunteers to this occasion. We are deeply grateful to Dominall Gleeson, Miriam O'Callaghan and Conor Moore who were all brilliant Ambassadors for hospice for this long standing campaign. Next year we look forward to celebrating the 30th Anniversary of **Bewley's Coffee Morning Social for Hospice** in a less restrictive environment.

An important element of our fundraising strategy is our **Hospice Monthly Draw**, which provides regular income for the hospice. We are grateful to our draw members who continued their much needed support.





## Fundraising 2021 (Continued)

**Supporter Events** are also a key source of income; members of the Community managed to come up with innovative and creative events supporting the hospice financially during the pandemic while staying within Covid-19 guidelines. We are so grateful to all our event holders both past and present.



*"The greatest gift that you can give to the person you are remembering tonight is to speak their name,"* a quote from our former Director of Nursing, Sr. Margaret Cashman, encapsulates the meaning of our Tree of Life Ceremony which could not be held at the hospices for 2021 due to Covid-19 restrictions. Led by Aishling Kearney, our current Director of Nursing, the **Tree of Life Ceremony** was videoed and shared through our website and social media platforms again this year. The lighting of the Hospice Christmas trees is always a very poignant yet uplifting moment knowing that so many members of our community, who we are privileged to serve, are remembered. The sponsorship of lights by our supporters was very gratefully appreciated by all at the hospice.

Our **Partnership & Philanthropy** activities continue to develop; with projected growth in-patient numbers to increase by nearly 30% by the end of the decade, it is essential that

St Francis Hospice plans for the foreseeable needs but also meet the needs of our growing community. With this in mind, we are undertaking one of our most ambitious fundraising programmes, **Living Today**.

The aim of the Living Today programme is to secure long-term, strategic philanthropic support from both individuals and companies within the catchment area the Hospice serves. It is a dedicated strategy to deliver sustainable, planned growth to meet the changing needs of our community, not only in terms of the redevelopment of our Raheny site but also ensuring we can innovate and adapt to meet the changing needs of our patients and their loved ones.

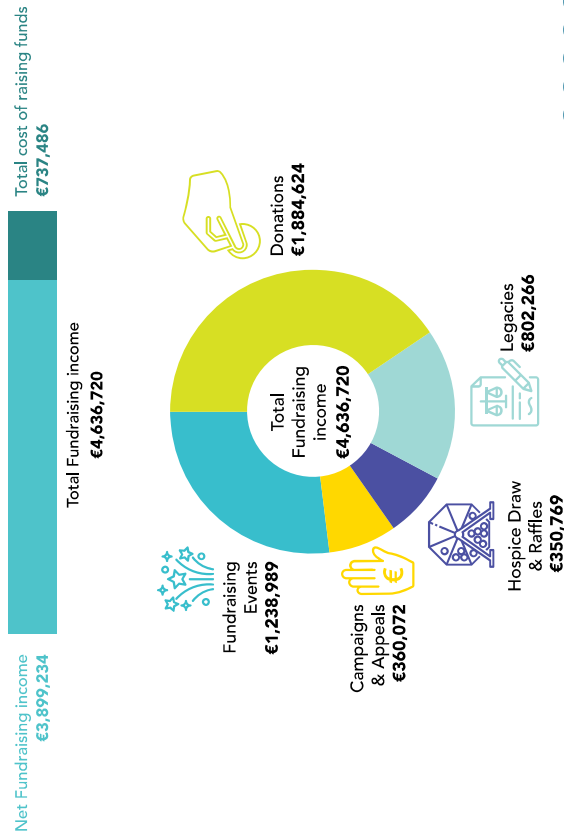


With thanks to our generous supporters, there has been success for Living Today to date and it is expected that with collaborations between the Fundraising and Communications Departments, our overall Fundraising capability will improve.

The **Blanchardstown Centre Oratory Group**, led by Fr Dan Joe O'Mahony, has continued throughout the pandemic to be a powerful advocate for the hospice within the local community. The group works closely with Joe Gavin, General Manager and his Blanchardstown Centre Management Team. We are so very grateful to them for their continued support and look forward to creating new innovative ways of fundraising with them for St Francis Hospice in 2022.

### Achievements in collaboration with Community

- Throughout 2021, Covid-19 and its variants continued to be a very challenging time for staff and volunteers within the Fundraising Team. Time and time again their adaptive, creative and innovative talents have been called upon and each time they have risen to the occasion, they are to be commended for their dedication and ensuring that hospice services are there for all who are in need both now and into the future.
- A detailed strategy around legacies to safeguard the future of the hospice has been developed and was implemented throughout 2021.
- The Fundraising Policy was reviewed and updated. Procedures are continuously reviewed to ensure that we are compliant with the codes of practice set by the Charities Regulator.
- The Hospice fundraising goal for 2021 was €4.5m and with the enormous heartfelt generosity of the supporters of St Francis Hospice this goal was surpassed and €4,636,720 was raised. We are deeply grateful for our very collaborative and excellent relationship with the Community we are privileged to serve.



## Fundraising 2021 (Continued)

We are proud members of Together for Hospice, the national support organisation for hospices. The two main Together for Hospice fundraising campaigns are Sunflower Days and National Coffee Morning for Hospice, with support from Bewley's.



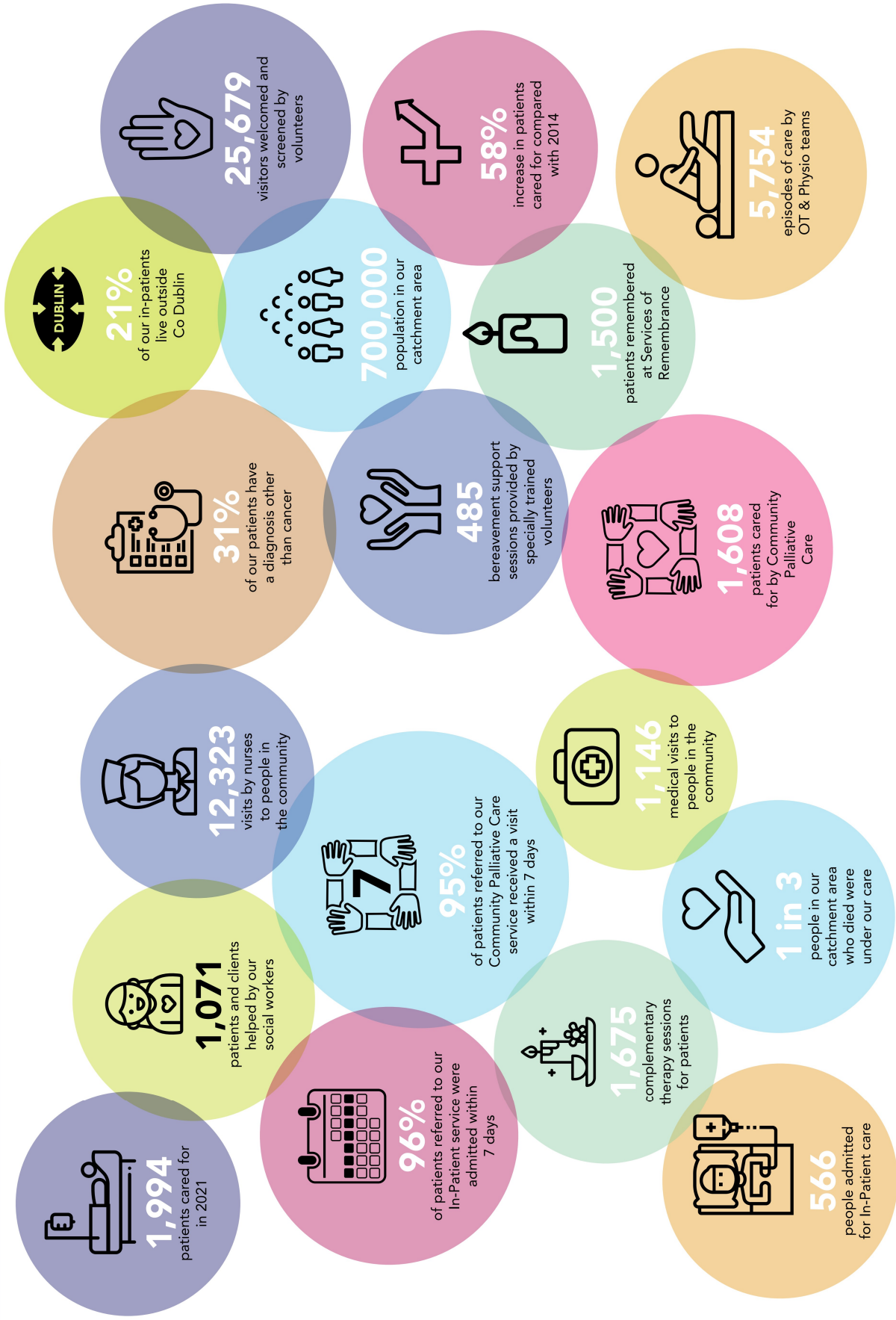
### Fundraising Future Plans 2022

- Achieve annual budget of €4.67m for 2022.
- Build and expand supporter data with consent on the CRM.
- Where appropriate share the human stories and hospice impact with supporters.
- Build legacy income with a view to increasing this by 25% over a period of 5 years.
- Establish long standing relationships within the business community.



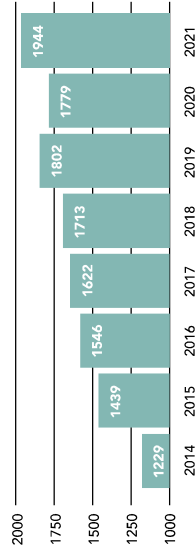


## Impact in 2021

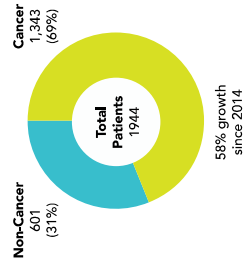


## Service Statistics

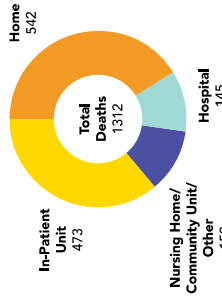
### Growth in Services Provided to the People of North Dublin



### Total Patients



### Place of Death



### In-Patient Service 2021

	In-Patient Unit Blanchardstown	In-Patient Unit Raheny
Admission	310	247
Cancer	(269) 84%	(215) 87%
Non-Cancer	(50) 16%	(32) 13%
Referrals	464	378

### Community Palliative Care Service 2021

	CPC Blanchardstown	CPC Raheny
Total Patients	769	839
Cancer	(540) 70%	(548) 65%
Non Cancer	(229) 30%	(291) 35%
New Patients	572	634
Under 18	4	1
Total Nursing Visits	5632	6691
Total Medical Visits	505	586

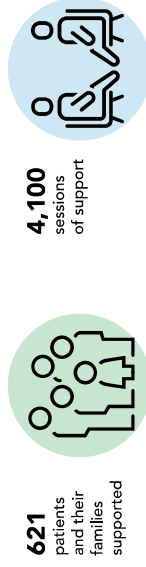
### Hospice Day Care Service 2021

	HDC Blanchardstown	HDC Raheny
Total Patients	45	96
New Patients	22	39
Total Attendance	804	1284

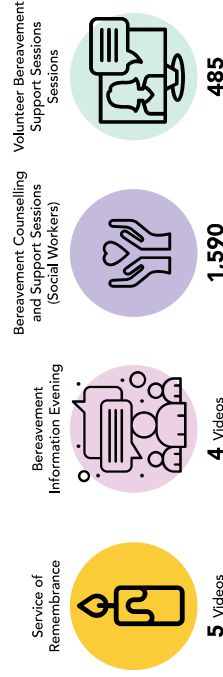
Support Service Activity 2021	Comp Therapy	Lymph Service	Occ Therapy	Physio Service
<b>Total Patients</b>	<b>479</b>	<b>75</b>	<b>501</b>	<b>685</b>
CPC Blanchardstown	0	0	79	235
CPC Raheny	0	0	85	305
HDC Blanchardstown	95	2	1	0
HDC Raheny	312	56	4	1
IPU Blanchardstown	537	60	1032	859
IPU Raheny	477	28	530	458
OPD Blanchardstown	233	43	18	19
OPD Raheny	10	0	0	0
Remote / Virtual Attendances Blanchardstown	0	0	226	543
Remote / Virtual Attendances Raheny	11	3	356	1003
<b>Total Attendance</b>	<b>1675</b>	<b>192</b>	<b>2331</b>	<b>3423</b>

CPC = Community Palliative Care HDC = Hospice Day Care IPU = Inpatient Unit OPD = Outpatients Department

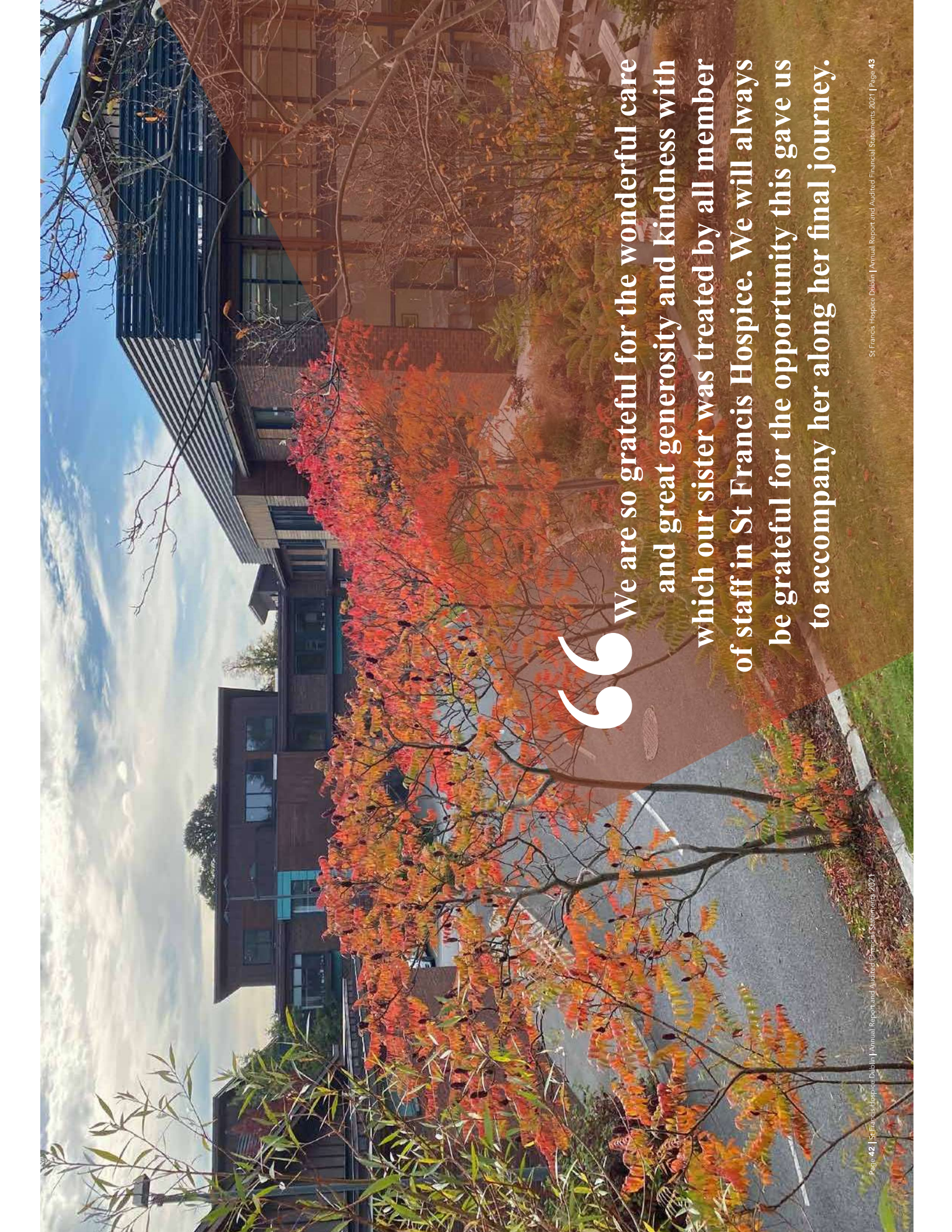
### Social Work



### Bereavement Service







**“ We are so grateful for the wonderful care and great generosity and kindness with which our sister was treated by all members of staff in St Francis Hospice. We will always be grateful for the opportunity this gave us to accompany her along her final journey. ”**



## Activities and Achievements

“Thank you all so much for the love, compassion and care you all gave to our mom while she was here. Because of you she got to spend her last weeks with great energy, laughter, and dignity.”

### Clinical Director Report

2021 was the second year of the Covid-19 global pandemic. This continued to have a significant impact on St Francis Hospice, patients, families and staff.

During the course of 2021 the number of patients cared for by St Francis Hospice increased. We continued to have a greater number of people dying at home than we had pre pandemic. We consider that this is related to patient and family concerns about being in a healthcare setting and the risk of catching covid and also concerns about visitor restrictions. Also it is likely that a greater number of people who were working from home were maybe in a greater position to provide support to their family. As the pandemic eases we will observe what the trends are about future place of care and place of death for people who are living with life limiting illness.

Covid-19 affected the workforce as staff had to isolate while they were symptomatic or awaiting PCR testing or recovering from covid. This meant that we needed to have considerable flexibility across all of our teams to provide the best care possible for patients.

Covid-19 brought challenges and also opportunities for new developments such as:

- The adoption of an electronic record for community based patients.
- Virtual and telephone assessments were carried out, where appropriate. We had great success introducing people, who previously had little experience of the digital world, to online services and interacting with us via Zoom.
- Virtual patient groups were undertaken.
- Most staff meetings were held on Zoom or Microsoft teams.

Working spaces were reviewed and many staff were relocated to new offices and workspaces to facilitate social distancing.

The Infection Prevention and Control Nurse and the Quality & Risk Manager co-ordinated the vaccinations of all staff, contract staff and volunteers. Two St Francis Hospice staff trained

as vaccinators and assisted Connolly Hospital staff in the vaccination programme. Covid-19 vaccination uptake was 97%.

During 2021 we continued the work we had begun pre-pandemic to review the care we provide to our community based patients. Our community based patients were traditionally provided by support from our community palliative care (homecare) team. These patients also attended our hospice daycare services and to a lesser extent our outpatient department. We had commenced a review of these services prior to the pandemic. In 2021 we finalised a model of outpatient and day services which will provide programmes of care for patients either as individuals or as groups. These programmes will have an emphasis on providing nursing support, psychosocial care and rehabilitative palliative care. We expect that these programmes will continue to develop and evolve in this changing landscape.

We are also reviewing the care provided by our community palliative care team. Over the last number of years the profile of our patients has changed with an increasing number of patients who have non-malignant diagnosis; for those that have a malignant diagnosis there is an increased number of treatment options with greater need for awareness among our staff about the various types of treatments that the patients may be offered and the effects and side effects of these treatments. We hope we will be able to provide a more targeted ambulatory service for our patients who are based at home.

During 2021 we were successful, with the Mater Misericordiae University Hospital in securing a fifth palliative medicine consultant post for the north side of Dublin. This post will be between the Mater Hospital and St Francis Hospice. The Mater Hospital is one of the busiest hospitals in the country and has long needed additional specialist palliative care support. This additional post is part of the future development of the palliative medicine and palliative care service at the Mater Hospital. The post at St Francis Hospice will have a strong focus on ambulatory care, provided to people who are living at



## Activities and Achievements

home and who will attend St Francis Hospice. In 2021 St Francis Hospice employed a candidate Advanced Nurse Practitioner in Palliative Care for Older People. This post will integrate with service for older people in the Hospitals and community settings, to identify and meet the needs of older people with multimorbidity and complex palliative care needs, to identify their needs and improve their outcomes. This post will also have a strong focus on ambulatory care.

As part of the review of the community palliative care team we have been trying to understand our patient profile better and are working with the wider multidisciplinary team to develop a new service for our community based patients.

Our inpatient unit remained challenged on one hand by the reluctance of some patients to be admitted and on the other hand by staffing challenges, both due to Covid-19 related illness. As an organisation in existence for thirty years, with a high staff retention, we have had a number of retirements in the last year, including Sr Margaret Cashman, Director of Nursing. The staff who retired provided immense support and contributed to the development of St Francis Hospice over the years. They will be missed as integral staff members in St Francis Hospice who provided a steady hand in particular throughout the pandemic. We have engaged in a recruitment campaign in 2021 to recruit high calibre staff. We have recruited excellent staff and the campaign is continuing in 2022.

Working within the multi bedded wards in Raheny hospice is increasingly more difficult. For this reason St Francis Hospice is planning a new development at the Raheny site to provide all single rooms. This will allow us to provide care in a safer, more dignified setting for our patients.

Regardless of where patients are cared for the quality of care is extremely important.

St Francis Hospice Board Quality and Safety Committee (BQSC) helps support quality care. From the clinical point of view there are a number of sub committees of the BQSC which have a strong emphasis on patient care; these include the falls committee, medication management committee, infection prevention and control, health and safety, haemovigilance and food safety committee. All committees have membership drawn across the relevant members of the wider multidisciplinary team. The focus on all of these committees is to improve patient care by ensuring that we are working to national standards or best practice standards where these exist.

Another aspect of improving care is research. Some of our new services developments are formulated in parallel with a research focus to understand what aspects of new services provide most benefit to patients. We are also engaged in quality improvement initiatives and audit. For example, one quality improvement initiative which was undertaken in 2021 was a review of patients who are on enteral feeding. This initiative was undertaken by one of the specialist registrars, with the multidisciplinary team and medical students. This OI led to the development of a policy and procedure in relation to management of enteral feeding.

In 2022, we hope to progress the development of community palliative care and outpatient and day service. We will appoint a permanent consultant, in conjunction with the Mater Hospital, as discussed above. We will continue to develop the roles of the health and social care professionals, in respect of symptom control, rehabilitation and psychosocial support.

**Dr Regina McQuillan,**  
Medical Director

**Aishling Kearney,**  
Director of Nursing



Our Core Values Team produced a 2022 calendar with photos and quotes relating to our six core values: dignity, respect, compassion, collaboration, excellence and kindness.

## In-Patient Care

St Anne's In-Patient Unit, Raheny and the In-Patient Unit, Blanchardstown, can accommodate 19 and 24 patients respectively, for a total of 43 beds. Blanchardstown consists of all single rooms, while Raheny has 7 single rooms and 3 four-bedded rooms.

The in-patient units saw 247 admissions in Raheny and 319 in Blanchardstown in 2021. While the experiences of patients and families has continued to be impacted by the Covid-19 pandemic there have been many positives over the year.

Guided by our core values, visiting guidelines, while restricted in line with public health guidelines, facilitated 9,558 visitors to the in-patient unit in Raheny and 16,121 in Blanchardstown. This has been hugely beneficial and greatly appreciated by patients and families but also the staff who consider the inclusion of families to be central to the care

and support provided including bereavement support.

We were grateful that we continued to mark the important milestones and celebrations in the lives of our patients and their loved ones. This included weddings, christenings, and other important family occasions, without compromising the welfare of our staff, patients or visitors.

We welcomed the return of some of our volunteers to the in-patient, as it became safe to reinstate their roles. Staff, our patients and their visitors greatly appreciate the support and goodwill of our volunteers, especially through challenging times.

2021 also saw the return of clinical placements for post graduate students, the future of palliative care, facilitated in the in-patient unit. In the words of one student:  
*"Thank you for being so welcoming and kind during my placement here in the IPU. I have*

*learned so much from all of you. The warmth and kindness you show to every patient and their loved ones is so admirable. I am so grateful for everything I have learned here."*

The experience of patients and families is evident in the many letters and cards delivered to the unit. This is thanks to the commitment of the staff, commitment to the patients and families but also the team. While Covid-19 presents many challenges and stresses, teamwork, flexibility and ability to adapt have ensured that the core values continue to be demonstrated and lived in our daily actions. This is seen here in the experience of one family:

*"We just want to thank you from the bottom of our hearts for the loving care, concern and compassion you all showed my dad during his final weeks. We struggled with travelling backwards and forwards from the UK but you all made us feel so welcome, keeping us informed of any progress and calling us when needed. You are all amazing, your care is outstanding, giving my dad a calm, loving and respectful time with you."*

## In-patient Unit Visitors

Through the collaboration of many departments and with the support of our volunteers,



**25,679 visitors**  
were welcomed, screened and given precious time with their loved ones.

2020 but it was only in 2021 when restrictions lifted and children were back visiting that they got to truly enjoy the cheerful dinosaur and sea creature scenes.

Our Falls Committee introduced quality improvement measures to help to prevent falls in our vulnerable patient group, setting a benchmark goal of 12 falls per 1000 bed days. In 2021, we had incidents of 11 falls per 1000 bed days compared to 22 falls per 1000 bed days in 2020. The efforts of the Falls Committee and collaboration by all staff and volunteers was responsible for this dramatic quality improvement.

At the heart of all of our work was our goal to ensure that our patients and their families



Our ward pantries were awarded a distinction in the food safety awards for the 5th consecutive year, with the auditor commenting on the high commitment to food safety and the obviously deeply engrained food safety culture in St Francis Hospice Dublin.

Our children's playrooms in Blanchardstown had two new beautiful wall murals added in late

**This is a beautiful place. All the staff and volunteers are so caring. A wonderful happy smiling place and a pleasure to visit.**





## Sanctuary: Ann Brophy's Experience of Hospice Care

In 2021, we had a unique opportunity to create a video with an individual being cared for in our in-patient unit in Blanchardstown. Ann Brophy was an accomplished writer and amateur actor/director, and she wished to contribute her personal story of hospice care to help encourage and reassure others who may be accessing hospice care for the first time.



Ann's video can be viewed at <https://youtu.be/IVTtM-q6qd4> or by scanning this QR code on any smartphone.



## A Volunteer's Reflections on Covid-19

I have been a volunteer in St. Francis Hospice since 2003 and my weekly trips to Raheny were part of my routine and a tonic to the daily stresses in my job. When the country 'locked down' things changed for everybody and the 'norm' was gone for the foreseeable future.

At that time there was a lot of apprehension about being in close contact with others, the Covid-19, the unknown affects of the virus and potential mortality for everybody – vulnerable or otherwise. Understandably, the Hospice had to protect everyone within it and part of that process was to suspend the volunteer programme temporarily.

When the initial lockdown lifted, I had hoped that things might get back to normal but that clearly wasn't to be and whilst I didn't miss the Hospice originally – primarily as I was so obsessed with 'staying safe' and keeping those around me, especially those who were cocooning, safe – I started to find there was a gap that needed filling.

As time passed, and work became busier, I found I missed my weekly 'therapy' in the Hospice and became more and more eager to return to volunteering. I knew that there might be risks with any return due to Covid-19, but felt that once I kept others safe, the Hospice would probably be the most safe environment for me to be in. Public transport was more of a concern!

I was genuinely so excited to be back that first evening and the welcome from all of the staff was just phenomenal. I have always known how incredible the Hospice is but it was as if the 19 years' worth of kindness I had seen the staff show the patients, was bestowed on me in one go. I found I was more emotional than I thought I would be when I returned (and I am not known for being soft) and was extremely honoured to be part of that family again.

Honestly, the memories of that first night back, and the welcome given to me, will stay with me forever.

I think the Hospice are so appreciative of their volunteers but sometimes you don't realise that the volunteers often need the role just as much. The 18 months out of the Hospice had been my longest break (but I am assured it doesn't count in the context of 'long service awards'!!!) and I don't think I realised how much I missed it until I returned.

Now that I'm back the wearing of masks, though necessary, is difficult. Not for me, but for the patients I fear I am shouting at so that they can hear me. That's just a fact of life for the moment and everyone has to get used to it. I am also more conscious of sanitising my hands

in front of patients which is something I would never have done before as I wouldn't have wanted them to feel like they were in a hospital environment (previously sanitising out of view). It is great being back, a tonic for the soul.

My only complaint is that I have yet to meet Brother Eustace and I miss our weekly chats. I know his routine is also out due to Covid-19 and he needs to stay safe but his kind words and generous smiles are missed.

Natasha McKenna,  
IPU Hospitality Volunteer,  
St Francis Hospice Raheny

## Community Palliative Care

The Community Palliative Care team uses its specialist knowledge and experience to support people who are living at home with a life limiting illness, and their families. Our aim is to help patients to live as well as possible for as long as possible at home through our expert knowledge in symptom control and management of psychosocial complexities. We support the patient's GP and PHN in the delivery of palliative care.

This year continued to pose challenges for the team as the pandemic continued. Remote assessments continued to play a vital part in our clinical assessments and both patients and families became accustomed to this as the new norm. For the year 2021, 30% of our nursing assessments were carried out remotely while our face to face contacts increased by 18.5%.

In response to the community Covid-19 incidence rate, patients' assessments have at times been a two-part process with the initial contact by phone, where a detailed assessment is carried out and followed up by a short face to face meeting for clinical assessment and introduction to one of the team. We believe that the face to face contact is very important in helping build a therapeutic relationship with the patient and family.

**Every visit you made brought relief, hope kindness joy and lots of chats. You all enabled him to stay at home all through his cancer journey which is what he really wanted**

More patients chose to have their end of life care at home, an increase of 17% from the previous year. Anecdotally, families and patients expressed concern over admission to other places of care in view of the risk of Covid-19 infections and visiting restrictions. This increase in those dying at home also reflected in an increase in request for Night Nursing, which was up by 9.5%.

## Community Palliative Care (Continued)

### Current and future developments:

Over 25% of all referrals to the community palliative care team in SFHD are currently related to life-limiting, non-malignant illness, in the over 65-year-old age group. We recognise that caring for this patient population is often associated with additional complexity and requires additional knowledge and development of new skills. In response to this, there has been the development of a new role of an Advanced Nurse Practitioner (ANP) within St Francis Hospice. This ANP role will provide a new and additional service within the Community Palliative Care team. By virtue of additional training, the ANP will have a skill set and capability that is distinct from that of the Clinical Nurse Specialist (CNS) in the CPC team. This role will focus on palliative care

provision to the older person, this initiative will enhance the work of community palliative care team in addressing the needs of older people referred to the team by improving integration of care service, close working relationship with older person care and older person psychiatry. It is anticipated that the candidate ANP will be eligible to register as an ANP for SFHD in June 2022. In 2022, another nurse will undertake this course.

While the majority of patients accessing CPC are adults, our team continues to support children with palliative care needs living in the community. This year we developed paediatric specific CPC assessment proforma and medication kardex, as a quality improvement initiative, to facilitate the assessment of children referred to the service.

## Reflections on Remote Volunteering during Covid-19 Restrictions

When the Covid-19 restrictions were activated I was in the happy position that the two gentlemen I regularly visited in my Community Palliative Care Volunteer Visitor role were well established and we had very good relationships. It made my transition to remote volunteering was easy. We had common interests such as gardening and hillwalking and it was easy to hold weekly conversations about anything and everything. Sadly both passed away within 24 hours of each other at the end of May 2020.

Sometimes on visits it's not necessary to spend two hours talking to someone; it can be as simple as just watching television, making a cup of tea or coffee, going for a drive or just being there and sitting in silence. You can't do silence as well on the phone, so remote volunteering has its drawbacks; however, it still maintains the link. It is difficult to anticipate the structure a call as each patient is different and you have to listen on the day depending on the circumstances and how they are feeling.

In early March 2020 I had another referral and I was lucky to have an introductory meeting with this patient just before the restrictions came into force. Having had only one visit, I did find the first few phone calls a little difficult and found it hard to engage at times. The main approach was to listen and reassure; it is so much easier when you are face to face with someone, however over time we got to know each other. Most calls would commence discussing the general health of the patient and any problems or difficulties that they had and what other news there might have been. We would then proceed to solve all the problems of the world for the remainder of our call. We continued our weekly contact until he passed away in September 2021.

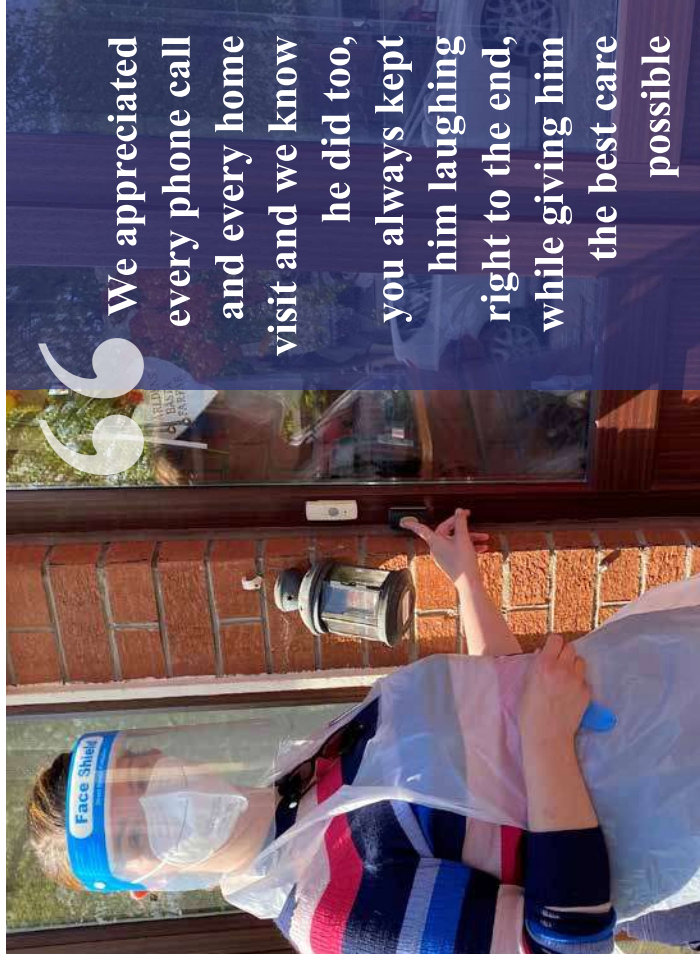
In February 2021 I had my next referral, another man who was seriously ill at the time and trying to come to terms with his illness and diagnosis. He lived alone, almost isolated with very little human contact. He was my first telephone-only

contact, and I did find it difficult to establish a rapport with him but this was more to do with his illness rather than anything else. When we did get up and running he looked forward to receiving a call every week and we had some great conversations. Unfortunately due to his condition, the duration of our weekly calls became less and less and he passed away in early May 2021; we both regretted that we did not get to meet up.

In March 2021, a new referral linked me with my current patient, a lady whose breathing is compromised and who finds it hard to talk and get around. This was another telephone-only contact, and it took some time to establish and build up a relationship mainly through trust, concern and empathy. It is working fine now and she looks forward to a call every week. She says it gives her a lift and she feels better for it and is looking forward to the day when she can invite me into her home.

Personally I am looking forward to the restoration of the home visits; while the remote volunteering has maintained the link and the contact, there is no substitute for the face to face visit. It is like a tonic to the patients. It provides plenty of options to do something for the patient; it will provide them with reassurance and continues to give me the opportunity to give back and make a difference.

**Pat McKay,**  
Home visit volunteer





## Outpatient Care

The Outpatient Department provides patients with high quality multidisciplinary care in a comfortable and relaxing setting. Patients under the care of St Francis Hospice Community Palliative Care Teams who are referred to the Outpatient Department have access to numerous services such as Complementary Therapy, Lymphoedema Therapy, Physiotherapy, Social Work, Chaplaincy, nursing and medical reviews.

Outpatients is often the first introduction to Hospice for patients and their families who may have many fears and worries about palliative care. The warm welcome and relaxed atmosphere created by our staff and volunteers helps to reduce these concerns.



“Thank you for everything you do, you are frontline heroes making a huge difference in our community.”

## Complementary Therapy

The Complementary Therapy department provides a range of therapies, which are used alongside conventional medical, nursing and allied health professional treatments, to help ease symptoms, promote relaxation, and ease discomfort, anxiety and stress. Complementary therapies can range from self-care approaches such as relaxation to physical treatments like massage and reflexology.

Treatments available include: Holistic massage, Aromatherapy massage, Reflexology, Reflexology Lymph Drainage, Indian head massage and the M-Technique. The Complementary Team consists of staff and volunteers who provide treatments to the In-patient Units, Outpatient Departments and Hospice Day Services in both sites. Following a treatment a patient said, “It was so relaxing and I feel I am walking on air.”

This was another challenging year as the team continued to provide a service to our patients while we all learned to live with and work in the context of Covid-19. The pandemic encouraged innovation, as we all found new and creative ways of working.

Covid-19 remote support packs were provided to patients in February 2021, when due to restrictions we were unable to see patients face to face. Staff were delighted to welcome back patients in March. We also welcomed the return of our much-missed volunteers to the Outpatients department.

The team created a relaxing aromatherapy blend for inclusion in a support pack, which was posted out to Carers during Carers week in June. A series of relaxing visualisations were recorded and included in the pack. They are also available to view on the St Francis Hospice YouTube channel.

## Aromatherapy

Aromatherapy is used in a clinical context in St Francis Hospice. Qualified aromatherapists provide a bespoke service in creating and supplying aromatherapy blends to patients,

staff and volunteers. Symptoms we aim to alleviate include dry skin, itch, muscular aches and pains, neuropathic discomfort and mouth ulcers to name a few.

Our Community Palliative Care colleagues reported positive feedback from their patients:

*“Is it possible to get a second bottle of mouthwash. She found it fantastic; all her mouth ulcers have cleared up.”*

*“Thank you for the anti-itch cream. He said that it the miracle he was waiting for. Nothing else has worked and he was very frustrated.”*

The team was very mindful of supporting our colleagues’ wellbeing during a very busy and stressful time due to Covid-19. With this in mind, we created a relaxing aromatherapy shower gel in March, and offered it to colleagues, who expressed their appreciation.

As part of our commitment to continuous improvement, our team expanded the range of oils and new aromatherapy blends to meet the needs of our patients. The popularity of the blends is evident with more than 1,033 blends supplied across both sites.

## Lymphoedema

Lymphoedema is a condition in which there is a build-up of fluid that causes swelling in an area of the body. St Francis Hospice offers a specialist lymphoedema service, which provides individualised assessment and management of this often-distressing symptom.

Although not curable, lymphoedema is manageable. It is sometimes referred to as chronic oedema, particularly in the lower limbs. The treatment and management of lymphoedema involves a variety of approaches intended to reduce and maintain the oedema, or swelling. A programme of education and ongoing management is devised and tailored for each patient by our Clinical Nurse Specialists in Lymphoedema.



## Outpatient Care (Continued)

As Covid-19 restrictions changed during the year, we continued to meet the needs of our patients through home visits, telephone consultations and in person attendance in the hospice. In 2021, there were 232 lymphoedema consultations for 91 individuals.

“

**From the moment our mother arrived here to the moment she left, both she and we were surrounded by kindness, love and care. She found peace in her last days and we will be forever thankful from the bottom of our hearts. We will never forget you all.**





## Hospice Day Care

During 2021, we all continued to meet many challenges due to Covid-19. The lives of our patients, their families and staff continually changed in line with national guidance, it was a very uncertain time for all of us. The Hospice Day Care team had to be innovative in continuing to provide safe, high quality care to meet the needs of our patients and their families.

We noted many patients and carers felt socially isolated, lonely, and anxious about an uncertain future. Bereaved families spoke of missing the normal supports we all know so well when a death occurs in our community. Numbers allowed to attend a funeral or even visit a hospital were limited.

Although we are delivering our care in a different way due to Covid-19, it is rewarding and reassuring to see the benefit for patients and families has not changed.

The extract below is from a letter received from a patient's daughter living in the UK, thanking St Francis Hospice Dublin for the care her mother has received. The patient received telephone consultations and attended Day Care in person when restrictions allowed. Staff would regularly link in with her daughter and she found it very reassuring to speak to staff about her concerns and her mother's condition.

*"I would like to take this opportunity in thanking you and all the staff in St Francis for your kindness, empathy and compassion shown to mum during her visits with you. Indeed these visits were a lifeline to me, knowing she was in such great hands."*

The team at St Francis Hospice helped mum to live in her own home, knowing that if she were to feel lonely or frightened there was always someone to talk to, with a calming voice and ability to make you feel you were the only patient you had. There is no word in the dictionary or invented to describe the gratitude and thanks I feel for you all."

A hybrid model of care is currently in place, consisting of remote consultations and individual in person attendance. This has allowed the number of patients accessing Day Care to increase.

In 2021 there were 2,088 attendances or consultations. This demonstrates a 27% increase over 2020.

Planning is underway for the implementation of a new model of care in 2022.

### Current Services

- Individual in person nursing consultations
- Remote nursing consultations
- Carer support group facilitated by a Nurse and Social Worker
- PACES programme - A psychoeducational group for patients in managing the impact of terminal illness, facilitated by a Nurse and Social Worker
- Referral to the Multidisciplinary Team

### Initiatives in 2021

- The Annual Art Exhibition moved on line. This initiative allowed family living abroad to view the exhibition. It has also created a permanent online space for these legacies to be viewed, as and when families and friends would like. The exhibition is available to view on the St Francis Hospice YouTube channel.
- Compilation of a carer support pack to mark Carers week in June. The packs contained information and supports for carers, links to relaxing meditations recorded by the CT team and an invitation to an online mindfulness session. We also included some small self-care items which included a personalised card with a tea bag and poem, a Time Out chocolate bar and a relaxing aromatherapy blend. Packs were posted out to carers and positive feedback was received.



Hospice Day Care Clinical Nurse Manager, Margaret Winters, authored the chapter in palliative care to the new book

**Living with Motor Neurone Disease: A complete guide.**

(Cork University Press, 2021, edited by Marie Murray)

### Goals for 2022

The implementation of a new interdisciplinary Model of Care. In addition to current services, staff will facilitate:

- CARE programme (Complementary Therapy, Art and creative activities, Relaxation and respite, and Evaluation) will provide clinical assessment in a group setting. Patients unsuitable for targeted programmes due to cognitive impairment, frailty or patient preference will be offered this programme.
- Active living programme will be a targeted programme for living well with serious illness.
- Remote nursing assessments with scheduled one to one consultations as an adjunct to the above, and for those patients who may not wish to avail of group sessions.



## Social Work and Bereavement Support

One of the key achievements for the social work team in 2021 was the launch of our book "Finding Your Way Through Grief: For Teenagers and Young Adults". It was written by the social work team of St Francis Hospice Dublin in collaboration with bereaved teenagers. The young people speak in the book about what helped them in their grief. This is the first book in the Irish context designed as a resource for young people themselves to use as they navigate their way through grief and loss. The book opens with a beautiful piece of art by one of the teenagers which depicts the many faces of grief. It describes how there are parts

they adjust to the news of a life limiting or terminal illness. The social work team works with individuals and family groups, including working with parents to support their children, direct work with children and other vulnerable people within the family. Support is centred on the challenges that each individual patient and their family may be dealing with as a result of the impact of the illness. For some people, this work includes helping patients and family to communicate about and adjust to the changes that are taking place, develop ways of expressing and managing strong emotions, deal with worries and conflict and to plan for



to grief that we don't expect. There are quotes from the teenagers throughout the book about their experiences of grief. We have received some great feedback from other professional and bereaved people, "This book is superb. There was a gap for this gem. Well done to all. I just loved reading it myself" and "It is an invaluable resource for teenagers and young people."

In 2021, the social work team provided support to 621 patients and their families during the patient's illness. This was over 4,400 contacts supporting patients and their families as

the future. For other patients and families, the support might be in relation to financial strain, or how to talk to their children about their health.

We continued to be creative in how we engaged with people due to the impact of public health restrictions. This included having Zoom support sessions, email support, phone support as well as meeting people in the hospice or at home. In 2021, we ran a support group session for partners of the patient about parenting and supporting children in the context of serious illness. We had hoped to



have a session for the patients also, but due to treatment schedules and illness, this session had to be cancelled. We developed a leaflet for patients *Suggestions for Writing a Letter to your Child or Children* to support patients who may want to write a letter for their children for after their death.

The Social Work team also supports family members after the patient dies. This may include individual bereavement support or counselling, family group sessions, and work with children. In 2021, there were more than 720 face to face sessions and over 870 phone support sessions. The Social Work Department supervises the Volunteer Bereavement Support Service (VBSS), a team of trained volunteers offering one-to-one bereavement support to adults in the form of a confidential listening service, on an on-going basis. In 2021, the volunteers provided 270 sessions of bereavement support face to face and more than 215 bereavement support sessions by phone. One client told us, "I found it to be a wonderful help to me, it carried me through some difficult months."

In 2021, we introduced a new initiative of writing to each bereaved family a month after their relative dies. This was to ensure that each bereaved family gets information on grief in a timely manner, as we know that good quality information on grief is an important support to

bereaved people and, with the support of their family and friends, may be all they need to cope. This initial contact letter provides information about grief and ways to manage, as well as telling relatives about the bereavement services of the hospice.

A few weeks later, families would normally be invited to a Service of Remembrance, as an opportunity to remember the person who died. Due to public health restrictions in 2021, we could not have any large gatherings, so with our colleagues in Chaplaincy, we recorded these events and sent the link to the recording to relatives with a Booklet of Remembrance that was personalised with their relatives' name. Overall, more than 1,360 patients were remembered at these services. One relative told us, "very moving and it touched me deeply. It came at just the right time too."

We also invite families to a talk on grief given by one of the social workers, a Bereavement Information Evening. In 2021, we sent a recording of this event to almost 1,300 bereaved families. However, we were also able to host this event four times virtually in 2021, so about 200 devices logged on to the talks over the course of the year. This is also available for people to listen to on our website. One bereaved relative sent us an email of thanks after attending one of the talks saying, "You are all a light in the darkness and very much appreciated."

Each year we run a 2 session psycho-educational group for parents supporting children bereaved of the other parent. In 2021, we ran the group online. Participants received information packs that included podcasts we had developed about children's response to grief, on how teenagers manage grief, and on self-care for parents.

The social work team members are all part of the national Hospice and Palliative Care Social Workers (HPCSW) group. One of the social workers co-presented a professionals education



## Social Work and Bereavement Support (Continued)

session about bereavement support needs in the context of COVID-19 at a national webinar.

St Francis Hospice Dublin is represented on the Dublin Northside Bereavement Network by a member of the social work team. The network is a group of agencies involved in bereavement support provision that have come together to collaborate on bereavement supports and initiatives. In June 2021, the group facilitated a public lecture on grief with Zoe Holohan as the guest speaker. A member of the social work

team presented about living with grief at the event.

In 2021, a Safeguarding Committee was established and is chaired by a social worker. The committee is involved in updating policies and procedures within the hospice in relation to safeguarding and reviewing safeguarding incidents. The Social Work Department coordinates the response to any safeguarding issues that arise in relation to Vulnerable Persons and Children within the hospice.

## Chaplaincy



Another year of Covid-19 has inevitably focussed attention on all healthcare settings. The profession of healthcare chaplaincy in St Francis Hospice was not without its challenges as we attempted to reach out to offer human companionship to those in

our care. This, at times, had little to do with religious belief or denominational boundaries, but was more about the accompaniment of another in trouble. These moments of presence and 'watching with' another have often provided that sacred space for patients and their families to become unburdened of their deepest fears, anxieties or regrets. The goal of our Chaplaincy Ministry is to continually provide Pastoral Care that brings hope and healing to all in our care.

With the curtailment of church services in 2021 the Chaplaincy team continued to reach out to and support grieving families by delivering five virtual Remembrance Services. In total 1,423 patients were remembered.

Chaplaincy facilitated a family Baptism in August at the request of one of our patients. It was celebrated outside in the Raheny Day Care Garden and all of the extended family were extremely grateful for this memorable day. A wedding and a confirmation was also facilitated this year. Another couple requested a blessing of their wedding rings and words could not describe the meaning that this held for them.



The Chaplaincy Team, once again with the collaboration of staff and volunteers from all departments, also delivered weekly live reflections on Facebook until the end of June. Viewing numbers ranged from 500-1,500 per week and they were always well received by the community during that time of intense loneliness and isolation.

Our Capuchin team members continued to offer and celebrate mass by camera to patients' rooms and they were always available to pray the Sacrament of the Sick when requested by patients or their families. We heartily welcomed the return of our volunteers in the latter part of the year, and we plan to provide volunteer Ministers of the Eucharist in Blanchardstown and Raheny for the coming year so that some of our patients may now be visited at weekends if they wish.

One new summer project delivered by the Chaplaincy team at the invitation of the Fundraising Department was the recording of a virtual Sunflower of Life Reflection for people in the community who wanted to remember and honour their loved ones. This was supported by collaboration with staff and volunteers from all departments. Lots of appreciation was expressed by grieving families in our community.

Our year ended once again with the preparation of our Virtual Tree of Life Remembrance Ceremony which was again supported by collaboration of key individuals across the organisation. The feedback was positive from the comments of many viewers, who found it to be moving and who expressed gratitude at the care and love which their deceased family members had received at St Francis Hospice Dublin.

*"What the pandemic has brought home to us is the value of life in all its stages from beginning to end."*

**Archbishop Dermot Farrell**

(Homily for World Day of the Sick)

**All the darkness in the world cannot extinguish the light of a single candle**

St. Francis



## Physiotherapy

The Physiotherapy team in St Francis Hospice places patients' goals for living at the heart of everything we do.

Treatments are tailored to each patient to provide the right amount of support to empower and enable them to achieve their goals – to live their lives until they die. The physiotherapy team strives to provide excellent, evidence-based care to patients putting their needs and wishes at the forefront of everything that we do.

In 2021, the ongoing pandemic necessitated the team to continue to provide online palliative rehabilitation group programmes as it wasn't permitted for classes to take place in person. Patients valued these classes and felt safe exercising in the comfort of their own homes under the supervision of their physiotherapists.

Patients were also visited in their own homes by specialist palliative care physiotherapists and benefited from a comprehensive rehabilitation service at the time of their choosing. This model of working further consolidated the integration of the physiotherapy service into the CPC team, providing an integrated care pathway for each patient.

Physiotherapists are also a core part of the inpatient unit teams, facilitating rehabilitation, oxygen management and discharge planning for each patient admitted to the units.

The Physiotherapy Team facilitates a number of group rehabilitation programmes. These are described in the Palliative Rehabilitation report on page 67.

## Education, CPD and Networking

The Physiotherapy department had two posters accepted to the European Association of Palliative Care Research congress 2021, which was held online in May due to the COVID pandemic.

- Rehabilitative Palliative Care (RPC) – bridging the gap from acute hospital to specialist palliative care (SPC) community services
- Exhale to Online: Transitioning a group exercise programme to a telehealth model in a palliative care setting

We also presented the following poster at the Irish Society of Chartered Physiotherapists Annual conference held virtually.

- Examining the challenges of implementing a virtual pulmonary rehabilitation programme in a palliative care setting

In 2021, the physiotherapy manager, together with her counterparts in Milford, Marymount and Our Lady's Hospices, established a Community of Practice for physiotherapists working in Specialist Palliative Care throughout the country. The aim of the group is to provide a network for support, education and practice development for physiotherapists working in the area. The forum meets monthly and shares education and research, policies and case studies. There are plans to expand the COP to an all-Ireland forum in 2022 with the support of the AIHPC.

## Occupational Therapy

### Occupational Therapy:

The Occupational Therapy (OT) team at St Francis Hospice provides a service to in-patient units in Raheny and Blanchardstown and community based patients.

OT plays a key role in the specialist palliative care journey providing palliative rehabilitation for patients, assisting patients as they adjust to change, maintain or improve their functional independence, social and role engagement and self-manage symptoms associated with life limiting illnesses.

Occupational therapy sessions are goal focused and tailored to the individual's needs. Sessions can be individual or in a group format.

In 2021, the Occupational Therapy team in St Francis Hospice Dublin continued to develop:

- In March 2021 the OT team was reconfigured allowing for seamless follow through from IPU to community collaborative projects and additional OT sessions for patients.
- An addition of 1 WTE temporary staff grade occupational therapist from July 2021 provided opportunities for development of projects and an increase in-patients seen by the Occupational Therapy team.

### In-Patient Units (IPU):

- OT encourages independence through assessment of function and interventions, for example: rehabilitation, compensatory techniques and symptom management
- Hours out, overnights and discharges are facilitated in collaboration with the patient, families and multidisciplinary team and necessary equipment is arranged
- OT plays a key role in seating and pressure relief for patients in the IPU to ensure patients are comfortable and their seating is meeting their needs

- Leisure and therapeutic activities are addressed with patients to encourage engagement in loved activities

### Community Based Patients:

- OT specialist palliative care services in SFHD provide an outpatient service for patients under the care of SFHD
- Palliative rehabilitation and symptom management programmes address challenges with engaging in meaningful activities and empower the patient to manage their symptoms through practical advice
- Symptom management programmes include anxiety, breathlessness, fatigue and pain.





## Occupational Therapy (Continued)

### Education, CPD and Networking

The OT team had three posters at the virtual Association of Occupational Therapists Ireland (AOTI) annual conference in September 2021

- 'EMPOWER', a self-management stress and anxiety group programme, for community based palliative care patients
- Design of Occupational Therapy Intervention in a Palliative Exercise Enablement
- Rehabilitation programme (PEER)
- Reflections of 2:1, practice educator: student, placement during Covid-19 pandemic

The OT Department established a Community of Practice with Our Lady's Hospice in Harold's Cross allowing for collaborative education between the two specialist palliative care OT teams.

The OT team celebrated World OT Day with the theme "Belong. Be You." with displays in St Francis Hospice and this was featured in the December AOTI newsletter. The OT team produced a Christmas video collaboration with SFHD staff and patients to send a Christmas message of connectivity, joy and well wishes to all.

### Plans for 2022

The OT team plans to promote the role of OT in specialist palliative care, nationally, through:

- Facilitating OT student placement
- Networking
- Involvement in committees
- Hosting a specialist palliative care OT study ½ day for primary care / acute care OTs
- Expand the community of practice

There are plans in place to publish a peer reviewed article on the virtual EMPOWER programme research to date.

We will recommence in-person EMPOWER and PEER group programmes and develop PEER strands for different patient cohorts.

Finally, the OT team will roll out of the new BREATHE programme (Breathing, Relaxation, Education, Activity and Therapeutic Engagement).

## Palliative Rehabilitation

Rehabilitative Palliative Care optimises wellbeing and enables people to live as independently as possible despite advancing illness. It empowers people to adapt with dignity by providing a support system to help patients cope with changes associated with deteriorating health.

Palliative rehabilitation integrates rehabilitation, enablement, self-management and self-care into the holistic model of palliative care. It aims to optimise people's function and wellbeing and to enable them to live as independently and fully as possible, with choice and autonomy, within the limitations of advancing illness.

It is an approach that empowers people to adapt to their new state of being with dignity and provides an active support system to help them anticipate and cope constructively with losses resulting from deteriorating health.

Rehabilitative palliative care supports people to live fully until they die. St Francis Hospice offers a number of different palliative rehabilitation programmes for patients both in our in-patients units and living at home:

### Exhale (Physiotherapy)

Patients continued to attend the Exhale programme online during 2021. This modified pulmonary rehabilitation programme is a much sought after aspect of care for all patients with advanced lung disease and breathlessness. The programme ran twice weekly for the entire year with patients attending for 5 week blocks of exercise and breathlessness management education. Outcome measures demonstrated improvements in function and ability to self-manage their conditions.

### Sláintecare (Physiotherapy)

The Sláintecare specialist palliative care rehabilitation project was completed in 2021. It aimed to integrate the rehabilitation

services between hospital and community and improve the access to rehabilitation services. St Francis Hospice secured funding for one physiotherapist, who facilitated prompt ongoing rehabilitation following discharge from the acute hospitals in-patients' homes. Referrals were received directly from the Mater Hospital where communication links were established between the specialist palliative care team, occupational therapy department and physiotherapy department. Additional referrals were received from the community palliative care teams.

In 2021, 141 patients were reviewed under the Sláintecare programme. The average waiting time between referral and review was 11 days. There were 216 home visits and 170 virtual health reviews completed in 2021.

### Boost (Physiotherapy)

In 2021, we noticed that patients were seeking guidance from us to increase their activity levels in a safe way, as many people became more sedentary due to the confinement caused by Covid-19. Boost is an exercise programme developed by the physiotherapists in St Francis Hospice to increase activity levels and confidence with exercising. It aims to help reduce the deconditioning that can result from having a life-limiting condition. Deconditioning occurs after a prolonged period of bed rest or inactivity. It can be caused by many factors including hospital stays, sickness and fatigue. It can cause leg and arm muscle weakness and decreased fitness levels.

Boost is a group exercise class run once weekly for 8 consecutive weeks. The programme was run online during 2021 and had very positive outcomes including the peer support from other patients experienced by the participants.

## Palliative Rehabilitation (Continued)

### PEER (Palliative Enablement, Exercise and Rehabilitation) Programme (Physiotherapy and Occupational Therapy)

PEER is a joint initiative by the Physiotherapy and Occupational Therapy departments of St. Francis Hospice aiming to improve quality of life and functional independence for community-based patients.

While initially designed as an in-person programme for different groups of patients, the pandemic made it necessary to deliver this programme virtually to patients in their own homes.

Patients benefited from tailored exercises and education delivered by a physiotherapist and occupational therapist and were supported to make positive behavioural changes to their health.

A video about the PEER Programme can be viewed here:



Aisling McConnell, who participated in the creation of a video about the ways in which she benefited from the PEER programme, said,



**You never feel a burden,  
you are the main priority  
for them no matter what  
you are going through.  
Everybody should take up  
on it, given the opportunity.  
Everyone should take the  
opportunity with both  
hands, because it really  
will make your life  
so much easier.**

### EMPOWER (Occupational Therapy)

- EMPOWER is an OT led self-management group programme providing patients with self-management interventions to manage stress and anxiety and allow them to re-engage in loved activities
- EMPOWER continued online through 2021 using a virtual platform
- Data collection continued for the research project in collaboration with Trinity College Dublin

### BREATHE (Breathing, Relaxation, Education, Activity and Therapeutic Engagement) – Occupational Therapy

- An evidence based occupational therapy breathlessness management programme was designed in 2021 with the aim to roll out this programme in group and individual formats in 2022.

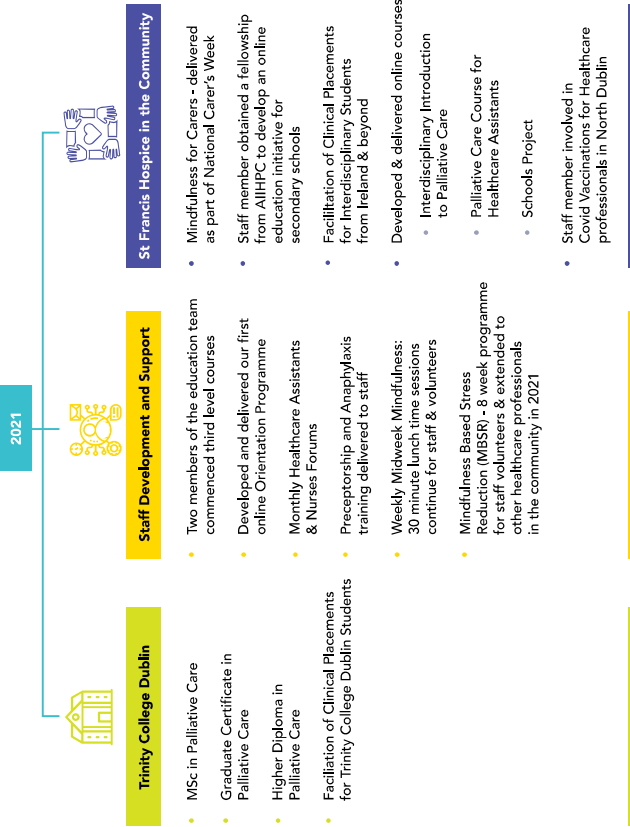




## Education and Practice Development

### The Education Team developed a Vision Statement in September 2021

We, the Education Team of St Francis Hospice Dublin aspire to improve the holistic care of individuals with the life-limiting conditions and their loved ones. We aim to create a collaborative learning environment that encourages a growth mindset for health care professionals and with wider community. We will achieve this through innovative, evidenced based facilitation and learning.



**AIHPC**  
All Ireland Institute of  
Hospice and Palliative Care

**St Francis Hospice works in collaboration with the All Ireland Institute for Hospice and Palliative Care in striving for best practice in education, research and clinical practice. Partnering with the AIHPC enables us to connect with other organisations and professionals on the island of Ireland, to the benefit of all who work in and avail of our specialist palliative care service.**





## Volunteer Services

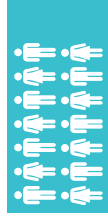
### New Volunteer Recruits in 2021

- 4 Gardeners
- 2 Drivers
- 1 Mite Box Coordinator
- 2 Volunteer Ministers of the Eucharist

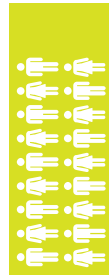
### New of Volunteer Role Returned 2021



January



June



December

### New Role – Volunteer Minister of the Eucharist

In December 2021 two current active volunteers took on the additional role of joining a weekend rota to Minister the Eucharist to patients in the in-patient units. This additional role has been welcomed by the Chaplaincy & In-Patient teams.

### Volunteer Long Service Awards

In early October 2021 we held our Volunteer Long Service Awards ceremonies. 51 volunteers received awards for their ongoing commitment and dedication to the Hospice.



### Roles Returned:

- Drivers
- Bus Escorts
- IPU Hospitality (Afternoon & Evening)
- Volunteer Bereavement Support Service
- Volunteer Visiting Support
- Fundraising Administration
- Mite Box Coordinators
- Home Visits (Phone)
- Cash office
- Main Reception
- IPU Reception
- Out Patient Reception
- Hairdressers
- Musicians
- Oratory Support
- Community Palliative Care Administration
- Gardeners
- Volunteer Minister of the Eucharist



As we learnt to live and work within the pandemic, gradually we returned our volunteers to their role were we felt and assessed that it was safe to do so.

In January 2021 we had 86 volunteers returned to duty, by the end of December 2021, 177 had returned. This is a testament to our value of collaboration within the organisation, everyone working together to ensure the safety of our patients, their families and also our volunteers as they returned to duty.

What was noticed across the organisation was the happiness and joy that volunteers brought to each department as they returned. It was very evident that they were greatly missed and with them returning it brought a little sense of normality.

### Corporate Volunteering

In November, staff from AVIVA did some on-site volunteering by planting 300 daffodils in the grounds of St Francis Hospice Raheny, they also spent time tidying the gardens. This was a very successful day and great to get the support from our corporate sponsor.





## Green Healthcare

In 2021, St Francis Hospice established a Green Healthcare Team, made up of staff and volunteers; the team has support from and regular engagement with our onsite contractors KSG (catering) and ISS (cleaning and security). The Green Healthcare objectives for 2021 were:

- To establish dedicated recycling areas on both hospice sites
- To reduce food waste
- To provide education for staff and volunteers about Green Healthcare and recycling

During the year, our Green Healthcare Team:

- Became a member of Repak Green team
- Assigned an HBS/HSE Energy Officer (the HSE Estates Energy Bureau works in partnership with the Sustainable Energy Authority of Ireland)
- Introduced information tent cards in the canteens to inform staff about how our waste is segregated by the KSG team
- Identified Electrical Recycling as a priority
- Made a Pocket Forest in the grounds of our Blanchardstown hospice; this is a method of planting native trees, shrubs and wildflowers in a small urban area
- Circulated useful education resources to staff and volunteers; Green Team members acted as champions across the organisation.
- Participated in an energy audit in our Blanchardstown hospice, in conjunction with our HSE Estate Energy Management Engineer and an external contractor.

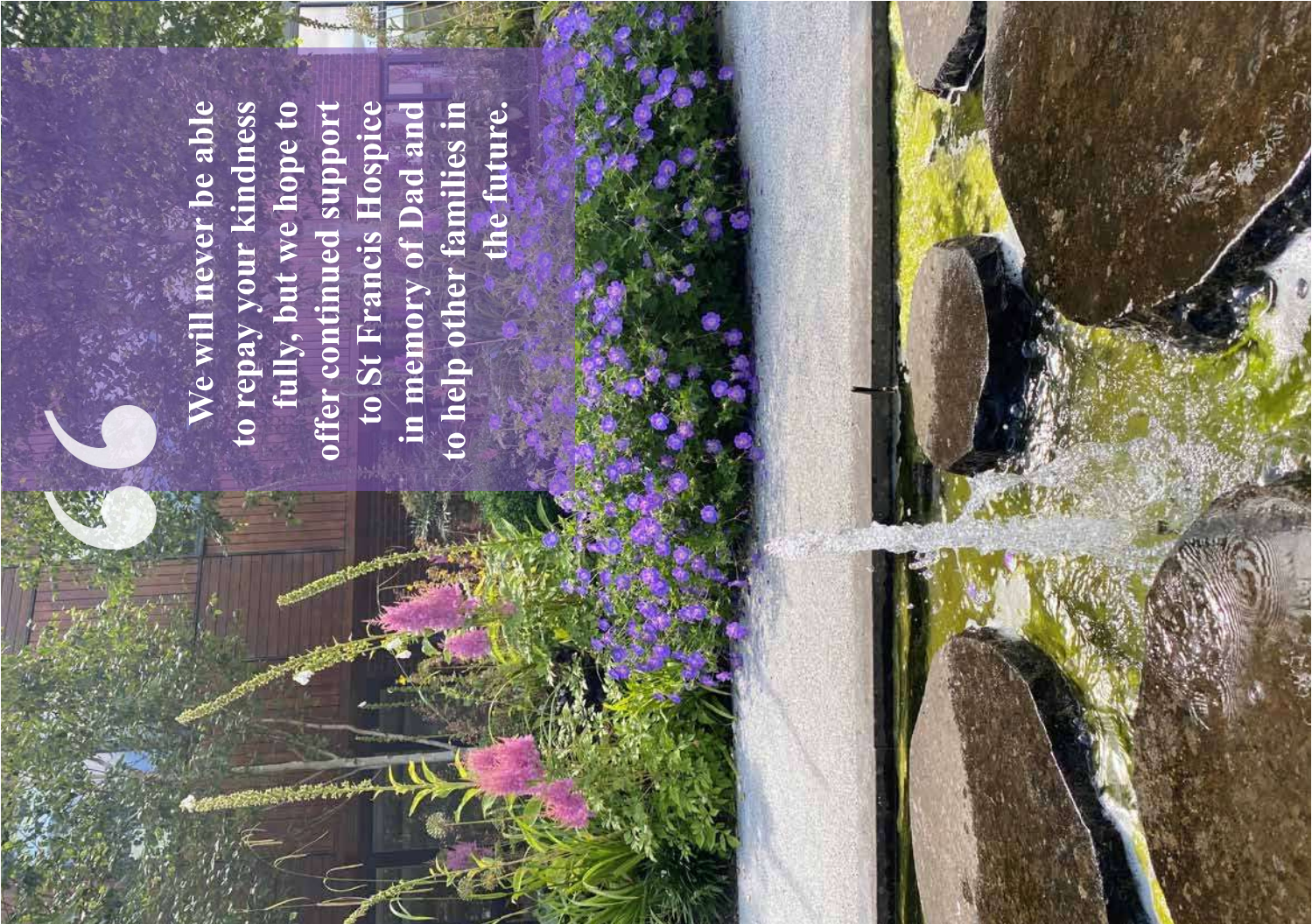


Page 74 | St Francis Hospice Dublin | Annual Report and Audited Financial Statements, 2021

“ Thank you all so much for all the love and kindness you have shown to my father, during his time with you. He passed away with great dignity because of the care you offered.







**We will never be able to repay your kindness fully, but we hope to offer continued support to St Francis Hospice in memory of Dad and to help other families in the future.**

## FINANCIAL REVIEW

2021 was another successful year with a continuing increase in the provision of Hospice services. There were 12,323 nursing visits and 1091 medical visits to patients at home. In Hospice Day Care, there were 141 patients with a total of 2088 attendances. There were 566 admissions to the In-Patient Unit. In addition, there were 7661 attendances by patients for a range of out-patient services.

The Hospice strives to achieve a standard of excellence in the care of patients and their families. There is a continuing emphasis on education in palliative care and indeed to expanding our commitment to a specialist palliative care approach in settings outside St Francis Hospice Dublin. Our policy is to grow and develop to meet the needs of North Dublin city, county and surrounding counties but within the constraints of our financial resources.

The financial year's performance in financial terms is set out in pages 87 and 88 of the financial statements under the 'Statement of Financial Activities' and Statement of Financial Position.

The main features are:

A surplus of income over expenditure of €691,651. This is a decrease of €3,654,456 on the surplus of €4,346,107 reported for the previous financial year. This is due to a decrease in fundraising income and HSE funding. During 2020 a major donation was received. This was not repeated in 2021. A once off HSE core allocation of €1.8m was made to the Hospice to maintain palliative care services for adults and children in the context of the challenges posed by the COVID-19 pandemic. Pay progression and restoration remains not fully funded and as a result St Francis Hospice Dublin has to absorb the cost.

### Financial Position and Sustainability

The surplus achieved in 2021 of €691,651 (restricted and unrestricted) has enabled the hospice to continue to retain a more sustainable financial position. The hospice now has a minimum working capital position and has reduced its long term capital debt to a more manageable level.

### Fundraising Income

At a total level we raised €4,636,720 in fundraising income (restricted and unrestricted) during the year. €1.38m reduction on 2020 result. There was a major reduction in our unrestricted fundraising event and donation income as a result of the pandemic. This income would normally be applied to our core service costs. Event income was effectively decimated. A major donation was received in 2020. This was not repeated in 2021.

### Statutory Funding

During 2021, St Francis Hospice Dublin received from the HSE revenue funding of €14,879,207 as part of the Service Level Arrangement. This included an additional €1.73m allocated in 2021. The funding received in 2021 ensured the ongoing financial sustainability of the hospice as a core provider of palliative care. As a result, the hospice was in a position to continue to deliver acute palliative care services to the people of North Dublin and surrounding counties and to further its three strategic objectives agreed with the HSE Community Health Organisation 9, which are:

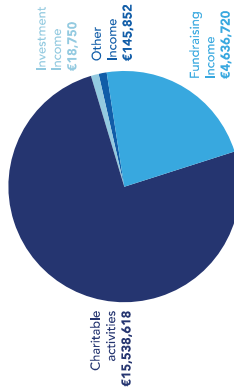
1. To continue to provide accessible, high level specialist palliative care at no charge to patients and families.
2. To improve access to specialist palliative care services for patients and families.
3. To plan for the redevelopment of St Francis Hospice Raheny.



## FINANCIAL REVIEW (Continued)

### Our Income

**€23,009,940**  
Total Income  
100%



In 2021, the hospice received additional HSE funding in the amount of €71,532 as a contribution towards additional Covid-19 related expenditure.

The hospice received a capital grant from the HSE of €573,189 for minor capital expenditure in 2021.

### Expenditure

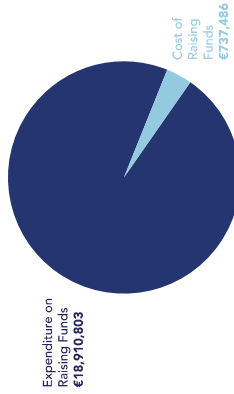
Total expenditure including depreciation for the year amounted to €19.6m (2020: €18.7m). To deliver services to patients and families in 2021, the Health Service Executive (HSE) funded 79% of total costs (incl. interest). This level of contribution, year to year, is crucial and the Hospice gratefully acknowledges this core support from the HSE. The balance of costs, amounting was funded by the Hospice and other grant income. Total costs increased by €947k on the expenditure in 2020 and the reasons for this were:

#### Expenditure on Raising funds

Fundraising costs were €737,486. There was an increase of €135.4k in the cost of raising funds on 2020 expenditure. There was an additional investment in appeals and campaigns €54k during the year. Staff costs amount to €351k (2020: €270k) the increase relates to an

### Our Expenditure

**€19,648,289**  
Total Expenditure  
100%



additional headcount and the payment of public pay awards.

### Charitable Activities

Total expenditure on charitable activities including depreciation amounted to €18.9m (2020: €19m) an increase of €811k on 2020 costs. Support Costs - staff costs excluding fundraising at St Francis Hospice Dublin amounted to €13.471m (2020: €13.07m) an increase of €394k on 2020 payroll. This increase in costs relates to the public service pay awards, additional pension costs as a result in change in pension policy and additional resources employed during the year. St Francis Hospice's alignment with the HSE pay scales is long established and the Board of Directors recognizes that the payment of the pay wards is vital to secure appropriately skilled staff to deliver the service. Increases in non-pay €407k related to additional investment in ICT infrastructure, resources and cyber security, additional cleaning, security, agency nursing, digitisation of medical records, staff training and building and grounds maintenance. The total costs associated with core programme excluding fundraising costs work were €18,910,803.

Governance and administration costs were €178,254. In accordance with the approved HSE Guidelines, the CEO at St Francis Hospice Dublin who commenced in June 2015 received a salary of €112,841 for 2021. €9,254 of pension contributions were made in 2021. St Francis Hospice Dublin spent 96.24% of total expenditure on its primary mission and 3.76% on fundraising. Securing and retaining reliable sources of funding remains a key challenge for the Board of Directors of St Francis Hospice. Competition for donations is strong. The additional funding received in 2020 will ensure the ongoing financial sustainability of the Hospice as a core provider of palliative care. The surplus achieved in 2021 of €691,651 (restricted and unrestricted) has enabled the Hospice to return to a more sustainable financial position. The Hospice now has a minimum working capital position and has reduced its long-term capital debt to a more manageable level.

### Executive Decisions

To further achieve the strategic aim to redevelop St Francis Hospice Raheny, the Board took the decision to designate all legacy income received during 2021 to the Raheny redevelopment building fund. During 2021, €802,266 of legacy income was designated to the fund.

### Internal Audit

The Finance Audit Committee continues to support the Board in fulfilling its duties by providing an independent and objective review of the financial status and performance. The Finance and Audit Committee had considered the proposed internal audit schedule for 2021. Given the work involved in implementing the recommendations of the previous internal and HSE audits, the evaluation of the Board and the continuing challenges of Covid-19, it was agreed that no internal audits were appropriate during 2021. In these circumstances the internal audit programme was deferred until 2022.

FUTURE PLANS		Plan 2022
Strategic Aim	Area of Focus	
1. To continue to provide accessible, high level specialist palliative care at no charge to patients and families	Governance	Implement the recommendations of the external evaluation of the St Francis Hospice Dublin Board's effectiveness.
	Finance	Appoint an internal team to facilitate the development of the hospice's Strategic Plan 2022-2027. Seek 100% funding alignment with HSE public sector payscales (public sector pay restoration and pay progression) through Section 38 designation.
	Communications	Continue the fundraising campaign 'Living Today' to raise funds for the redevelopment of the hospice at Raheny.
	Human Resources	Complete the development of a tender to secure and appoint a supplier for the new St Francis Hospice Dublin website.
	General Services Management	Continue the implementation of the new HR system with planned go-live for rostering and leave management functionality throughout 2022.
	Leverage Technology to Optimise Care	Upgrades and minor refurbishment of in-patient unit for infection control at Raheny hospice. Refurbishment of day and out-patient service rooms at both hospices. Upgrade existing bed stock to include specialist mattresses at both hospice sites. Complete upgrade of the telephone system at St Francis Hospice Raheny. Make ICT adaptations where possible within finance, fundraising and administration to streamline systems and increase efficiencies. Continue to develop ways of delivering patient support materials through remote connectivity solutions so that the provision of care would continue. Continue to develop elearning methods.
2. To improve access to specialist palliative care services for patients and families	Implementation of Green Healthcare at St Francis Hospice Dublin	To continue to advance the green healthcare and sustainability agenda at both hospice sites through education, communication and implementing sustainable environment initiatives in St Francis Hospice, maintaining awareness about sustainable environment issues around the hospice and raising staff awareness about the impact of the workplace upon the environment, by reducing carbon footprint and energy consumption, conserving water and managing waste correctly. The joint appointment of a fifth Palliative Medicine Consultant post with the Mater Misericordiae University Hospital was completed in 2021. Proposals for a sixth consultant post are now being developed. The hospice continues to pursue additional funding for Clinical Nurse Specialists for community palliative care to respond to the growing population and increasing complexity of care in this area of service provision.
	Specialist Palliative care is assessed via a referral system and is often initiated by the GP caring for the patient. It is our goal to provide timely access to quality care where possible within the constraints of our finances and to extend care to those who are most in need.	Achieve our KPIs and targets as set out in our Service Level Agreement with the HSE.
3. Plan for the redevelopment of St Francis Hospice Raheny	Develop plans to move to all single room patient accommodation in order to ensure the privacy and dignity for each patient. Increase the availability of suitable beds to increase access. Increase family space for visitors.	The feasibility of the redevelopment has been established by way of design options and the selection by the hospice of a preferred layout. A feasibility study has been completed, a schedule of needs and a schedule of accommodation has been developed which will form part of the brief for the design team. The Capuchins have agreed to provide an additional portion of land adjacent to the proposed new hospice site to provide sufficient space to adequately accommodate the new in-patient unit. The work on the Raheny redevelopment design and planning phase will continue to be progressed in consultation with our architects, BKD Architects. A steering group will meet fortnightly and the detailed staff and public consultation will take place during 2022.



## DIRECTORS' RESPONSIBILITIES STATEMENT FOR YEAR ENDED 31 DECEMBER 2021

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and regulations.

Irish company law requires the directors to prepare financial statements for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (Generally accepted Accounting Practice in Ireland) issued by the Financial Reporting Council. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the profit or loss of the company for that financial year and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and profit or loss of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors' Report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the board of directors and signed on its behalf by:



**Patrick Kenny**  
Director



**Dermot McCarthy**  
Director

## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF St Francis Hospice DUBLIN

### Opinion

We have audited the financial statements of St Francis Hospice Dublin (the 'company') for the year ended 31 December 2021 which comprise the Statement of financial activities, Statement of comprehensive income, Statement of financial position, the Statement of Cash Flows and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 December 2021 and of its surplus for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Company's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

### Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF St Francis Hospice DUBLIN

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Opinions on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- the information given in the Directors' Report is consistent with the financial statements; and
- the Directors' Report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which we consider necessary for the purposes of our audit. In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

### Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report.

We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of director's remuneration and transactions specified by sections 305 to 312 of the Act are not made.

### Responsibilities of directors for the financial statements

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



## INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF St Francis Hospice DUBLIN

## STATEMENT OF FINANCIAL ACTIVITIES FOR YEAR ENDED 31 DECEMBER 2021

A further description of our responsibilities for the audit of the financial statements is located on the IAASAs website at: [https://www.iaasa.ie/getmedia/177b6f4c-38fc-40ec-986a-866750d58270/ISA-Ireland-700\\_Final.pdf](https://www.iaasa.ie/getmedia/177b6f4c-38fc-40ec-986a-866750d58270/ISA-Ireland-700_Final.pdf)

This description forms part of our auditor's report.

### The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the company's members, as a body, in accordance with section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.



**Ian Lawlor**  
Statutory Auditor

25th May 2022

### Chartered Accountants Statutory Auditor

Argyle Square  
Morehampton Road  
Donnybrook  
Dublin 4  
D04 W9W7

Notes	2021		2021		2021		2020		2020	
	Restricted funds	Unrestricted funds	Total	Restricted funds	Unrestricted funds	Total	Restricted funds	Unrestricted funds	Total	
	€	€	€	€	€	€	€	€	€	
<b>Income from</b>										
Donations and legacies	3	391,419	2,295,471	2,686,890	1,287,282	2,911,038	4,198,320			
Other activities	4	11,565	1,938,265	1,949,830	3,488	1,822,257	1,825,745			
Charitable activities	5	15,535,028	3,590	15,538,618	16,858,579	7,958	16,866,537			
Investment Income	6	-	18,750	18,750	-	37,510	37,510			
Other income	7	78,002	67,850	145,852	67,032	52,427	119,459			
<b>Total</b>		<b>16,016,014</b>	<b>4,323,926</b>	<b>20,339,940</b>	<b>18,216,381</b>	<b>4,831,190</b>	<b>23,047,571</b>			
<b>Expenditure on</b>										
Raising funds	8	-	737,486	737,486	-	602,110	602,110			
Charitable activities	9	15,608,739	3,302,064	18,910,803	16,494,233	1,605,121	18,099,354			
<b>Total</b>		<b>15,608,739</b>	<b>4,039,550</b>	<b>19,648,289</b>	<b>16,494,233</b>	<b>2,207,231</b>	<b>18,701,464</b>			
Net Income	12	407,275	284,376	691,651	1,722,148	2,623,959	4,346,107			
Transfers		(1,072,959)	1,072,959	-	(433,250)	433,250	-			
<b>Net Income for the Movement in Funds</b>		<b>(665,684)</b>	<b>1,357,335</b>	<b>691,651</b>	<b>1,288,898</b>	<b>3,057,209</b>	<b>4,346,107</b>			
<b>Reconciliation of Funds</b>										
Total funds brought forward	21	3,070,110	27,073,547	30,143,657	1,781,212	24,016,338	25,797,550			
Total funds carried forward	21	2,404,426	28,430,882	30,835,308	3,070,110	27,073,547	30,143,657			

## STATEMENT OF FINANCIAL POSITION FOR YEAR ENDED 31 DECEMBER 2021

	Notes	2021	2020
		€	€
<b>Fixed Assets</b>			
Tangible Fixed Assets	14	28,904,737	29,492,149
Financial Fixed Assets	15	100	100
		<b>28,904,837</b>	<b>29,492,249</b>
<b>Current Assets</b>			
Debtors	16	613,165	371,337
Cash at bank and in hand		4,174,095	4,786,053
		<b>4,787,260</b>	<b>5,157,390</b>
<b>Creditors: Amounts falling due within one year</b>	17	<b>(1,655,809)</b>	<b>(2,971,653)</b>
<b>Net Current Assets</b>		<b>3,131,451</b>	<b>2,185,737</b>
<b>Total Assets less Current Liabilities</b>		<b>32,036,288</b>	<b>31,677,986</b>
<b>Creditors: Amounts falling due after more than one year</b>	18	<b>(1,200,980)</b>	<b>(1,534,329)</b>
<b>Net Assets</b>		<b>30,835,308</b>	<b>30,143,657</b>
<b>Reserves and Funds</b>			
Accumulated funds – restricted	21	2,404,426	3,070,110
Accumulated funds – unrestricted	21	27,628,616	27,073,547
Designated funds – unrestricted	21	802,266	-
<b>Total Reserves and funds</b>		<b>30,835,308</b>	<b>30,143,657</b>

The financial statements were approved and authorised for issue by the Board of directors on 25th May 2022 and signed on its behalf by:



**Patrick Kenny**  
Director



**Dermot McCarthy**  
Director

## STATEMENT OF CASH FLOWS FOR YEAR ENDED 31 DECEMBER 2021

	Notes	2021	2020
		€	€
<b>Cash flows during the financial period</b>			
Net cash generated during the financial period	22	333,337	6,844,076
Interest		(40,307)	(143,755)
Net cash inflow from operating activities		<b>293,030</b>	<b>6,700,321</b>
<b>Cash flows from investing activities</b>			
Payments to acquire tangible fixed assets	14	(632,194)	(297,041)
Proceeds on disposal of tangible fixed assets	14	-	1,000
<b>Net cash flows used in investing activities</b>		<b>(632,194)</b>	<b>(296,041)</b>
<b>Cash flows used in by financing activities</b>			
Repayment of borrowings	18	(272,794)	(2,680,609)
<b>Net increase/ (decrease) in cash and cash equivalents</b>		<b>(611,958)</b>	<b>3,723,671</b>
Cash and cash equivalents at beginning of financial year		<b>4,786,053</b>	<b>1,062,382</b>
<b>Cash and cash equivalents at end of financial year</b>		<b>4,174,095</b>	<b>4,786,053</b>
<b>Reconciliation to cash and cash equivalents</b>			
Cash at bank and in hand		<b>4,174,095</b>	<b>4,786,053</b>



## 1 Accounting policies

The principal accounting policies are summarised below. They have all been applied consistently throughout the financial year and the preceding year.

### General Information and basis of accounting

St Francis Hospice Dublin is a company incorporated in Ireland under the Companies Act 2014. The address of the registered office is Station Road, Raheny, Dublin 5. The nature of the company's operations and its principal activities are set out in the director's report. In accordance with Section 1180(8) of the Companies Act 2014, the company is exempt from including the word "Limited" in its name. The company is limited by guarantee.

The financial statements have been prepared under the historical cost convention, and in accordance with the Statement of Recommended Practice (SORP 2015) "Accounting and Reporting by Charities", in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), issued by the Financial Reporting Council, and the Companies Act 2014.

The functional currency of St Francis Hospice Dublin is considered to be euro because that is the currency of the primary economic environment in which the company operates.

### Going Concern

It is noted that St Francis Hospice Dublin is currently not funded for the public sector pay restoration and pay progression by the HSE. St Francis Hospice Dublin requires 2016/2017/2019/2020/2021 funding. St Francis Hospice Dublin had implemented both the LRA/HRA pay cuts and achieved the associated cost savings. The Hospice is strongly of the view that the HSE funding alignment for salaries is long established. The annual funding of the pay awards is essential to St Francis Hospice to continue to provide existing services to our patients and families. We have fully participated in the HSE's request for extensive information and understand that the HSE reported same to the Department of Health and the Work Place Relations Commission.

The HSE has stated that only pay restoration will be funded. St Francis Hospice continues its discussions with HSE officials in HSE Community Health Organisation 9 regarding the need to receive full funding for recent and future pay progression awards.

In addition to HSE funding, the Hospice continues to focus on generating income through donations, bequests and fundraising events. Cost and funding pressures continued during the financial year. The Hospice's management have prepared budgets and reviewed activity levels to address the ongoing funding issues. The Hospice has also held discussions with its bankers and no matters have arisen in relation to ongoing funding. The Hospice's current operating budget and forecast show that the Hospice will be able to operate within its available funding for the foreseeable future (at least twelve months from the date of approval of these financial statements). The directors have a reasonable expectation that the Hospice has adequate resources to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

### Tangible fixed assets and Depreciation

Tangible fixed assets are carried at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price, costs directly attributable to bringing the asset to the location and condition necessary for its intended use, applicable dismantling, removal and restoration costs. Assets under construction are not depreciated until they are available for use.

Subsequent additions are included in the assets carrying amount or recognised as a separate asset, as appropriate, only when it is probable that the economic benefits associated with the asset will flow to the Hospice and the cost can be reliably measured. Assets in the course of construction are carried at cost. Major components are treated as separate assets where they have significantly different pattern of consumption of economic benefits and are depreciated separately over their useful lives.

Depreciation is calculated to write off the cost of tangible fixed assets over their expected useful lives in equal annual instalments. The annual rates of depreciation are as follows:

Buildings	-	2.00%
Modular Buildings	-	10.00%
Office Equipment	-	12.50%
Medical Equipment	-	12.50%
Computers	-	33.33%
Furniture, fixtures & fittings	-	12.50%
Motor vehicles	-	20.00%

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of the age and in the condition expected at the end of its useful life. Repairs and maintenance costs are expensed as incurred.

### Income

1. Income from voluntary donations is recognised when received. As with many similar charitable organisations, independent groups from time to time organise fundraising activities and may operate bank accounts in the name of St Francis Hospice Dublin. However, as amounts collected in this way are outside the control of the company, they are not included in the financial statements until received by St Francis Hospice Dublin.
2. Proceeds from the sale of donated goods are recognised in the financial statements in the period in which they are realised. Volunteer time is not included in the financial statements.
3. Grants from the HSE, government and other agencies have been included as income from activities in furtherance of the charity's objects and accounted for on a receivable basis. Revenue grants received and receivable from the Health Service Executive (HSE) are accounted for on the basis of the allocated amount notified by the HSE for that financial year.
4. Legacies are included when the amount is to be received is probable and can be measured with certainty.
5. Investment income is recognised on a receivable basis.

**Expenditure**

Charitable activities comprise expenditure incurred by the activities in the Raheny and Blanchardstown Hospices as well as support costs incurred at headquarters that are directly related to the implementation of charities activities. Expenditure is recognised in the period to which it relates. Expenditure incurred but unpaid at the statement of financial position date is included in accruals and other creditors. Expenditure on raising funds comprise all expenditure incurred by St Francis Hospice Dublin on raising funds for the organisation's charitable activities.

**Foreign Currencies**

Transactions in foreign currencies are recorded at the rate of exchange at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the statement of financial position date are reported at the rates of exchange prevailing at that date. Exchange differences are recognised in the Statement of Financial Activities in the financial year in which they arise.

**Pensions**

A defined contribution pension scheme is in operation which, in the main, is non-contributory and is financially separate from the company. The pension costs charged in the financial statements represent the contribution payable by the company during the financial year.

**Capital Grants**

Capital grants received are shown as deferred income and credited to income by instalments on a basis consistent with the terms of the depreciation policy of the relevant assets.

**Taxation**

The company has been granted charitable tax-exempt status by the Revenue Commissioners under CHY number 10568 and therefore no provision for corporation tax is required.

**Funds Accounting**

Funds held by the charity are classified as unrestricted and restricted. Unrestricted funds are funds which can be used in accordance with the charitable objects at the discretion of the Directors. Restricted funds are funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

**Financial instruments**

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the instrument. Financial liabilities are classified according to the substance of the contractual arrangements entered into.

**(i) Financial assets and liabilities**

Basic financial assets and liabilities are initially measured at transaction price (including transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a finance transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial assets are initially measured at fair value, which is normally the transaction price. These financial assets are subsequently measured at fair value and the changes in fair value are recognised in the Statement of Financial Activities.

Financial assets are derecognised when and only when a) the contractual rights to the cash flows from the financial asset expire or are settled, b) the company transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or c) the company, despite having retained some significant risks and rewards of ownership, has transferred control of the asset to another party and the other party has the practical ability to sell the asset in its entirety to an unrelated third party and is able to exercise that ability unilaterally and without needing to impose additional restrictions on the transfer.

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Balances are classified as payable or receivable within one financial year if payment or receipt is due within one financial year or less. If not, they are presented as falling due after more than one financial year. Balances that are classified as payable or receivable within one financial year on initial recognition are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

**(ii) Investments**

Investments in subsidiaries are measured at cost less impairment.

**(iii) Bank loans**

Bank loans are measured at amortised cost using the effective interest method.

**Reserves Policy**

In order to secure the long-term viability of St Francis Hospice Dublin and to maintain the smooth operation of the organisation, it is critical to ensure that the organisation has adequate reserves.

The level of reserves is required to cover the following activities of the organisation:

- Provide funding for the Hospice's activities.
- Meet contractual liabilities such as lease agreements, statutory staff payments and payments to creditors.
- Meet unanticipated expenses such as repairs and maintenance, currency variances and legal costs.
- Cover day to day expenditure of St Francis Hospice Dublin.
- Ensure there is adequate funding should any winding up costs ever arise.
- Provide for any other unanticipated expenditure of significance.

The Board may designate unrestricted reserves for specific future expenditure such as Long-Term Programmes, sinking funds to cover repairs to Fixed Assets (or as required under the terms of any lease relating to premises etc.) and any other potential future requirement(s).



## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2021

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2021

### 2 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Hospice's accounting policies, which are described in note 1, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the financial period in which the estimate is revised if the revision affects only that financial period or in the financial period of the revision and future financial periods if the revision affects both current and future financial periods. Information about critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the accounting policies and the notes to the financial statements.

### Critical judgements in applying the Company's accounting policies

In the opinion of the directors, there were no critical judgements apart from those involving estimations (which are dealt with separately below), made in the process of applying the company's accounting policies.

### Critical accounting estimates and assumptions

The directors make estimates and assumptions concerning the future in the process of preparing the company's financial statements. The resulting accounting estimates will, by definition, seldom equal the related actual results, the estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year are addressed below.

### Critical accounting estimates and assumptions

(i) Useful economic lives of tangible fixed assets

The annual depreciation on tangible fixed assets is sensitive to changes in the estimated useful lives and residual values of the assets. The useful economic lives and residual values are reviewed annually. They are amended when necessary to reflect current estimates, based on economic utilisation, technological advancements and the physical condition of the assets. The amortisation rate for capital grants is also reviewed in conjunction with the asset lives review and these are adjusted if appropriate.

### 3 Donations and Legacies

	Restricted	Unrestricted	2021 Total	2020 Total
Donations	€ 391,419	€ 1,493,205	€ 1,884,624	€ 3,444,320
Legacies	-	802,266	802,266	754,000
	€ 391,419	€ 2,295,471	€ 2,686,890	€ 4,198,320

### 4 Other Activities

	Restricted	Unrestricted	2021 Total	2020 Total
Lotteries and Raffles	€ -	€ 350,769	€ 350,769	€ 462,830
Campaigns and Appeals	-	360,072	360,072	177,695
Fundraising Events	11,565	1,227,424	1,238,989	1,185,220
	11,565	1,938,265	1,949,830	1,825,745

### 5 Charitable Activities

	Restricted	Unrestricted	2021 Total	2020 Total
Health Service Executive	€ -	€ -	€ -	€ -
Revenue Grants	14,879,207	-	14,879,207	14,927,927
Other HSE Grants	71,532	-	71,532	1,800,000
Capital Grants	573,189	-	573,189	77,740
Other Grants	-	-	-	44,812
Conferences, seminars and research income	-	3,590	3,590	7,958
Child and Family Agency	11,100	-	11,100	8,100
	15,535,028	3,590	15,538,618	16,866,537

### 6 Investment Income

	Restricted	Unrestricted	2021 Total	2020 Total
Deposit Interest	€ -	€ -	€ -	€ 10
Rental Income	-	18,750	18,750	37,500
	-	18,750	18,750	37,510

### 7 Other Income

	Restricted	Unrestricted	2021 Total	2020 Total
Other Income	€ 78,002	€ 67,850	€ 145,852	€ 119,459

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

### 8 Expenditure on Raising Funds

	Restricted	Unrestricted	2021 Total	2020 Total
	€	€	€	€
Raising donations, legacies, corporate donations and regular giving	-	27,682	27,682	22,329
Fundraising activities - campaigns, appeals and events	-	358,272	358,272	309,571
Support costs (Note 10)	-	351,532	351,532	270,210
	-	737,486	737,486	602,110

### 11 Staff Numbers and Costs

	Total 2021	Total 2020
	€	€
The average monthly number of persons employed by the company during the financial year was as set out below:		
Clinical/Nursing	191	195
Other support services	23	25
Administrative and fundraising staff	55	49
	269	269
The aggregate payroll costs of these were as follows:		
Wages and salaries	11,887,542	11,517,634
Social welfare costs	1,292,705	1,256,500
Pension costs	642,799	572,687
	13,823,046	13,346,821
Employee remuneration exceeding €60,000:	2021 Number	2020 Number
€60,000- €70,000	26	24
€70,001- €80,000	10	7
€80,001- €90,000	4	5
€90,001- €100,000	2	1
€100,001- €160,000	3	2
€160,001- €200,000	1	1
	46	40

### 9 Expenditure on Charitable Activities

	Activities Undertaken Directly	Support Costs (Note 10)	Total 2021	Total 2020
	€	€	€	€
Raheny and Blanchardstown	590,461	3,248,148	3,838,608	3,851,910
Homecare, Raheny Day Care				
In-Patient Unit Raheny	2,082,821	4,358,334	6,441,155	6,129,520
Blanchardstown Day Care and Outpatients	816,492	462,548	1,279,041	1,366,160
In-Patient Unit Blanchardstown	1,949,518	5,402,481	7,351,999	6,751,764
	5,439,292	13,471,511	18,910,803	18,099,354

### 10 Analysis of Support Costs

	Total 2021	Total 2020	Basis of Allocation
	€	€	€
<b>Fundraising activities (Note 8)</b>	351,532	270,210	Fundraising team % time spent on activities
<b>Charitable activities:</b>			
Raheny and Blanchardstown			
Homecare, Raheny Day Care	3,248,148	3,308,628	
In-Patient Unit Raheny	4,358,334	4,202,469	Salary Costs % time spent on activities
Blanchardstown Day Care and Outpatients	462,548	614,906	
In-Patient Unit Blanchardstown	5,402,481	4,950,605	
<b>Total</b>	<b>13,471,511</b>	<b>13,076,608</b>	

### 12 Net Income

	2021	2020
	€	€
The net income for the financial year is arrived at after charging/(crediting):		
Depreciation	1,212,660	1,206,444
Directors' remuneration (b)	-	-
Auditors' remuneration (a)	13,750	13,750
(a) Auditors' remuneration disclosures (net of VAT and outlays):		
Audit	13,750	13,750
Tax advisory	-	-
Other assurance services	-	-
Other non-audit services	-	-
(b) No salaries for fees are payable to the directors of the company for their services as directors.		



## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

### 13 Taxation

No taxation arises in the current year or prior financial year due to the charitable status of the company.

### 14 Tangible Fixed Assets

	Buildings	Office Equipment	Medical Equipment	Computers	Motor Vehicles	Furniture Fixtures & Fittings	Total
€	€	€	€	€	€	€	€
<b>Cost:</b>							
At 1 January 2021	39,801,583	577,980	741,785	557,999	192,000	4,239,010	46,110,357
Additions	98,997	-	72,250	107,061	-	353,886	632,194
Disposals	-	-	(8,701)	-	-	(7,938)	(16,639)
<b>At 31 December 2021</b>	<b>39,900,580</b>	<b>577,980</b>	<b>805,334</b>	<b>665,060</b>	<b>192,000</b>	<b>4,584,958</b>	<b>46,725,912</b>
<b>Accumulated depreciation</b>							
At 1 January 2021	11,306,607	574,393	512,861	526,368	47,384	3,650,595	16,618,208
Charge for the year	794,184	3,587	30,129	32,551	38,400	313,809	1,212,600
Eliminated in respect of disposal	-	-	(8,701)	-	-	(992)	(9,693)
<b>At 31 December 2021</b>	<b>12,100,791</b>	<b>577,980</b>	<b>534,289</b>	<b>558,919</b>	<b>85,784</b>	<b>3,963,412</b>	<b>17,821,175</b>
<b>Net book value:</b>							
At 31 December 2021	27,799,789	-	271,045	106,141	106,216	621,546	28,904,737
At 31 December 2020	28,494,976	3,587	228,924	31,631	144,616	588,415	29,492,149

### 15 Financial fixed assets

	2021	2020	
	€	€	
Shares in subsidiary undertaking	100	100	
<b>Subsidiary undertaking</b>			
<b>Registered Office</b>	<b>Country of Incorporation</b>	<b>P% Held</b>	<b>Activity</b>
S.F.H Property Services Limited, Raheny, Dublin 5	Ireland	100%	Non-trading
The capital and reserves at 31 December 2021 were €100 (2019: €100) and the result for the financial year ended 31 December 2021 was €Nil (2020: €Nil).			

### 16 Debtors: (Amounts falling due with one financial year)

	2021	2020
	€	€
Trade Debtors	257,330	25,000
Prepayments	355,835	346,337
	<b>613,165</b>	<b>371,337</b>

### 17 Creditors: (Amounts falling due within one financial year)

	2021	2020
	€	€
Trade creditors	609,089	663,554
Taxation and social welfare	373,538	375,799
Accruals	359,161	1,678,834
Bank loans (Note 18)	314,021	253,466
	<b>1,655,809</b>	<b>2,971,653</b>
The amounts due in respect of taxation and social welfare is comprised as follows:		
PAYE/PRSI	373,538	375,799

### 18 Creditors: (Amounts falling due after more than one financial year)

	2021	2020
	€	€
Bank loans	1,200,980	1,534,329
Bank loans are comprised of the amounts payable as follows:		
Within one financial year (Note 17)	314,021	253,466
Between one and two financial years	628,041	628,041
Between two and five financial years	572,939	884,497
After five financial years	-	21,791
	<b>1,515,001</b>	<b>1,787,795</b>

### Security:

The company's borrowings have been secured by a first mortgage/charge over the company's property at Raheny, Dublin 5, a deed of mortgage/charge and assignment of certain rights, title and interest in property of the company at Blanchardstown, Dublin 15 and a Letter of Comfort held. The company's borrowings consist of two interest bearing loans with two fixed interest loans with interest rates of 2.760% and 1.410%.

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

### 19 Financial Instruments

The carrying values of the company's financial assets and liabilities are summarised by category below:

	2021	2020
	€	€
<b>Financial assets</b>	100	100
Investment in subsidiary (Note 15)		
Measured at undiscounted amount receivable		
Debtors (Note 16)	613,165	371,337
<b>Financial liabilities</b>		
Measured at amortised cost		
Bank loans and other loans (Note 18)	1,515,001	1,787,795
Measured at undiscounted amount payable		
Trade creditors (Note 17)	609,089	663,554

### 20 Contingent Liabilities

Under an agreement between the company and the Health Service Executive, which is dated 1 December 2005, the company has a contingent liability of €120,000 at 31 December 2021 (2020: €150,000) to repay a capital grant received of €600,000 if certain circumstances set out in that agreement occur within 20 years of the date of the agreement. The amount which may be repayable is reduced by an amount equal to 1/20th of the received amount each financial year.

Under a similar agreement the company has a contingent liability of €750,000 on 31 December 2021 (2020: €825,000) to repay a capital grant received of €1,500,000 if certain circumstances occur within 20 years of the date of that agreement. The amount which may be repayable is reduced by an amount equal to 1/20th of the amount received each financial year.

Under a similar agreement the company has a contingent liability of €585,000 on 31 December 2021 (2020: €630,000) to repay a capital grant received of €900,000 if certain circumstances occur within 20 years of the date of that agreement. The amount which may be repayable is reduced by an amount equal to 1/20th of the amount received each financial year.

In December 2021, a capital grant was received from the Health Service for minor capital expenditure items. No contingent liabilities exist on this minor capital expenditure grant at the statement of financial position date.

The government grants are secured over the premises known as "Walmer Villa", Station Road, Raheny, Dublin 5.

## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

### 21 Funds of the Charity

	Restricted Funds	Unrestricted Funds	Designated Funds	Total
	€	€	€	€
<b>At beginning of the year</b>	<b>3,070,110</b>	<b>27,073,547</b>	-	<b>30,143,657</b>
Net Income for the year	407,275	284,376	-	691,151
Transfers	(1,072,959)	1,072,959	-	-
	<b>2,404,426</b>	<b>28,430,882</b>	-	<b>30,835,308</b>
Transfers	-	(802,266)	802,266	-
	<b>2,404,426</b>	<b>27,628,616</b>	<b>802,266</b>	<b>30,835,308</b>

In line with the Board's strategic aim to redevelop St Francis Hospice Raheny, the Board took the decision to designate all legacy income received during 2021 to the redevelopment fund.

### 22 Reconciliation of Net Expenditure to Net Cash Outflow during the Financial Period

	2021	2020
Net Income	€ 691,651	€ 4,346,107
Adjustment for:		
Interest payable and similar charges	40,307	143,755
Depreciation	1,212,660	1,206,444
Loss on disposal	6,946	-
Increase in debtors	(241,828)	(122,034)
(Decrease)/increase in creditors	(1,376,399)	1,269,804
<b>Net Cash generated during the financial period</b>	<b>333,337</b>	<b>6,844,076</b>

### 23 Analysis of Changes in Net Debt

	1 January 2021	Cash Flows	31 December 2021
	€	€	€
Cash at bank and in hand	4,786,053	(611,958)	4,174,095
Borrowings excluding overdrafts	(1,787,795)	272,794	(1,515,001)
	2,998,258	(339,164)	2,659,094

### 24 Financial Risk Management, Objectives and Policies

The company's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. The company does not use derivative financial instruments.

#### Credit risk

The company's principal financial assets are bank balances, cash and other receivables. The company's credit risk is primarily attributable to its other receivables. The amounts presented in the statement of financial position are net of allowances for doubtful other receivables. An allowance for impairment is made where there is an identified loss event which, based on previous experience, is evidence of a reduction in the recoverability of the cash flows. The credit risk on



## NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

cash at bank is limited because the counterparties are banks with high credit-ratings assigned by international credit-rating agencies. The company has no significant concentration of credit risk, with exposure spread over a number of counterparties.

### **Cash flow risk**

The company's activities expose it primarily to the financial risks of changes in interest rates. Interest bearing assets and liabilities are held at fixed rates to ensure certainty of cash flows.

### **Liquidity risk**

In order to maintain liquidity to ensure that sufficient funds are available for ongoing operations and future activities, the company uses a mixture of long-term and short-term debt finance.

### **25 Pensions**

The company operates an externally funded defined contribution scheme that covers substantially all the employees of the company. The assets of the scheme are vested in trustees in accordance with the Trust Deed for the sole benefit of these employees. There were no liabilities in respect of pension contributions outstanding at 31 December 2021.

### **26 Financial commitments**

There are no capital commitments which have been contracted for but not provided in the financial statements as at 31 December 2021 (2020: €Nil). There are no contracted future minimum lease payments under non-cancellable operating leases as at 31 December 2021 (2020: €Nil).

### **27 Subsequent Events**

There have been no significant events affecting the company since the statement of financial position date.

### **28 Consolidated group financial statements**

Consolidated group financial statements have not been prepared, as the company has availed of the exemption under Section 293 of the Companies Act 2014 not to prepare consolidated financial statements.

### **29 Related Party Transactions**

The total remuneration for key management personnel for the financial year amounted to €947,751 (2020: €770,380). Remuneration included salaries, employer PRSI and pension contributions.

### **30 Approval of financial statements**

The directors approved the financial statements on 25th May 2022.





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