

Dignity | Respect | Compassion | Collaboration | Excellence | Kindness



St. Francis Hospice Dublin



2020

**St Francis Hospice
Dublin**

Annual Report and
Audited Financial Statements





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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

Palliative care is an approach that improves the quality of life of patients and their families facing the problems 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)



I am delighted to present the 2020 St Francis Hospice Dublin Annual Report and Financial Statements.

Throughout 2020, 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, and bereavement support 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 2020 in ensuring the provision of a first class specialist palliative care service. During the Covid-19 pandemic, it was evident from the resilience, focus and compassion exhibited by staff, volunteers and contract staff that commitment to values-based leadership is embedded in the organisation. 2020 was extraordinary as it marked a milestone due to the progress towards financial sustainability.

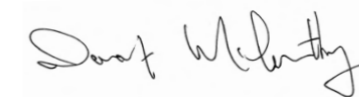
I would like to pay tribute to our former director, Mr. Jim Flynn, who resigned as a Director with the Board of St Francis Hospice Dublin on 31st December 2020. I acknowledge Jim's contribution to the Hospice over many years. Jim was appointed as a Director in November 2013, however he has a very long association with St Francis Hospice which dates back prior to his joining

the Board. He has worked tirelessly with the Blanchardstown Centre Oratory Group to raise funds for the building of the Hospice in Blanchardstown. Jim has made an enormous contribution to fundraising at the Hospice from his chairmanship of the Fundraising Advisory Committee to holding his annual golf classic, in Hermitage Golf Club, in aid of the Hospice for many years. On behalf of all at St Francis Hospice I would like to express our gratitude for all he has done and extend our good wishes to Jim for the future.

As a Board we ensured the completion of the Hospice's detailed governance review to achieve compliance with the Charities Governance Code for the year ended 31st December 2020. The Board resolved to declare St Francis Hospice Dublin's compliance with the Charities Governance Code when submitting its 2020 annual report to the Charities Regulator in October 2021.

The Hospice is extremely grateful to all who have participated in raising funds for our two hospices during 2020. I would ask you to continue to support us with the same level of generosity in 2021. 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 2020 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 1,779 patients and their families in 2020.

St Francis Hospice Dublin responded to the Covid-19 pandemic in a professional and effective manner. The Hospice maintained critical and ongoing services for essential patient care through restructuring care delivery and, in particular, community palliative care. We adopted remote patient assessment, telemedicine and ensured essential visits to patients' homes were carried out in line with Covid-19 protocols. The multidisciplinary team used innovative technologies including podcasts for bereavement support and weekly chaplaincy reflections streamed live on Facebook and to both in-patient units. Our

communication strategy included weekly email messages, a high level of availability to all staff and enhanced contact with all external agencies who could assist the Hospice to manage the extreme challenges.

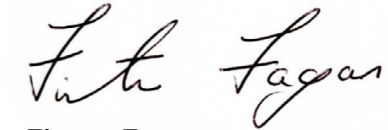
The amazing support we consistently receive from our community is a direct reflection of the high quality, person-centred, holistic care provided by individuals and teams here in St Francis Hospice. I would like to take the opportunity to thank all our staff, contractors and volunteers for their professionalism,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

I am delighted to report the collaborative initiative between St Francis Hospice and the Meath Hospice Homecare Movement which culminated in the opening of the Boyne Valley Rooms at St Francis Hospice Blanchardstown during October. The generous donation of €1m has funded the original construction cost of the Boyne Valley Rooms. In 2020, 15% of our inpatients were from County Meath and they have continued to avail of inpatient services during COVID-19. On behalf of all at the Hospice, I would like to extend our appreciation to all of the Meath Hospice Homecare Movement volunteers. Further details of this collaboration are contained in the Fundraising section of this report.

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 for their advocacy for St Francis Hospice Dublin during the Covid-19 pandemic.



Fintan Fagan,
Chief Executive Officer



During Christmas week, An Tánaiste Leo Varadkar and Senator Emer Currie visited St Francis Hospice Blanchardstown to give their thanks to staff and volunteers for the frontline care provided to patients and families during a difficult year



Directors' Report

The Directors of St Francis Hospice present their annual report and the audited financial statements for the year ended 31st December 2020.

Directors' Report

The Directors of St Francis Hospice present their annual report and the audited financial statements for the year ended 31st December 2020.

Our History

In 1988 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.

OUR HISTORY

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)
 Sr. Bernadette MacMahon
 Dr. Carol Ann Casey
 Prof. Peter Daly
 Mary Hayes
 Patrick Kenny (Company Secretary)
 Thomas Joseph McMahon
 Pdraig O'Dea
 Joseph Pitcher
 Sr. Claire McKiernan
 Sr. Nuala Dolan
 Fr. Peter Rodgers
 James Flynn (*Resigned 31st December 2020*)

Leadership Team

Fintan Fagan,
 Chief Executive Officer

Sr Margaret Cashman,
 Director of Nursing

Dr Regina McQuillan,
 Medical Director

Executive Team

Yolanda Cuadrado, Head of
 Human Resources

Breda Hawkshaw, Head of Finance

Dee Kinane, Fundraising Manager

Aishling Kearney, Quality and Risk Manager

Peter Crowe, General Services Manager

Angela Coughlan, Business Manager

Donna Reddy, Communications
 & Marketing 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 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. 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 subcommittee 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 Management 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 2020.

Finance Audit

The role of the Finance 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 2020.

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. Three meetings were held in 2020.

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. Five meetings were held in 2020.

Research Ethics

The purpose of this 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. A minimum of two meetings are held each year.

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, Quality & Risk Manager, Communications Manager, ICT Specialist and Business Manager.

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 (contd)

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 two complaints during 2020. 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 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.

Current Principal Risk and Uncertainties Identified are:

- 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 €1.78m. 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 €4m in 2020 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 (contd)

Attendance – 2020 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
St Francis Hospice Dublin Board of Directors						
Mr. Dermot McCarthy	6/6	3/3	1/4	1/3	5/5	
Sr. Bernadette MacMahon	5/6	3/3				
Mr. Thomas J. McMahon	5/6	3/3				2/2
Sr. Nuala Dolan	5/6					
Ms. Mary Hayes	3/6					
Mr. James Flynn	4/6	3/3			5/5	
Prof. Peter Daly	6/6	3/3		3/3	5/5	
Fr. Peter Rodgers	5/6					
Mr. Joseph Pitcher	5/6	3/3	4/4			
Sr. Claire McKiernan	4/6					
Dr. Carol-Ann Casey	4/6					
Mr. Pdraig O'Dea	6/6	3/3	4/4			
Mr. Patrick Kenny (Company Secretary)	6/6	2/3	4/4		1/5	
Senior Management Team						
Mr. Fintan Fagan Chief Executive Officer	6/6	3/3	4/4	3/3	5/5	2/2
Sr. Margaret Cashman Director of Nursing	6/6	3/3				
Dr. Regina McQuillan Medical Director	6/6	3/3				
Ms. Breda Hawkshaw Head of Finance	6/6	3/3	4/4		5/5	
Ms. Angela Coughlan Business Manager	6/6	2/3	3/4			

Reference and Administrative Details

Directors and Company Secretary 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. Carol Ann Casey
Prof. Peter Daly
Mary Hayes
Patrick Kenny
Thomas Joseph McMahon
Pdraig O'Dea
Joseph Pitcher
Sr. Claire McKiernan
Sr. Nuala Dolan
Fr. Peter Rodgers
James Flynn (*Resigned 31st December 2020*)

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 2016/2017/2018/2019/2020/2021 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 Dublin 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 (contd)

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 deficit of €4,346,107 (2019: Deficit €974,770).

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.

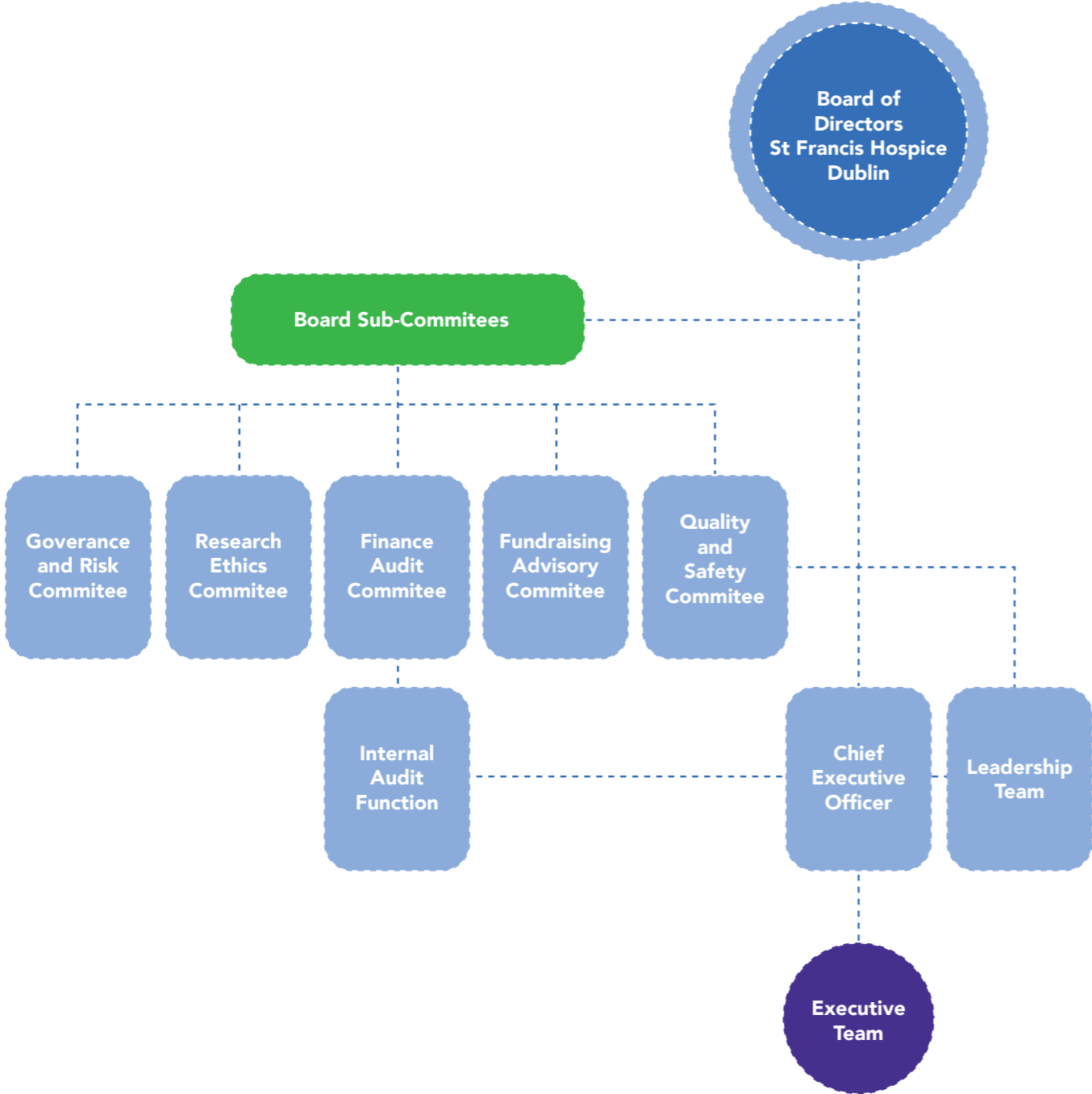
Approved by the Board and signed on its behalf by:

Dermot McCarthy
Director

Patrick Kenny
Director

Date: 26th May 2021

Organisation Chart



“ I will be forever grateful for your boundless compassion ”

STRATEGIC AIMS

Strategic Aim	Strategic Objective
To continue to provide accessible, high level specialist palliative care at no charge to patients and families	Achieve excellence in our governance to ensure that the hospice continues to function effectively, operate with transparency and accountability reporting regularly to our stakeholders on performance and demonstration of our impact.
	Development of the SFHD Strategic Plan 2025.
	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.
	Raise our profile to ensure that there is a greater awareness of the role and activities of the hospice within the communities we serve.
	Secure, quality facilities that provide an optimal care and work environment.

Enablement Action Taken and Performance 2020

The Board of Directors has now formally adopted the Charities Regulator's Governance Code. The Directors recognise that this is an ongoing, continuous improvement process and will monitor the hospice's adherence to the code. There is an annual review process to track and report on compliance now in place.

New Board Directors were provided with induction documentation in order to ensure that all Directors are aware of their governance responsibilities.

St Francis Hospice is currently redeveloping its strategic plan, this work was deferred due to the need to prioritise the hospice's response to the Covid-19 pandemic. It is the intention of the Board of Directors to engage the services of an external specialist to facilitate the strategic planning process in 2021.

A comprehensive fundraising plan was developed "Living Today" and work has commenced in this area. This plan will form part of the overall organisational strategic plan.

During 2020, the hospice benefited from greater support from the Government and the Health Service Executive (HSE). We have worked closely with the HSE locally/nationally, Government and the Voluntary Hospices Group over the past five years to increase the HSE core services funding percentage from 66% in 2015 to 82.4% in 2020. In 2020, it cost €18m, excluding fundraising costs, to provide St. Francis Hospice's services in North Dublin, of which €14.9m was funded by the HSE, representing 79.8% of total day-to-day running costs. The increase in HSE state funding has resulted in the hospice being able to direct a greater amount of fundraising income to reduce our outstanding bank loans for the development and construction of St. Francis Hospice Blanchardstown. In the past twelve months we have reduced our outstanding loans from €4.5m to €1.78m. Despite Covid-19, fundraising income performed beyond expectation at €1.8m greater than 2019 of which €1m was donated to the hospice as a restricted donation towards the reduction of the St. Francis Hospice Blanchardstown bank loans. This has placed the hospice on a better financial footing and will enable the advancement of the plans to redevelop St Francis Hospice Raheny.

We recruited a Communications and Marketing Manager in 2020. Many initiatives were developed during the year including:

Support of Palliative Care Week 2020 by launching a hospice social media campaign to complement the All-Ireland Institute for Hospice and Palliative Care's campaign.

Production and publication of new annual report.

Development of digital and online resources to support patients and families, such as weekly live stream reflections on Facebook and electronic weekly messages from the CEO to update all staff and volunteers.

Increased social media presence on all platforms including launching our presence on Instagram.

The preparation, design and distribution of a bi-annual newsletter to all supporters within our catchment area.

In response to Covid-19 restrictions the project management of the creation of a Tree of Life video to replace the Tree of Life in person ceremonies at both hospices.

Covid-19 restrictions and the limits put on the number of people who could gather together safely were put in place. Workspaces were reviewed and many staff were relocated to new offices and workspaces to facilitate social distancing.

Visits to patients' homes were risk assessed and appropriate Personal Protective Equipment (PPE), e.g. face masks, eye protection, gowns and gloves, were worn.

In order to facilitate the new working practices the following were procured:

- PPE
- New ICT
- Employment of additional resources for the cleaning contractor, IT support, Infection Prevention and Control CNS and back fill for Covid-19 related absences.

Work was completed on the installation and commissioning of two standby generators at each hospice site during 2020.

A new telephone system for St. Francis Hospice Blanchardstown was procured through public tender. The installation and integration of the system is complete. The new telephone system for St. Francis Hospice Raheny will be purchased through public tender in the second half of 2021.

A garden pod was installed in the gardens of St. Francis Hospice Blanchardstown. The garden pod provides 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 (Contd)

Strategic Aim	Strategic Objective
To continue to provide accessible, high level specialist palliative care at no charge to patients and families.	Leverage technology to optimise care.
	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.
To improve access to specialist palliative care services for patients and families.	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.
	Increase the multidisciplinary mix of staff within our Community Palliative Care teams such as Physiotherapy, Occupational Therapy and Social Work.
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.

Enablement Action Taken and Performance 2020

We made a considerable investment in IT hardware, software, online meeting solutions and engagement of additional expert IT 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.

We made ICT adaptations to facilitate the use of telemedicine or telehealth platforms to provide palliative care and end-of-life services to patients and families.

Patient support materials were delivered through remote connectivity solutions so that the provision of care would continue.

We completed the digitisation of all current and historical medical records. This provides easy access and secure storage of patient data, improved patient care and cost savings on storage and staff resources. This has enabled quick access to patient records for more coordinated, efficient care, enhancing the privacy and security of patient data.

We continued the work on the implementation of our new HR system. The overarching aim of this project is to support the effective deployment of the human resources and, at the same time, to be in compliance with employment legislation and best practice; meet our strategic and operational needs; and internal and external stakeholders' reporting requirements. During 2019, the detailed project proposal was developed to include a successful funding application to a donor which will part fund the implementation of the new system in the coming years. Funding for this project was allocated and the public procurement tender was formulated and published in 2020 with a plan for implementation in 2021.

The priority post for 2020 was a fifth Palliative Medicine Consultant shared with the Mater Misericordiae University Hospital. This post is progressing through the national application process and the hospice continues to pursue it as a priority. The hospice has received HSE funding for a fixed term Advanced Nurse Practitioner candidateship commencing January 2021 and ending June 2022. 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 2020 to acknowledge staff member's long service.

We cared for 1,779 patients and their families in 2020. In spite of the need to make changes this was in line with 2019 and a greater number than 2018. 87% of patients referred to our Community Palliative Care service received a visit within 7 days. 97% of patients referred to our In-Patient service were admitted within 7 days.

In 2020, we received an additional €927k HSE annually recurring funding for St. Francis Hospice Raheny in recognition that a number of core staff posts should be funded by the HSE and should not be dependent on fundraising income. In recognition of the unprecedented challenges of Covid-19 and the possible negative impact on our ongoing financial sustainability, the Government allocated the hospice an additional €1.78m in funding to assist in the response to the Covid-19 pandemic. (This funding formed part of €7.68m that was sanctioned by the Department of Health to support the contribution of the six members of the Voluntary Hospice Group (VHG) towards implementing Ireland's National Action Plan in response to Covid-19). This core funding income was used to fund previously un-funded Allied Health Professional posts which were deployed in the community during the Covid-19 pandemic.

Planning for the redevelopment of St. Francis Hospice Raheny has commenced. The feasibility of the redevelopment has been established by way of design options and the selection by the hospice of a preferred layout. Preliminary costings have been estimated based on the preferred layout drawings and Schedule of Needs. A Schedule of Accommodation has been developed and signed off by the Leadership Team from the Schedule of Needs.

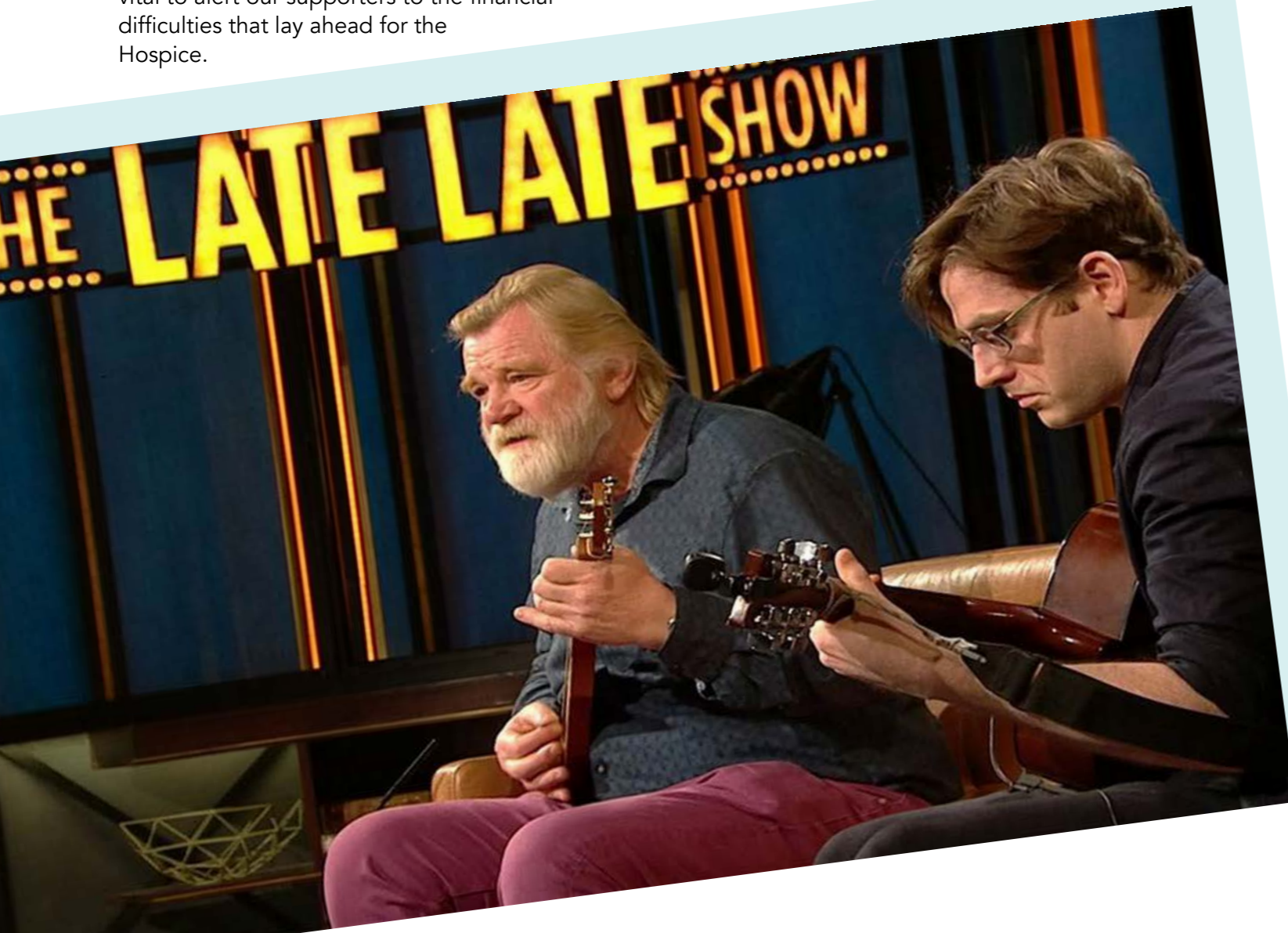
A proposal to appoint the design team is being drawn up. The design team will commence the detailed design and prepare the planning application submission. It is expected that this work will commence in the later part of 2021.

Fundraising 2020

In March 2020 we held our Annual Spring Memorial Walk in St. Anne's Park, with support from RTE Journalist, Kathryn Thomas and Brendan Cannon, Amazon Web Services. The walk was a brilliant success with over 1,600 Hospice supporters gathered for what was to be the last event before COVID-19 restrictions began.

In 2020 we needed to fundraise €5.9m. Due to COVID-19, the usual events such as Collections, Coffee Mornings, and Supporter Events were no longer suitable or viable. All fundraising activities needed to be reworked and in some cases reinvented.

In the earliest stages of COVID-19, it was vital to alert our supporters to the financial difficulties that lay ahead for the Hospice.



We turned to actor Brendan Gleeson, who is a huge advocate for St Francis Hospice. Brendan and his son Fergus appeared on the Late Late Show appealing for support, and subsequently Brendan gave an hour long interview on Joe Duffy's Liveline. These appeals galvanised the whole community in a way that the Hospice had never experienced before. The level of response to Brendan's call was extraordinarily generous and resulted in a continual stream of donations and sign ups to the Hospice Monthly Draw. Members of the community came up with so many innovative and creative ways of supporting the Hospice financially while adhering to COVID-19 public health guidelines.

These generous levels of donations from the community were supplemented by some special new fundraising activities such as the creation of the book "Fattening the Curves" by Una Healy and the "Going the Distance" campaign by Raheny and Clontarf GAA Clubs, who stoked up their rivalry to raise funds.

The momentum from these activities continued all the way up to June and made up for the shortfall in income for the Women's Mini Marathon and our Sunflower Collection. While both of these activities were reworked to go online, the income for both campaigns was considerably reduced.

Ireland's Biggest Coffee Morning for Hospice in September, with the generous sponsorship of Bewley's, is the largest gathering event for the

Hospice each year. This campaign in particular was the very opposite of what COVID-19 guidelines required, e.g. social distancing and no gatherings within households. With the brilliant support of RTE Journalist Sharon Ni Beollain, who launched the campaign, and Actor Domhnall Gleeson's appearance on the Late Late Show and his very human appeal for support, Coffee Morning Hosts found a way to host in some shape or form: over the garden



wall, in their driveways, leaving coffee baskets on people's doors steps, all of which raised over €215,000 for St Francis Hospice which was much appreciated and way beyond our expectations.

Fundraising 2020 (Contd)



"The greatest gift that you can give to the person you are remembering tonight is to speak their name" and so many did that night.

The Blanchardstown Centre Oratory Group led by Fr. Dan Joe O'Mahony, has continued to be a powerful advocate for the Hospice within the local community. The group works closely with the Blanchardstown Centre Management, who despite the restrictions of COVID-19, have continued come up with and implement innovative ideas to raise funds for the Hospice. We are so very grateful to them for their continued support.

Our many and valued Corporate Partnerships have remained in close touch with the Hospice and assisted us in raising funds throughout COVID-19. Particularly at times when restrictions have eased, they have gone out of their way to support the Hospice and have brought much comfort and care to our patients and families.

Christmas is a time of both giving and gathering. With the increasing number of COVID-19 cases during this time, the Tree of Life Ceremonies held traditionally at both hospices every year had to be cancelled. While supporters were still in a position to sponsor lights on our Christmas Tree it was equally important that the Hospice find a way to offer comfort and support to the bereaved. A poignant, meaningful and visually beautiful Tree of Life video was created and aired on the Hospice's social media platforms and website on the 10th of December. As Sr. Margaret Cashman, Director of Nursing, expressed in the video,

COVID-19 has brought many challenges for staff and volunteers within 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, motivated by the aim to ensure that hospice services are there for all who need them, both now and into the future.

In the autumn of 2020 the Hospice expanded and enhanced its fundraising reach with the introduction to two new functions to the Hospice: Partnerships & Philanthropy and Communications & Marketing. The combined forces of both functions are expected to improve the overall fundraising capability of St Francis Hospice.

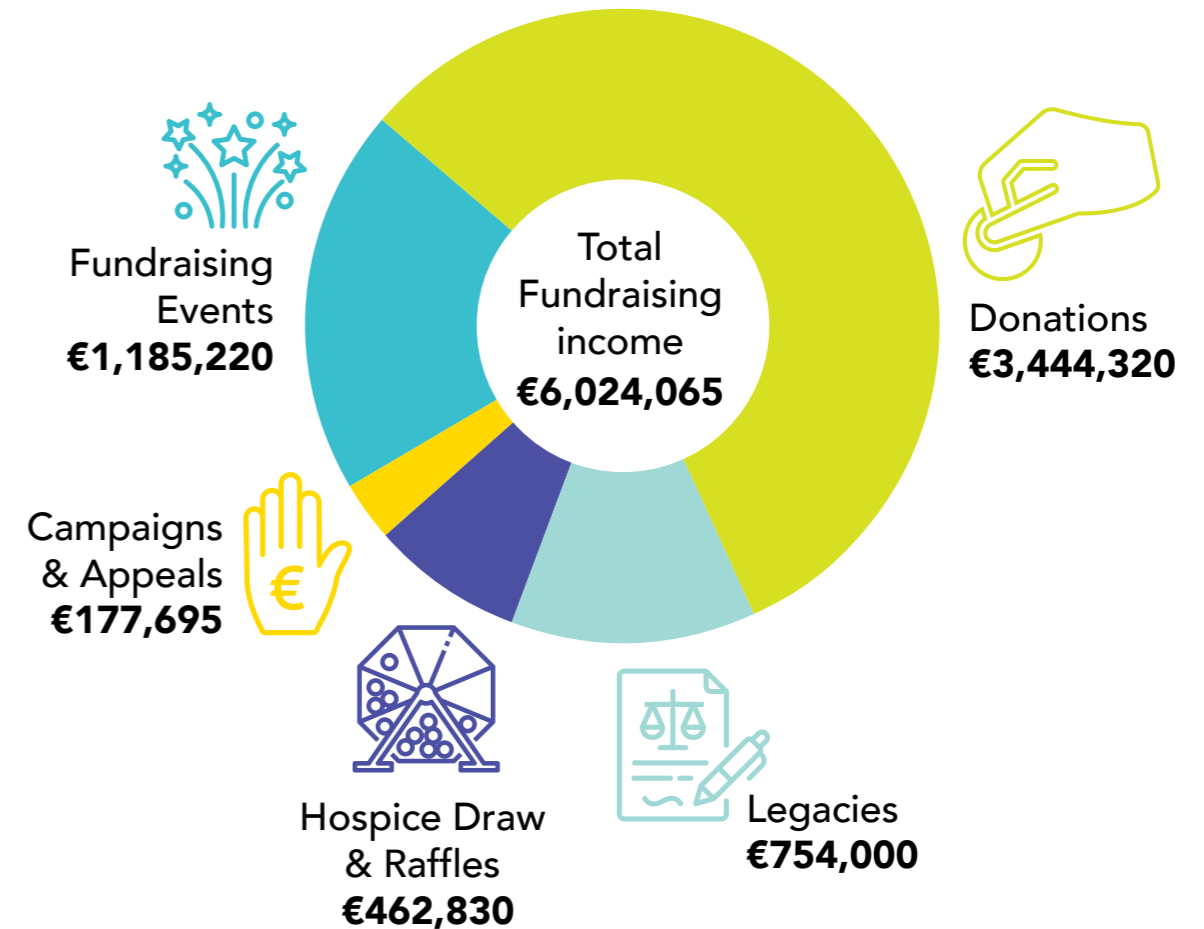
Net Fundraising income
€5,421,955

Total cost of raising funds
€602,110 (10%)

Total Fundraising income
€6,024,065

The Hospice fundraising goal for 2020 was €5.9m and with the enormous heartfelt generosity of the supporters of St Francis Hospice this goal was surpassed. We are deeply grateful for our very collaborative and excellent relationship with the Community who we are privileged to serve.

Fundraising Income comprises:



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 2020 (Contd)

Meath Hospice Homecare Movement Donates €1million to St Francis Hospice Blanchardstown



therapeutic group for children to help them understand loss and develop coping strategies after a significant person in their life dies.

In 2020, the Meath Hospice Homecare Movement donated €1m to St Francis Hospice Blanchardstown, where 15% of people admitted for inpatient care are from County Meath. In recognition of this support, St Francis Hospice has officially named a wing of the Blanchardstown inpatient unit, The Boyne Valley Rooms. The donation enables St Francis Hospice to repay part of the outstanding bank loan associated with the building costs of its Blanchardstown Hospice. The savings in interest payments is funding a half-time social work post over four years to provide additional bereavement support for children, adults and families. This includes the development of a

The Boyne Valley Rooms wing consists of three single-bed inpatient rooms, a children's play room, a family overnight room, two family seating areas and the clinical team room. Its décor incorporates paintings by Co Meath artists – "Essence of Meath" by Noreen Walshe, "Hydrangea in Copper Pot" by Marguerite Dolan and "Along the River Boyne" by David McCormack.

In addition, the Meath Hospice Homecare Movement has donated a garden pod for the Hospice Day Care garden at St Francis Hospice Blanchardstown. The pod creates an outdoor space that is sheltered from the weather for patients, family members, and staff to enjoy year round. The structure can accommodate up to 16 people so in years to come will provide a comfortable, sociable space for people to gather and enjoy the Hospice's garden.

MEATH HOSPICE HOMECARE MOVEMENT LTD.

An additional donation from the Meath Hospice Homecare Movement of €43,000, raised by the Meath Steam Run Group, will fund two-thirds of the Complementary Therapy service in St Francis Hospice Blanchardstown for twelve months from September 2020 to August 2021. Complementary therapists provide approximately 1,200 treatments each year in St Francis Hospice Blanchardstown. Complementary therapies are used alongside conventional health care to help ease patients' symptoms, discomfort and anxiety, and to help promote relaxation.

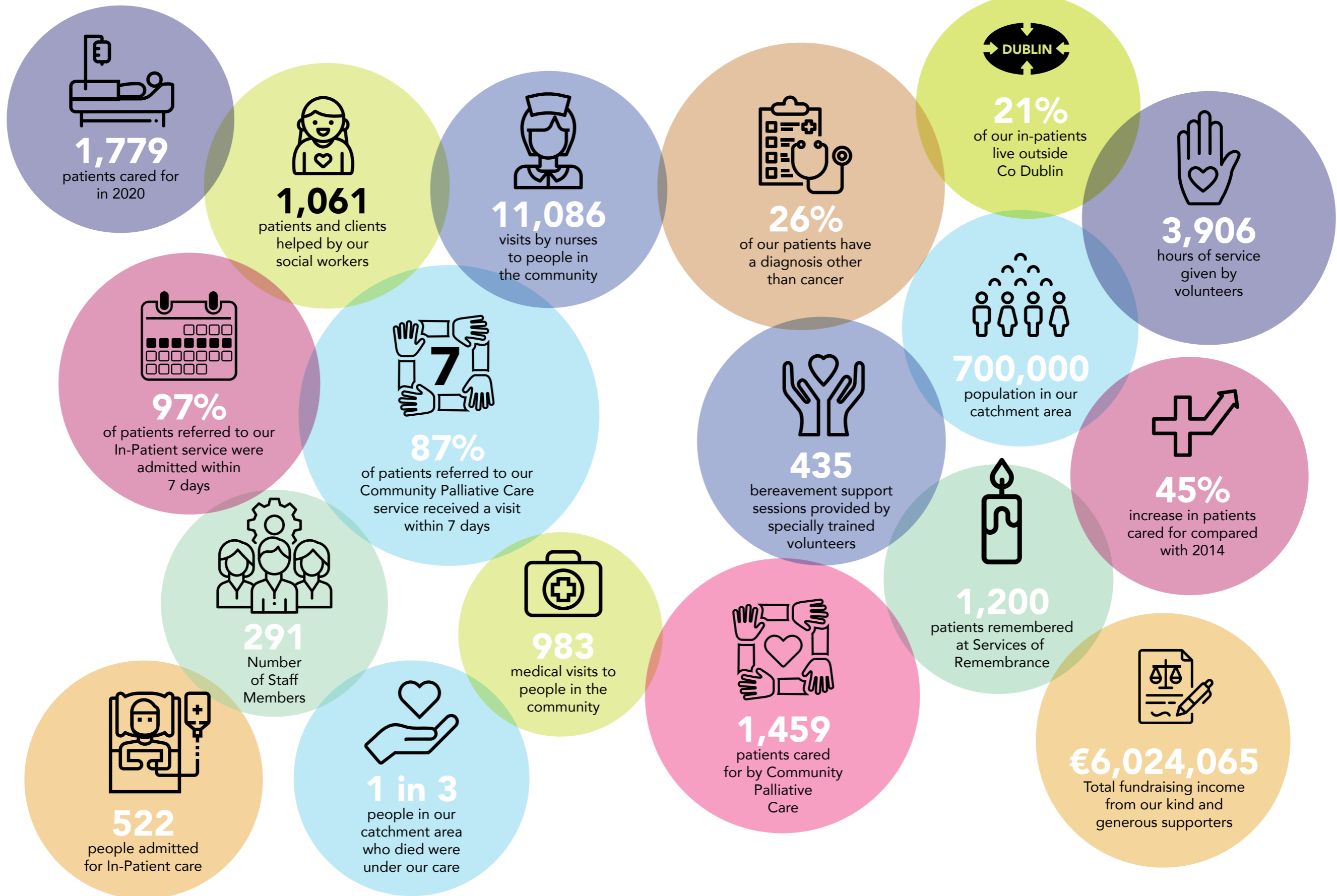
Fundraising Future Plans

In 2021, through Partnership and Philanthropy, the Living Today fundraising campaign will continue to gain momentum to raise funds for

the redevelopment of the In-Patient Unit in Raheny and to expand our community palliative care services to meet the growing needs of our community.

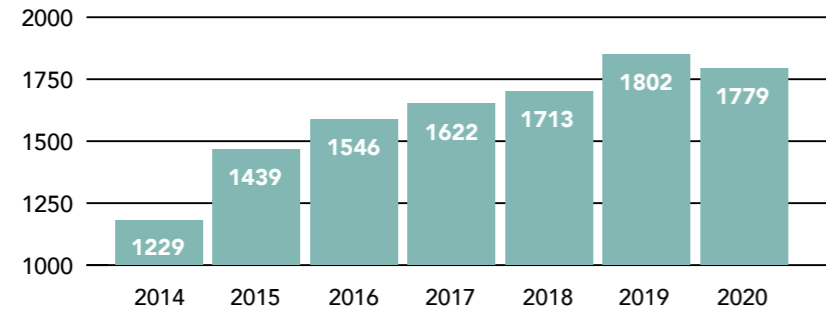
Our challenge, as emphasised by the COVID-19 pandemic, is to plan for foreseeable needs and to have the outstanding facilities and professional staff to meet the needs of our community for the next decade and beyond. These two objectives are at the core of what the Living Today campaign is aiming to achieve with the support of our caring and giving community.



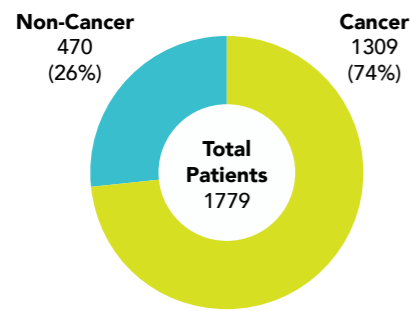


Service Statistics

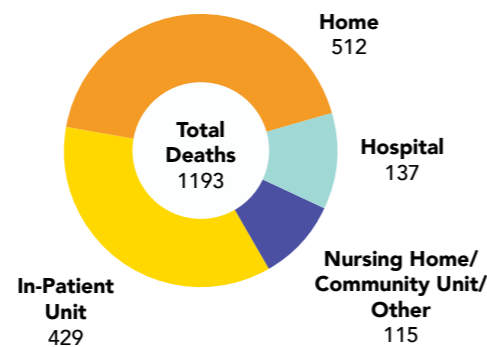
Growth in Services Provided to the People of North Dublin



Total Patients



Place of Death



In-Patient Care

	In-Patient Blanchardstown	In-Patient Raheny
Admission	305	217
Occupancy	74%	80%
Discharges	59	35
Deaths	243	186
Cancer	(264) 87%	(185) 85%
Non-Cancer	(41) 13%	(32) 15%
Referrals	387	318

Out-Patient Care (Blanchardstown/Raheny)

	Total Patients	Total Attendees
Complementary Therapy	467	1,899
Lymphoedema Service	84	261
Oncology Lymphoedema Service	17	32
Physiotherapy Service	715	3,555
Occupational Therapy Service	438	2,373

Community Palliative Care

Community Palliative Care Service 2020

	CPC Blanchardstown	CPC Raheny
Total Patients	655	804
Cancer	(483) 74%	(584) 73%
Non Cancer	(172) 26%	(220) 27%
New Patients	473	611
Under 18	2	7
Total Nursing Visits	4,768	5,335
Total Medical Visits	421	562

Hospice Day Care Service 2020

	HDC Blanchardstown	HDC Raheny
Total Patients	49	87
New Patients	28	59
Total Attendance	595	1,051

Palliative Rehabilitation Programmes

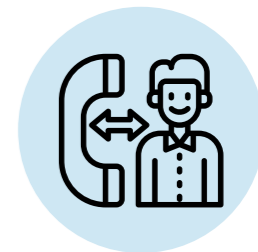
Exhale	647 patient attendances (Physiotherapy)
PEER	329 patient attendances (Physiotherapy) and 557* patient attendances (Occupational Therapy) * Includes 171 one-to-one stress and anxiety management sessions
Sláintecare	399 patient interventions (Physiotherapy)
Empower	60 patient attendances (Occupational Therapy)

Social Work

5,000 sessions



2,000 telephone sessions



Bereavement Service

Service of Remembrance



8 Videos

Bereavement Information Evening



4 Videos

Bereavement Counselling and Support Sessions (Social Workers)



1,200

Volunteer Bereavement Support Sessions



435



“

To all the staffWords cannot express how grateful we are for the wonderful care, kindness and attention that was showered on mum and us during her stay with you. We could see from the first day that her time there would be calm, caring and even joyous. We were always made to feel welcome, included and special, all of which helped through those difficult weeks.

Activities and Achievements

Due to the COVID-19 pandemic, 2020 was a year like no other. St Francis Hospice continued to provide high quality specialist palliative care to the people of North Dublin and surrounding counties, though the way some services were delivered needed to change. As demonstrated in these departmental reports, the staff and volunteers of the Hospice demonstrated adaptability and resilience throughout the year.

COVID-19 Response

In March 2020 a global pandemic was declared regarding the virus SARS-CoV-2, otherwise referred to as COVID-19. In response to this challenge, a multidisciplinary COVID Response Team was formed in St Francis Hospice Dublin (SFHD) at the direction of Mr Fintan Fagan, CEO.

The COVID Response Team consisted of:

- Ms Aishling Kearney, Quality and Risk Manager (Lead)
- Ms Eileen Doyle, Infection Prevention & Control Clinical Nurse Specialist
- Ms Lisa McGirr, Physiotherapy Manager
- Ms Margaret Winters, Hospice Day Care Manager

Communication

COVID-19 communication meetings were held for all department managers and chaired by Mr Fintan Fagan CEO. These meetings were initially on a weekly basis and thereafter fortnightly or monthly as required. These meetings afforded an opportunity for discussion, decision making and clarity for all, regarding the rapidly developing situation.

The COVID Team was tasked with developing a St Francis Hospice Dublin (SFHD) specific plan to manage this crisis. In accordance with national guidance an SFHD guidance document was developed and implemented in collaboration with clinical managers. The COVID team communicated quickly

to all staff, clinical and non-clinical, with information about COVID-19, and the new Infection Prevention & Control measures. Guidance documents were circulated to all staff and education provided throughout the organisation to staff, volunteers and contractors.

Communication took place across all departments via various mechanisms including, COVID team meetings, Education sessions, Visiting team meetings and Weekly Diary or email communications.

Procurement

The management of the procurement, storage, and distribution of PPE and essential supplies was coordinated by the COVID Team in collaboration with the stores department. The appropriate use of Personal Protective Equipment (PPE) training was carried out with all staff.

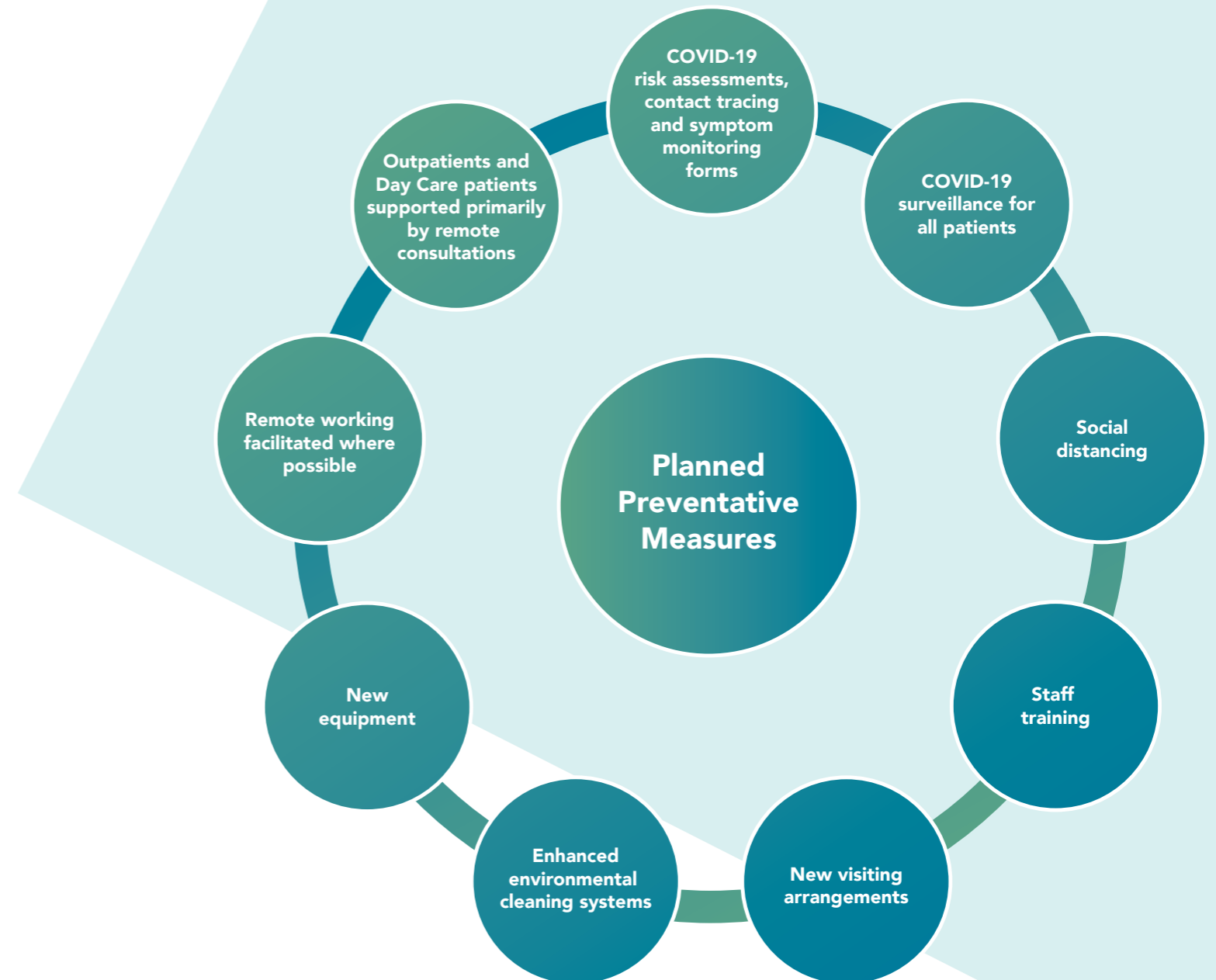
Planned Preventative Measures

New procedures were introduced to facilitate COVID-19 risk reduction for patients, visitors, staff and volunteers across the organisation.

These measures are represented in the graph on page 43.

A Values-led Organisation in Action

Staff demonstrated true dedication, kindness and compassion to patients, visitors, colleagues and volunteers throughout 2020 to ensure the safety and dignity of all. By working respectfully and collaboratively we continued to strive to achieve excellence in the midst of a pandemic.



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.

This was a challenging year due to the COVID-19 pandemic but the saying that adversity makes you stronger has been true for us; we are not only stronger in our convictions to provide excellent palliative care to our patients and their families, but we are also more united and resilient as a team. Our core values of dignity, respect, compassion, kindness, collaboration and excellence formed the guiding principles of how we worked together to meet every challenge that the pandemic presented.

There was a huge amount of loss due to the pandemic on the IPU, which is significant as we are a place where loss is an everyday occurrence for those we care for, and we work hard to ease and help people through their losses. Yet, in the interest of safety, there were times when we had to implement changes to our visiting arrangements that would create a sense of loss for our patients, their loved ones and our staff. The usual open visiting policy needed to be reviewed and changed on a continual basis throughout the year, in response to public health advice and current levels of community transmission of COVID-19. A Visiting Group consisting of both clinical and non-clinical managers met weekly to review the situation and make adjustments as necessary.

Staff when asked about what they found most challenging about working through the pandemic consistently spoke about the impact it had on visiting arrangements, particularly early in the pandemic when visiting was greatly reduced. In the media sound bites like 'we are all in this together' 'stay strong' and 'stay home and save lives' were used and while useful for the general public, they had a whole different meaning for our patients and our

staff. Our patients and staff couldn't stay home, patients' loved ones wanted to be with them and not at home. We may have all been in the pandemic together but our patients often felt alone and isolated. As a team we were making decisions regarding visitors that would have a fundamental and everlasting impact on the lives of our patients and their loved ones, as a team we were acutely aware of this and we did our best to balance safety and compassion, we hope we achieved this.

During most of the year, we were able to maintain limited visiting for patients. However, this reduced time spent with family members and friends had an isolating impact on our patients. Our staff used tablets to help patients communicate with their families via FaceTime and Zoom, and we set up a dedicated email address, homefromhome@sfh.ie, for people to send messages in to their loved ones.

The limited visiting that was permitted was highly valued by both patients and their families. It was facilitated by a group of specially trained volunteers who worked in both Raheny and Blanchardstown to assist visitors with their COVID-19 checklists, donning and doffing of PPE, and other safety procedures. Marianne's Story, on page 48, paints a fuller picture of this new volunteer role.

A reduction in admissions happened for two reasons. The first was that many patients under the care of our Community Palliative Care team preferred to remain at home due to fears related to COVID-19 and the restricted visiting to the In-Patient Units for family members. The second reason was that, in Raheny, it was not possible to fill the four-bedded rooms to capacity while maintaining proper distancing and ventilation practices required in relation to COVID-19.

The COVID-19 pandemic highlighted the value of the single patient rooms and large open spaces of our Blanchardstown IPU. We were able to provide a very safe and comfortable

environment for our patients, their families, and our staff and volunteers. The shared rooms and smaller spaces of Raheny IPU presented many challenges, but through creative problem-solving and collaborative teamwork, solutions were found to ensure the highest possible level of safety for all.

The wearing of personal protective equipment (PPE) was also hugely challenging for our team, such a barrier between us and those we care for, not to mention the discomfort. Staff also had concerns and worries about their own health and that of their loved ones and yet they continued to work through this most challenging of times and remain positive and cheerful.

Our IPU staff highly valued the support and encouragement received on a daily basis from among their own team colleagues, Hospice management, and the wider Hospice team including staff, volunteers and contract staff.

We may have lived and worked through a pandemic but our patients continued to experience our care and compassion, even if our touch was from a hand in a plastic glove, our smile from our eyes through a visor and our gentle words slightly muffled by a face mask.



Adaptability & Resilience

- Adjusted visiting arrangements as needed to ensure safety of all
- Enabled email messaging to patients, used tablets to facilitate video calls to family and friends
- Reconfigured spaces to maximise safety for all
- Support from colleagues, management, and the wider Hospice team

A photograph of two healthcare workers in a hallway. They are both wearing light blue scrubs and white face masks. The worker on the right is holding a blue clipboard and looking at it. The worker on the left is looking towards the camera. The hallway has a wooden door on the right and a purple wall in the background. A large blue graphic overlay is on the left side of the image, containing a quote.

“

On behalf of my family I would like to express our sincere thanks and gratitude to you all for your amazing care and compassion that you showed to my late brother. In particular to all the nurses and carers who cared for my brother on a daily basis. I cannot express to you how much it meant to us as a family to see your care, compassion and professionalism. It takes very special people to do the job you do. Thank you for giving him the dignity and respect that meant so much to him. It will never be forgotten by us, you are all truly amazing people.

Visiting Liaison Volunteer Role – Marianne’s Story



My role as a volunteer in the Hospice has changed drastically since the COVID-19 pandemic hit our shores early in 2020. Pre-COVID, I worked directly with patients in IPU, chatting with them, changing their water, tidying where necessary,

helping the catering staff to give patients their teas, organising snacks for relatives who might have been staying for extended periods of time with their loved one. Basically my role was to assist in any way possible to make life that little bit easier for patients and staff. I really loved my job and looked forward to my few hours in the Hospice each week especially as I got to know the patients and interacted with their relatives and friends.

In early March 2020, everything changed! Because of the high risk of contracting COVID-19 or spreading the virus we could no longer volunteer for the foreseeable future. I must say I was devastated. I would really miss my weekly visits.

In June, I was delighted when I received a message from Barbara (Volunteer Services Manager) to say they were looking for people to return in a new role as visitor liaison volunteers. I jumped at the chance to be part of the team again and happily went for support training. It was fantastic to meet some of the staff again. I also got to know other volunteers who had previously worked in different roles,

especially my new Wednesday partner, Arthur. We were all equally happy to be back.

The training we received was excellent and very specific for our new roles. We learned the COVID-19 questionnaire and all the protocols which apply to both volunteers and visitors in the Hospice. It seemed quite daunting at the time but when we came to actually perform our new role it all made sense and we quickly became very familiar with the job. I work from 13.30 till 16.30 each Wednesday, then Arthur takes over till 19.30.

Visitors were and are very cooperative and appreciative of our role because they know, even if the questions are searching and specific, we are doing our best to keep their most vulnerable loved ones safe and free of unnecessary illness. The biggest change for me, personally is that I no longer see the patients but I can keep in touch with how they are doing through their visitors.

The Hospice has done its utmost to keep us safe. As the Hospice’s COVID team got to know more about the nature of COVID-19, the protocols changed and evolved to meet the challenges presented. We are always masked, behind Perspex and maintain 2 metre distance from visitors. We have to have regular temperature checks, hand sanitise and have become great friends with Clinell wipes!

The last year has been a roller-coaster. In all of this, the Hospice has done everything possible to keep its patients and staff safe. I feel we, as volunteers, have contributed in a small way towards safe guarding patients so that they can spend precious time with those that they love when it is especially needed.

Marianne Reynolds, Volunteer

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 was a challenging year for the Community Palliative Care team due to the impact of COVID-19. The ever changing landscape of COVID-19 precautions meant that our staff members had to be adaptable and resilient as we strove to continue providing the best quality specialist palliative care to people in their homes or places of residence.

The wearing of PPE increased the time allocation for each visit to allow for the careful donning and doffing and disposal of equipment. At the start, a buddy system was used, where a second member of staff would travel separately to the home visit to assist the nurse donning and doffing the PPE. This was helpful in ensuring the safety of all during the early days when the equipment was so unfamiliar to us.

In our care provision, the PPE created a barrier effect which impacted the teams’ communication with patients and family members, requiring additional time and attention to ensure mutual understanding.

Communication within palliative care is normally both verbal and non-verbal, with a touch or a hug of reassurance providing much comfort and a reflection of kindness toward those receiving care. Within the COVID-19 context, this was another change that our team members needed to make in the interest of safety.

Face to face visits were carried out for those in most need while telephone assessments and video calls became part of our new normal. The concept of remote assessments was alien to us and proved to be a steep learning curve while we strove to maintain our high standard of care. In 2020 almost 19% of our assessments were carried out remotely.

In the face of adversity, the team took on the challenge of upskilling their IT knowledge and typing skill as our documentation changed from paper to an electronic system practically overnight. This was necessary to facilitate remote working. Our service was never stopped or reduced. All members of the multi-disciplinary team continued to provide specialist palliative care to those on our service.

“The person we met was an angel, kind compassionate, professional and reassuring. She was honest and to the point but also sensitive. The dignity and respect she showed to mum was extraordinary.”

Community Palliative Care (contd)

One of the noticeable changes was the amount of telephone calls received by the community service. These reflected the increasing anxiety within our patient population about the impact of COVID-19 on them, especially the isolation felt in the context of reduced social contacts. The fear of contracting COVID-19 and restricted visiting policies resulted in many of our patients avoiding hospitals and Hospice In-Patient admissions. This resulted in more patients staying at home with complex symptoms and an increase of 37% from the previous year of patients who died at home.

Patients and families were also anxious about our team visiting their homes and in many instances their preferred contact was by phone. We facilitated these requests when appropriate.



Adaptability & Resilience

- Buddy system for PPE during home visits
- Change to electronic records, additional administrative staff allocated to help upskill clinical staff in IT
- Telephone assessments and video calls

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.

In March, attendances stopped due to COVID-19, we had to find new ways of working to continue to provide our high standard of care to patients and families. Staff met this challenge through the introduction of Telehealth, remote consultations and home visits where appropriate. We adapted to wearing PPE and moved from using paper records to electronic records. Workspaces were reconfigured to adhere to social distancing and some staff were redeployed to a variety of roles as the need arose, for example working within the In-patient Unit in household, nursing, PPE staff training and co-ordination of PPE Packs for the Community Palliative Care Team.

Complementary Therapy

Complementary therapies are used alongside conventional medical, nursing and allied health professional treatments, to help ease symptoms, promote relaxation, ease discomfort, anxiety and stress. Complementary therapies can range from self-care approaches such as relaxation to physical treatments like



Adaptability & Resilience

- Introduction of Telehealth, remote consultations and home visits where appropriate
- Staff re-deployed as needs arose
- Support packs and stress management podcasts for patients at home

massage and reflexology. Aromatherapy is used in a clinical context in St Francis Hospice.

Treatments available include; Holistic massage, Aromatherapy massage, Reflexology, Reflexology Lymph Drainage, Indian head massage and 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. Service activity continued despite COVID-19, with new ways of working and ensuring the needs of patients were met in a safe way.

Outpatient Care (contd)

In 2020 there were 1,899 treatments provided, a 22% increase over 2019.

Staff collaborated with the multidisciplinary team to produce a remote support pack for patients, comprising symptom management advice related to some of the issues frequently raised by patients. The Complementary Therapy (CT) team focused on managing stress and anxiety and provided an aromatherapy blend to aid relaxation and enhance sleep. Staff also recorded podcasts to manage stress and aid relaxation. These were shared on the Hospice's social media platforms.

The Complementary Therapy team was very aware of the impact of COVID-19 and the change in work practices on colleagues working in St Francis Hospice. The team devised a relaxing blend of aromatherapy oils as a support for staff and volunteers during a challenging time. This was offered as room

sprays, aroma sticks, pulse blends and shower gels; 434 blends were provided to staff and volunteers from April to December.

The popularity of the blends is evident with more than 1020 blends supplied across both sites in 2020, in addition to the 434 blends provided for staff and volunteers. This is an increase of 22.5% of blends supplied to patients and an increase of 61% of blends purchased by staff and volunteers when compared to 2019.

Lymphoedema

Lymphoedema occurs when lymphatic drainage is impaired, resulting in marked changes in the size and shape of the affected area. Although not curable, lymphoedema is manageable. The Lymphoedema service at St Francis Hospice provides individualised assessment and management of this often distressing symptom.

The treatment and management of lymphoedema involves a variety of approaches intended to reduce and maintain the oedema, or swelling. Manual Lymph Drainage (MLD) is a gentle but very specialised form of massage used to redirect fluid away from swollen areas towards healthy lymphatics. MLD is followed by compression bandaging or garments.

Treatment plans can consist of one or all of the following:

1. Manual Lymph Drainage
2. Compression
3. Exercise
4. Skin care

A programme of education and ongoing management is devised and tailored for each patient by our Clinical Nurse Specialists in Lymphoedema.

In March 2020, attendances stopped due to COVID-19. The service continued via telephone assessment. Patients and families became more involved by taking measurements of the affected areas. Staff posted garments to patients and follow up assessments were made by telephone or video calls.

As soon as restrictions allowed, patients returned to the department under strict COVID-19 protocols. Due to the distressing nature of some patients' condition, they were unable to attend the Hospice and a home visit was arranged with appropriate PPE.



Words will never express my gratitude for the work you did with my sister. How she loved and enjoyed your sessions, they brought her great comfort and ease. Many thanks.



I have been supported by staff at St Francis Blanchardstown as an outpatient since being diagnosed with cancer over a year ago. More recently, I am suffering from lymphoedema in my limbs. I was at a loss regarding treatment. I had a consultation, which was compassionate and informative. This was followed by lymphatic massage. Thank you to all in St Francis.



Hospice Day Care

The Hospice Day Care service provides symptom control and clinical surveillance, promotes independence for patients and enhances quality of life. Before COVID-19 arrived, Hospice Day Care was open three days a week in Raheny and two days a week in Blanchardstown. During each visit, patients meet with members of the multidisciplinary team who provide support for physical, psychological, spiritual and social needs through symptom management, future care planning and practical advice.

The delivery of our service completely changed in March 2020 as we all became aware of COVID-19. We were no longer able to meet patients face to face. We had to find new ways



of working to ensure the continued provision of a high standard of care to patients and families. There were many challenges identified and faced. The team switched to telehealth and remote consultations. This allowed us to continue to provide support for physical, psychological, spiritual and social needs through symptom management, future care

planning and practical advice. New work practices and protocols were introduced. We quickly learned about COVID-19 guidelines in relation to PPE and social distancing. Workspaces were reconfigured and staff redeployed as needed to a variety of roles in other areas of the service.

We recognised that many patients were feeling worried, lonely and isolated. They worried about how COVID-19 might affect them and their family. They missed meeting staff and discussing their concerns face to face and the peer support from other patients. One person told us how much they missed attending Day Care, *"I love meeting the other people; I have always had something to give them by means*

of support. I need to get out from my own four walls; it's good for my overall wellbeing. I can escape with the massage and art."

As time continued, it was noted that more patients were experiencing loneliness, anxiety, disordered sleep and eating patterns and boredom, as a result of restrictions related

to public health advice. A multidisciplinary group of staff formed a working group to explore means of enhancing our supports for these patients. It was decided to produce a remote support pack, comprising symptom management advice related to some of the issues frequently raised by patients, e.g. maintaining mobility, managing symptoms, coping with change. The pack also included an activity booklet with simple art activities, word searches and puzzles. A pack of colouring pencils was included to ensure that patients could engage with the pack, and an aromatherapy cream to aid relaxation was provided by our Complementary Therapy team.

The feedback was positive in relation to the pack, with patients noting that it enhanced their connection with St Francis Hospice, or that they felt it to be a kind or unexpected gesture. A number of patients specifically mentioned the Complementary Therapy cream benefits of the enhanced sleep and relaxation. Patients also noted enjoying the activities provided. Other patients mentioned advice re exercise, respiratory symptoms, and anxiety management as being helpful. Many spoke of feeling that they were not forgotten by the staff even though they were no longer meeting in person.

Carers spoke of their sense of isolation as they missed the respite aspect of Day Care attendance. Some family members who were unable to visit or lived abroad appreciated the regular telephone contact from staff. A patient's daughter who lived in the UK spoke of the challenge of supporting her mother from a distance, and how reassured she was by our involvement and regular telephone contact with her mother. As restrictions eased, we were delighted to facilitate an abridged version of our Carer Support group.

As things improved during the year, we were delighted to welcome some patients back for face to face reviews. This was a very different experience for both patients and staff. It was an individual appointment rather than a group setting for a number of hours.



Adaptability & Resilience

- Remote support pack for patients
- New format for carer's support group, leaflet and video to support carers
- Telehealth and remote consultations

It was important to identify and manage any concerns patients had about returning to the Hospice. We updated them on the precautions staff were taking including symptom monitoring, temperature checks and wearing PPE.

New work practices were introduced including a COVID-19 screening checklist. This was completed with every patient prior to arrival at the Hospice. Working and connecting with people while wearing PPE was challenging at times but we found ways to overcome it. Despite these changes, patients and staff were delighted to meet again.

Family experience



Our mother Kathleen was a part of St Francis Hospice Day Care for almost four years. During that time, she valued her weekly visits. She looked forward to getting dressed up, putting on her makeup and being made feel special. She enjoyed her one to one and group sessions with the clinical team. She made friends. She loved the art, getting her hair done and her feet looked after by a chiropodist. The team extended every welcome to her and supported us as her family.

When COVID-19 hit she missed the service tremendously. The first four months of lockdown were tough. When she could go back occasionally, it made her day. She was so delighted with her art presentation just before lockdown and was made a great fuss of. We were grateful for those moments. As her health deteriorated, she got wonderful support from the whole St Francis team and we were blessed to be able to care for her at home. We are forever grateful to St Francis Hospice. Keep up the wonderful work.

The McCarthy Family



Volunteer experience

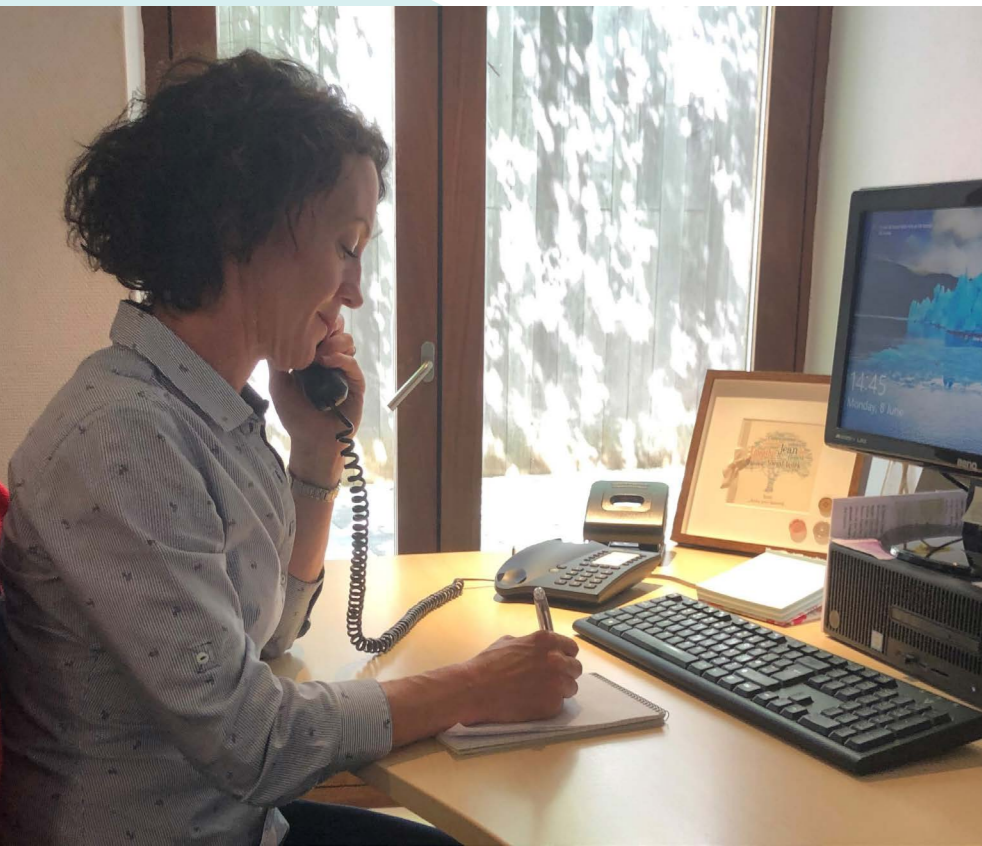
My role in Day Care, as bus escort and host, involves a lot of interaction with patients and staff. When COVID-19 arrived this all stopped and a strict lockdown was implemented. Day Care became a remote service and my role changed. The lockdown caused a huge increase in the use of PPE and as we were available, both my wife and I started packing PPE for Hospice use. This involved attending the Hospice on Thursday each week and packing PPE into individual packs for Community Palliative Care and the In-patient Unit. Now that the vaccination programme has commenced, patients are gradually returning to Day Care but only on an individual basis. I am now resuming bus escort duties, but it is very different with only one patient on the bus and I have to wear full PPE. The interaction with patients is not as open as it was previously but hopefully, we can return to normal soon as I know all the patients really miss their visits to Hospice Day Care.

Myles Meagher,
Volunteer



Social Work and Bereavement Support

Social Workers work with patients and their family as they adjust to the news of a life limiting or terminal illness. Social workers help patients and families make sense of what is happening and manage the challenges that illness and loss can bring. 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 the future. We work with individuals and family groups, including working with parents to support their children, direct work with children and other vulnerable people within the family. This translated into over 5000 sessions and more than 2000 phone support sessions in 2020.



The Social Work team also support family members after the patient dies. This may include individual bereavement support and counselling, family group sessions, and work with children. In 2020, this was almost 350 face to face sessions and more than 850 phone support sessions. The Social Work Department

supervises the Volunteer Bereavement Support Service (VBSS), a team of trained volunteers who offer one-to-one bereavement support to adults on an on-going basis. It is a confidential listening service. In 2020, the volunteers provided 235 sessions of bereavement support face to face and almost 200 bereavement support sessions by phone.

For the social work team, the COVID-19 pandemic changed the way that we provided ongoing support to patients and their families both during the illness and in bereavement as public health guidance changed. Staff had to learn about different types of technology as a way to keep in touch with people when we couldn't meet them face to face, as well as

learning about the personal protective equipment that would help keep patients and their families, staff and volunteers safe when we could meet.

Throughout the year, we kept all parts of our service open, although at stages there was reduced capacity. This involved a lot of collaboration and creativity. For example, our bereavement volunteers provided bereavement support by phone from their own homes for a period using Hospice mobiles. However, as the year went on, they were able to return to the Hospice. A new group of bereavement volunteers who had started their training in 2019 completed the

final sessions of the programme on Zoom. As these volunteers were recruited for the Blanchardstown site, we were able to open an evening volunteer bereavement support service in Blanchardstown for the first time in September 2020. This was some achievement in such a challenging year.

The social work team and the nursing team in Hospice Day Care run a patient psychoeducational support group: PACES - Pacing & Coping Enhancing Support. This 4 session group ran in Blanchardstown before COVID-19 restrictions started. Patients report benefit of enhanced coping strategies and reduced stress levels following completion of the group.

We also facilitate a carer's support group 2 or 3 times each year with our nursing colleagues in Hospice Day Care, and we continued to provide this group in 2020. We also developed a leaflet for carers and recorded a podcast on the impact of caring and self-care for carers. When providing feedback on the group, one carer told us, *"I felt like I was on my own....I put out my hand for someone to take and help me....and you did."*

We would normally invite bereaved relatives to a Service of Remembrance in the weeks after their relative dies as an opportunity to remember them. We had 2 Services of Remembrance at the start of the year where we could gather together but the remaining 6 services were recorded, as we could not meet in person due to public health guidance. We sent the link to the recording to relatives with a Booklet of Remembrance that was personalised with their relative's name. Overall, more than 1,200 patients were remembered at these services. Similarly for the Bereavement Information Evening, we recorded our talk on grief and sent the link to over 1,300 relatives. This is also available for people to listen to on our website.

Each year we run a 2 session psycho-educational group for parents supporting children bereaved of the other parent. In 2020, we could not run this as normal. Instead we developed three podcasts: children's response to grief, how teenagers manage grief, and self-care for parents. These podcasts were sent to the parents with an information pack we developed. Later in the year, we were able to facilitate an adapted version of this group on Zoom. Parents appreciated being able to talk to other parents in similar circumstances, with one parent saying, *"It was nice to meet other*



Adaptability & Resilience

- Completed training for new bereavement volunteers on-line in spring 2020
- Services of Remembrance and Bereavement Information Evenings transferred to video
- Parent support groups moved to on-line and video resources created

people. Thank you for arranging this for us all. There was a comfort in knowing you're not the only one on this journey." Two of the social workers involved in this group in previous years had an article about the group published in the international journal Groupwork.

In May 2020, a member of the social work team was co-author of a COVID-19-related addendum to the national Hospice and Palliative Care Social Workers (HPCSW) group's 2019 *"Guidance for Bereavement Support provided by Specialist Palliative Care Social Workers in Ireland."* One member of the team also presented a webinar at the Irish Cancer Society national conference on *"Supporting Relatives of Those with Advanced Cancer during Covid"* and at the Irish Hospice Foundation bereavement webinars on *"Bereavement Services and COVID-19"*.

Social Work and Bereavement Support (contd)

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 February 2020, the group facilitated a public lecture on grief with Niamh Fitzpatrick as the guest speaker. A member of the social work team also presented at the event about living with grief. We also facilitate a virtual professional's event for members of

the network; a member of our team presented "*Bereavement Pyramid and the impact of COVID-19 on bereavement*" as part of the event.

The work of the Children First Implementation Committee, chaired by a member of the social work team, continued throughout 2020. The Social Work Department co-ordinate the response to any safeguarding issues that arise in relation to Vulnerable Persons and Children within the Hospice.

C

Carer

Taking on the role of a carer may be something that you feel competent and confident to take on. For others it may feel challenging and you may feel isolated and alone at times.

A

Attention

given to what you have taken on. As a carer you may feel that you have become a nurse, physiotherapist, driver, dietician and administrator. Very few jobs require so much of employees. You may not always get it right but your best is good enough.

R

Range

of emotions. Some people feel privileged to be caring for a loved one. Others feel worried, stressed, tired and taken for granted. This does not mean that you are not coping, you may benefit from being able to express these feelings with family or friends.

E

Enjoy

your time to yourself, if only for a short time each day. you may feel that this is a luxury, but you will benefit from a few moments of reflection each day, to notice nature, take a walk, or any activity that helps you to value yourself in the midst of your busy life.

R

Reflecting

and remembering as we journey with someone through illness. It may be a time to talk about life, spirituality, what we might regret or what you might be proud of. It can be a precious or emotional time for both you and the person you care for.

Chaplaincy

We in Chaplaincy respect the richness of each other's tradition and culture as we strive to meet the human, spiritual and religious needs of all in our care.

That much recited Serenity prayer calls for the gifts of serenity, courage and wisdom in the face of vulnerability, turmoil, chaos and uncertainty. The pandemic saw every profession struggling at the outset. Yet a new resilience came to life. All staff adapted to a new reality creatively and compassionately.



Adaptability & Resilience

- Weekly Facebook live reflections
- Tree of Life ceremonies converted to a video event
- Empathic communication using technology rather than face to face



One of the biggest barriers for Chaplaincy, whilst attempting to be “present” to patients, families and staff, was the donning of PPE, masks and visors. To reduce risk of infection, other ways of “being” came into play. Technology came to the fore. Phone calls, e-mails, FaceTime, and Zoom became valuable tools of empathic communication.

The support of staff took on a more dynamic role. The kindness and solidarity of all staff and volunteers became evident during the virtual ‘Tree of Life’ Ceremony recordings. They participated in the lighting of the Christmas tree whilst placing the names of those who died during the year at the Tree. The carols, reflections and images of staff lighting candles was especially moving.

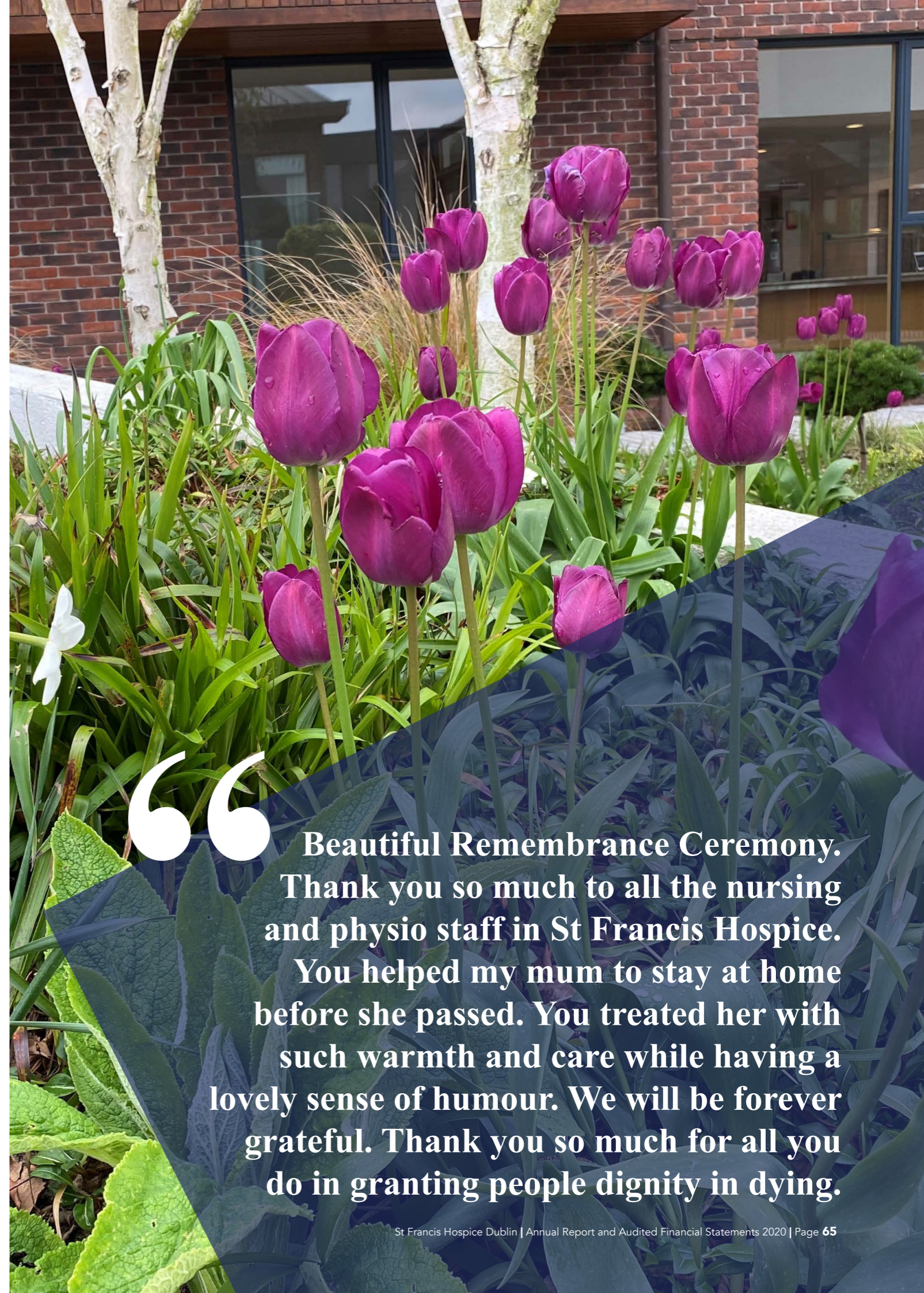
Chaplaincy, with the collaboration of staff and volunteers from all departments, reached out to the wider community by offering weekly live reflections on Facebook. The viewing numbers, ranging from 500-1,500 per week, have highlighted the spiritual hunger that exists in our community and the need for connection that people felt during times of isolation.

Virtual Remembrance Services continued to reach and support grieving families who wanted to honour their loved one. Whilst church services were severely curtailed, our Capuchin team members remained on call to the patients, their families and the staff and they continued to offer and celebrate mass by camera to patients’ rooms.

Chaplaincy remained resilient as we began to understand that it is in the heart of darkness that the light is born and a new strength emerges, and in words that remember WB Yeats ... *“in the desert of the heart let the healing fountain start”*.



You can scan the QR code to view our Tree of Life Video



Beautiful Remembrance Ceremony. Thank you so much to all the nursing and physio staff in St Francis Hospice. You helped my mum to stay at home before she passed. You treated her with such warmth and care while having a lovely sense of humour. We will be forever grateful. Thank you so much for all you do in granting people dignity in dying.

Physiotherapy

Physiotherapists in St Francis Hospice aim to help patients to live their lives as fully and as independently as possible by showing them how to maintain and make the most of their physical abilities.

In 2020 the physiotherapy department continued to demonstrate the core values of St Francis Hospice, both in the in-patient setting and in services for our community-based patients. We share a commitment to provide a quality of care based on dignity and respect where the needs and wishes of each person are at the forefront of our decision-making.

The physiotherapy team, in keeping with the Hospice's core values of excellence and collaboration, introduced two very exciting new projects in early 2020 (you can read more detail about them in the Palliative Rehabilitation report):

- PEER – an interdisciplinary rehabilitation programme in collaboration with the Occupational Therapy team
- Sláintecare – a collaborative project with the Mater Hospital

The physiotherapy team responded to the needs of the Hospice while at the same time worked very hard to create new methods of providing much-needed services to patients. In the initial stages of lockdown, the physiotherapy team provided support to the in-patient and community palliative care teams. The core value of kindness was very evident during these initial stressful weeks as practical support was given to our nursing and administration colleagues. The physiotherapy manager joined the COVID-19 management team to provide leadership to the organisation on the management of the pandemic.

Very quickly, the team made the change from seeing community-based patients in the outpatient setting, to visiting them in their own homes and providing a comprehensive physiotherapy service to them. This was an

overwhelmingly positive experience for patients who continued with their rehabilitation goals while in the comfort and safety of their own homes.

Physiotherapists were early adopters of new telehealth platforms and quickly began offering virtual appointments to patients in video or telephone format. Some patients preferred this as they were reluctant to allow anyone into their homes due to the risks posed by COVID-19.

The Exhale Programme

We were fortunate in 2020 to receive funding from the HSE for our highly successful Exhale Programme. This programme, which had been funded over previous years by philanthropic donations, is a highly sought after breathlessness group programme. When the pandemic struck in March, the Exhale programme was delivered on a one to one basis, until the third quarter, when it moved online and resumed its group format.



To facilitate this we liaised with our pulmonary rehabilitation colleagues nationwide and made small changes to the outcome measures of the programme. We are the only Hospice in Ireland delivering online rehabilitation programmes to patients.

Patients attend twice weekly on a virtual platform. Safety is ensured by having a carer present in the home with the patient and the physiotherapy team having contact numbers for them. One physiotherapy leads the exercises and a second physiotherapist is on the call to monitor patients and provide additional support to them.

Results have been very positive, with patients improving functionally and feeling more in control of their breathlessness. Patients have engaged very well with the virtual platform. There were 647 patient attendances in Exhale in 2020.



Adaptability & Resilience

- Home visits to patients instead of outpatient Hospice visits
- Telehealth and virtual appointments for patients
- Exhale programme evolved to a one-to-one delivery, and then to an on-line group format

Occupational Therapy

The Occupational Therapy (OT) team at St Francis Hospice plays a key role in providing palliative rehabilitation for patients to maintain their functional independence, occupational roles and self-manage symptoms associated with life limiting illnesses.

For individuals both in the in-patient units and living at home, the OT team focuses on seating and positioning for support, comfort and engagement. OT's are also pivotal in assessing and supporting hours out, overnights and discharges from the in-patient unit through functional, environmental assessment and equipment provision.

This year saw extensive development of the Occupational Therapy team in St Francis Hospice Dublin (see full updates in palliative rehabilitation section)

- The addition of 1 WTE Senior Occupational Therapist to develop the PEER (Palliative Enablement Exercise and Rehabilitation) programme for community based patients.
- The temporary introduction of an OT assistant allowed for several developments within the OT department.

Another new development by the OT team was the introduction of positioning aids for 24 hour posture management into both Hospice sites. These have been particularly beneficial in aiding comfort and improved sleep for patients with neurological conditions.

COVID-19 limited visitors in the in-patient units in the Hospice while patients at home also had visits from family members and friends curtailed due to the pandemic. Isolation was a reality for many patients.

In response, the Occupational Therapy team:

- produced anxiety management leaflets to assist with supporting people to self-manage stress and anxiety
- developed leisure activity packs for patients, in conjunction with multidisciplinary team members, to provide self-initiated sedentary activities.
- continued to facilitate the OT EMPOWER group programme through 2020 providing patients with self-management interventions to empower them to manage their stress and anxiety.

Future plans include an active engagement in research and generating a community of practice among other specialist palliative care occupational services for the benefit of patient care. On a practical level, we will replace decommissioned riser recliners and specialised comfort chairs.

Occupational Therapy Assistant

A part time temporary Occupational Therapy Assistant (OTA) role (22 hours per week) was trialled in 2020 as part of maternity cover. With a temporary increase in overall occupational therapy department hours in the addition of an OTA, the following was achieved:

Seating Clinics

- Weekly seating clinics in SFH Blanchardstown IPU recommenced, to monitor patients' seating needs and change seating as required. The clinic also allows for monitoring location of chairs and pressure cushions for efficiency of provision.

Palliative Rehabilitation

- Increased availability of rehabilitation sessions for patients in Blanchardstown IPU.

Therapeutic activities

- Recommended therapeutic and leisure activities with in-patients to achieve goals and improve quality of life. Some example of therapeutic activities include gardening, baking, music, art, etc.
- Therapeutic activities were extremely important in light of COVID 19 to combat isolation.

A CASE STUDY

An in-patient who had lost most of his vision was referred to OT. This patient was non-English speaking and had no family in Ireland. The OT assessed this patient's function and provided this information to the Occupational Therapy Assistant (OTA), who reviewed this gentleman for therapeutic and leisure activity. The POOL activity level showed this patient's occupational history was enjoyment in outdoor activities and farm work.



Adaptability & Resilience

- Leaflets, videos, and activity packs for patients at home
- Moved EMPOWER group to on-line
- Therapeutic activities to ease loneliness and isolation for patients

Gardening was considered a meaningful activity by the patient and this activity was supported and adapted by the OTA to achieve the right challenge. The OTA graded the activity to the right level for the patient's ability allowing him to engage fully with the task.

"Enabling meaningful activities is a way to enhance quality of life and support clients to live with dignity despite a reduced ability to be active.... Participation in activity may help clients to maintain their identity and their self-esteem." (Tavemark et al 2019)

Gardening supported many outcomes for this patient including sense of achievement, reminiscence, meaningful use of time, emotional, social and personal satisfaction.

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:

PEER programme (Palliative Enablement, Exercise and Rehabilitation)

The PEER programme was launched in 2020. PEER is a joint initiative by the Physiotherapy and Occupational Therapy departments aiming to improve quality of life and functional independence for St. Francis Hospice community based patients.

PEER was initially planned in 2019, to be delivered in groups with individualised tailored assessments, education sessions on symptom management and personalised exercise programmes. This is a structured way of combining exercise, education and goal setting to support individuals to make positive behavioural changes to their health.

Given the impact of COVID-19, PEER had to be remodelled and delivered via a blended approach of telehealth (one-to-one and group) and face to face visits in the patient's home.

This is the first time that Specialist Palliative Care Physiotherapy and Occupational Therapy has been available to community based patients in their own homes in Dublin and this model of interdisciplinary working is proving to have significant benefits for the patients who participate.

There were 329 patient attendances in PEER in 2020. One patient who attended the online programme commented:



I found the online course to be invaluable and informative, it was fun and educational while giving me more confidence with my mobility, I enjoyed the group setting, it was good to see and speak with people going through something similar, I'd strongly encourage anybody else to get involved with this course or similar courses

Sláintecare

Under the leadership of Prof Karen Ryan, the Hospice's physiotherapy department and the occupational therapy department in the Mater Hospital (MMUH) were successful in their Sláintecare Integration Fund application. St Francis Hospice was the only hospice in the country to be successful for this initiative. The proposal aims to increase rehabilitative services for patients under the care of specialist palliative care services.

A Senior Physiotherapist from St Francis Hospice delivered this service to patients in their own homes had been recently discharged from the acute hospital. There were 399 patient interventions in the Sláintecare programme in 2020.

EMPOWER

The Occupational Therapy EMPOWER stress and anxiety management group programme launched in 2019 and continued in 2020. Due to COVID-19, from March 2020 patients were offered one to one EMPOWER programme via telehealth or visits to their homes. EMPOWER was transformed to a virtual group using Zoom in November 2020.

The aim of EMPOWER is to provide patients with the tools to manage symptoms of stress and anxiety, to allow engagement in activities and maintain quality of life at home. The group setting also allows for peer support and social engagement, which participants found helpful. EMPOWER is a goal based structured group programme for patients living in the community who are under the care of St Francis Hospice Dublin.

One participant's goal for EMPOWER was to write an alphabet book for her young granddaughter who lived abroad to help her to learn English. This meaningful goal was achieved by the end of the four sessions.

Another participant had the goal of returning to driving where stress had prevented this previously. Short term weekly goals were used as stepping stones to achieving this goal. This participant returned to driving after the third session and continued to build up the distance she would drive after the group finished.



Adaptability & Resilience

- Group programmes remodelled to online or blended formats
- Specialist Palliative Care Physiotherapy and Occupational Therapy offered to patients in their homes for the first time

Education and Practice Development

The Education and Nurse Practice Development Team facilitates learning opportunities – including courses, skills training, and clinical placements – for staff, volunteers, and healthcare professionals from other organisations.

Due to the impact of COVID-19, the model of education moved from blended learning and face-to-face courses toward an eLearning approach. The Education Team re-skilled and adapted to new ways of working and delivering education. Clinical placements ceased for a short time, then resumed with new safety protocols in place.

As a learning organisation, all members of the multidisciplinary team contribute to both formal and informal educational opportunities, and this support is acknowledged and greatly appreciated by the education team.

The Education Team played a crucial role in staff support during the pandemic, introducing weekly half hour mindfulness sessions and facilitating a series of COVID-19-related staff support sessions. The 8-week Mindfulness Based Stress Reduction course, which runs twice each year for staff and volunteers, was converted to an online programme, with positive results.

Registered nurses and care assistants new to the Hospice were supported in a number of ways, including one-to-one support in the work setting and the introduction of a staff induction handbook to facilitate their learning and induction to specialist palliative care. The handbook was developed using the HSE's (2014) Palliative Care Competence Framework. Monthly sessions of the Staff Nurses Forum and Healthcare Assistants Forum continued, moving online due to COVID-19 restrictions. These sessions consist of an education update on a current topic, and an opportunity for discussion about issues of relevance within the workplace. St Francis Hospice continued to facilitate the MSc in Palliative Care (Interdisciplinary) in conjunction with Trinity College Dublin.



Adaptability & Resilience

- Mindfulness course and staff support sessions delivered on-line
- Staff induction handbook to support new nursing staff
- New safety protocols for clinical placements

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 AIIHPC 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.



AIIHPC

All Ireland Institute of
Hospice and Palliative Care

Volunteer Services

In the first several weeks of 2020, our volunteer programme was fully operational. The 300+ volunteers in St Francis Hospice were going about their volunteer roles as usual, every role enhancing the quality of care we offer to our patients and their families. Little did we know that on the 12th March COVID-19 restrictions would have such an impact on all our lives and the usual routine of weekly volunteering in the Hospice.

Even though our Hospice services continued throughout Covid-19, at the beginning we were learning so much about the virus and the safety measures we needed to put in place, so we made the difficult decision to suspend the volunteer programme, this was for the safety of our patients, staff and also our volunteers.

We gradually brought back our volunteers, with 86 Volunteers returning between June and December to the roles listed below. Some new roles were introduced to assist with specific areas within the Hospice. As always, our volunteer programme enhanced the quality of care we offered to patients and families.

- **Volunteer Visiting Support (New):** Covid Screening and welcoming IPU visitors to the Hospice.
- **PPE Support Volunteer (New):** Building PPE packs for clinical teams.
- **Garden Music (New):** Volunteer musicians playing music in our IPU gardens
- **Bus Escort:** Assisting patients coming in to Hospice appointments.
- **CPC Administration:** Assisting with CPC administration and charts.
- **IPU Reception:** Assisting with IPU administration and charts.
- **Cash Office:** Counting of coin donations.
- **Gardeners:** Continuing to nurture our gardens
- **Fundraising Administration:** Supporting online events by putting together packs for our supporters.

The number of Volunteer Hours given from June-December 2020 was over 3,900.

Volunteer Roles	Hours
Visitor Support	2016
Bus Escort	735
VBSS	315
CPC	189
IPU Reception	63
PPE	84
Cash Office	84
Gardeners	348
Fundraising	72
Total	3906



Adaptability & Resilience

- New roles created
- COVID-19 training devised for returning volunteers
- Regular communication with volunteers to maintain connection with them



I want to thank you for the enormous kindness and generosity you showed to my husband and to myself...we were at the end of our rope and you helped to rescue us at our darkest hours.

FINANCIAL REVIEW

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 the Statement of Financial Position.

- A surplus of income over expenditure of €4,346,107. This is a decrease of €5,320,877 on the deficit of €974,770 reported for the previous financial year.

INCOME

The total income for 2020 amounts to €23m (2019: €16.9m).

This represents an increase of €6.1m on the income in 2019 and arises from:

Donations, Other Fundraising Activities and Legacies

Donations and other Fundraising activities increased by €1.8m on 2019 income.

Our overall fundraising income result, restricted and unrestricted, was bolstered by receipt of one off large restricted donations which had specific conditions attached to their use. This restricted income was not available for core costs.

At a total level we raised €6m in fundraising income (restricted and unrestricted) during the year. There was a reduction in our budgeted unrestricted fundraising event income as a result of the pandemic. This income would normally be applied to our core service costs. Event income was effectively decimated. We had a surplus on our restricted fundraising income. This relates to a major donation of €1m which was provided to the Hospice for the purpose of paying off part of the Blanchardstown Hospice capital loan.

Charitable Activities

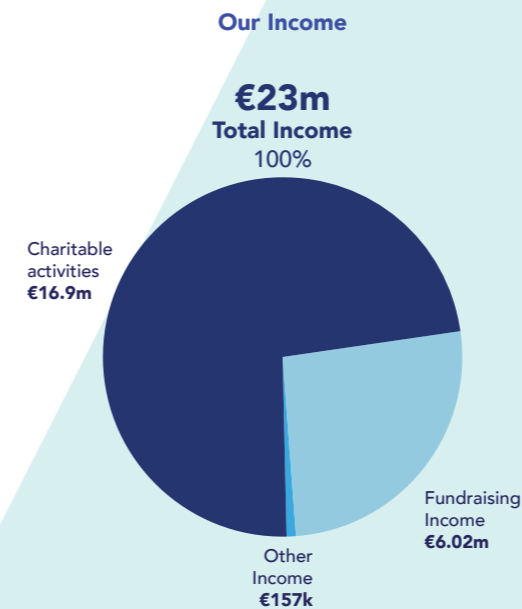
Charitable Activity income amounted to €16.86m (2019: €12.5m) an increase of €4.3m on 2019 income.

This arises from:

We received an additional €927k HSE annually recurring funding for St Francis Hospice Raheny in recognition that a number of core staff posts should be funded by the HSE and should not be dependent on precarious fundraising income.

In recognition of the unprecedented challenges of COVID-19 and the possible negative impact on our ongoing financial sustainability issues, the Government allocated the Hospice an additional €1.78m in funding to assist in the response to the COVID pandemic. (This funding formed part of €7.68m that was sanctioned by the Department of Health to support the contribution of the six members of the Voluntary Hospice Group (VHG) towards implementing Ireland's National Action Plan in response to COVID-19).

A once off HSE allocation of €1.8m of restricted funding was also made to the Hospice with the stated purpose of maintaining palliative care services for adults and children in the context of the challenges posed by the COVID-19 pandemic. The once off funding has specific purposes and conditions for its release. It will be utilised by the Hospice from 2020 onwards for improvements to premises, facilities and IT systems, telehealth and telemedicine platforms, education and training programmes. Investment income is in line with previous years.



26% of our total income was donated by our friends and supporters from our local communities and we are deeply appreciative of their continuing support.

Expenditure

Total expenditure including depreciation for the year amounted to €18.7m (2019: €17.9m). To deliver services to patients and families in 2020, the Health Service Executive (HSE) funded 82.4% 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 fundraised by the Hospice, other grant income and depletion of cash reserves.

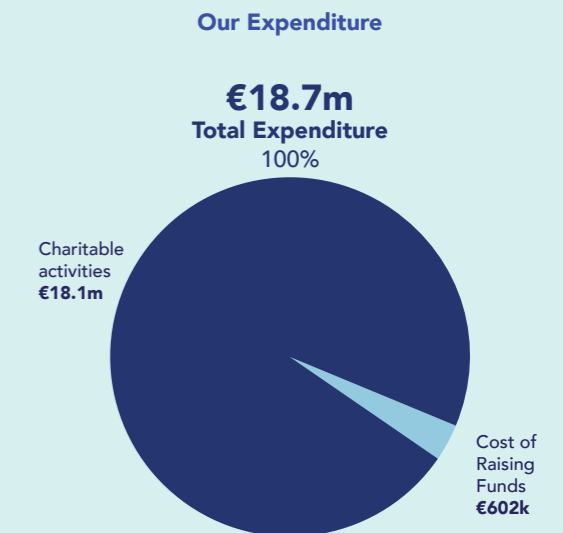
Total costs increased by €804k on the expenditure in 2019 and the reasons for this were:

Raising funds

Fundraising costs were €602,110. There was a decrease of €43k in the cost of raising funds on 2019 expenditure. Some fundraising event activity was cancelled during the year due to the COVID-19 pandemic. Staff costs amount to €270k (2019: €256k) the increase relates public pay awards.

Charitable Activities

Total expenditure on charitable activities including depreciation amounted to €18.7m (2019: €17.2m) an increase of €847k on 2019 costs.



For 100% of expenditure incurred by the Hospice, 97% was spent on our Charitable purpose.

Support Costs - staff costs excluding fundraising at St Francis Hospice Dublin amounted to €13m (2019: €12m) out of total expenditure of €18.7m an increase of €1m on 2019 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. The total costs associated with core programme work were €18,099,354.

Governance and administration costs were €151,117. In accordance with the approved HSE Guidelines, the CEO at St Francis Hospice Dublin who commenced in June 2015 received a salary of €109,832 for 2020. €7688 of Pension Contributions were made in 2020. St Francis Hospice Dublin spent 96.78% of funds on its primary mission and 3.22% 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

FINANCIAL REVIEW (contd)

achieved in 2020 of €4.3m (restricted and unrestricted) has enabled the Hospice to return to a more sustainable financial position for the first time since 2014. The Hospice now has a minimum working capital position and has reduced its long-term capital debt to a more manageable level. As a result, the Hospice will be in a position to continue to deliver acute palliative care services to the people of North Dublin and surrounding counties.

- **Executive Decisions**

In line with the Board's aim to ensure the financial sustainability of the Hospice into the future, the once off restricted donation of €1m, combined with the Board's decision to increase the loan repayments, has culminated in the reduction of the balance sheet debt by €2.5m in 2020.

In 2020, the Hospice commissioned a report by Invesco Pension & Investment Consultants which advised that the structure of the Hospice's defined contribution occupational pension scheme in regard to a deduction of 1.5 times the State pension is more characteristic of a defined benefit pension plan. This structure negatively impacts lower paid employees, in particular, by significantly reducing any pension contribution payable on their behalf. As a result of the findings of the Invesco report, the Hospice's Board of Directors agreed to increase the employer's contribution to St Francis Hospice Dublin's defined contribution occupational pension scheme. With effect from 1st January 2020 the employer's contribution is set at the full 7% without the deduction of the 1.5 times the annual State pension.

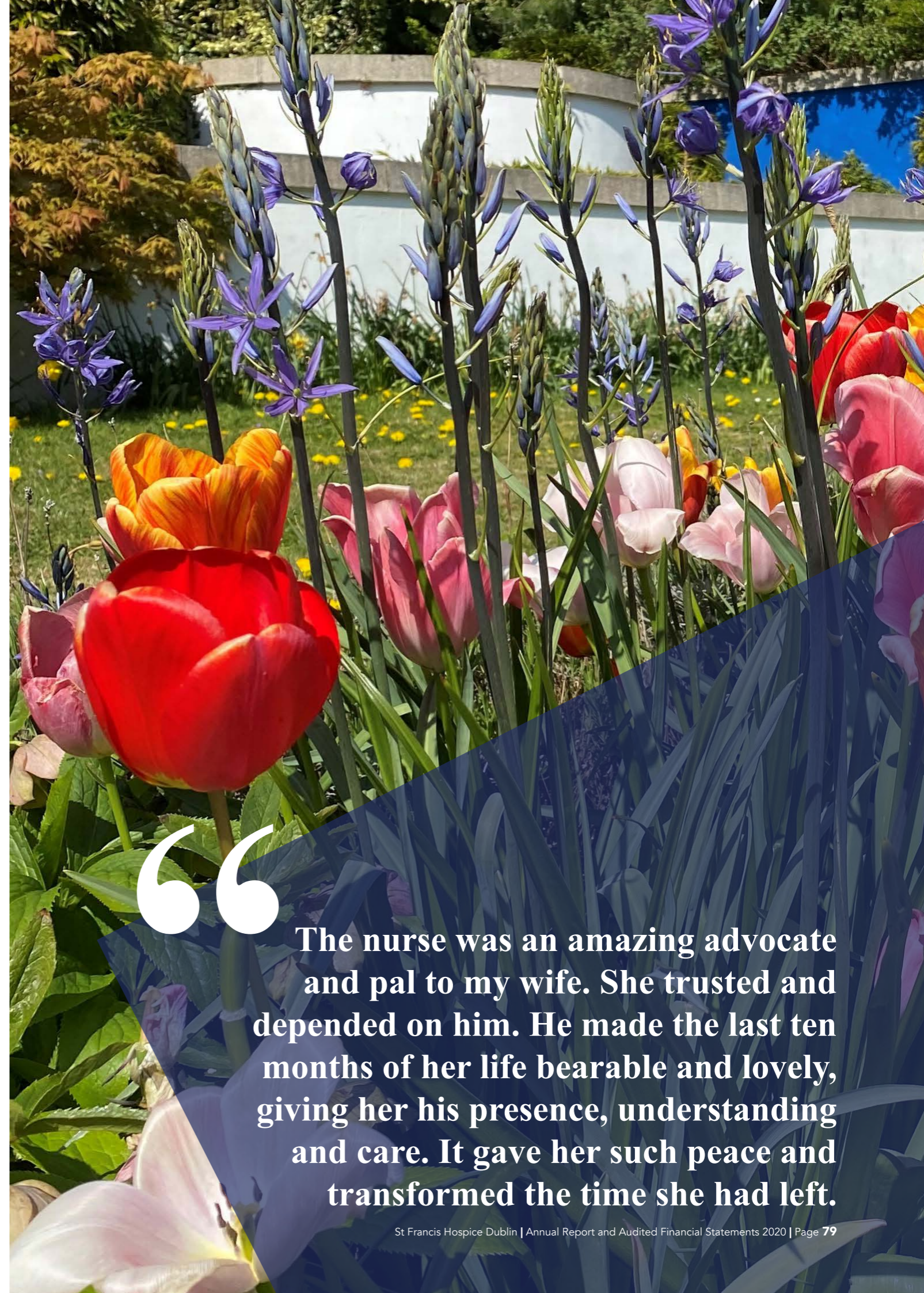
Internal Audit

The Finance Audit Committee continue to focus on assisting the Board in fulfilling its duties by providing an independent and objective review of the financial status and performance.

The following internal audit was carried out during 2020

Date	Audit Area	Audit By
October 2020	Internal Financial Controls Review	Mazars

The improvements recommended by the Internal Auditors were implemented during 2020.



The nurse was an amazing advocate and pal to my wife. She trusted and depended on him. He made the last ten months of her life bearable and lovely, giving her his presence, understanding and care. It gave her such peace and transformed the time she had left.

FUTURE PLANS

Strategic Aim	Areas of Focus
To continue to provide accessible, high level specialist palliative care at no charge to patients and families	Governance
	Finance
	Communications
	Human Resources
	General Services Management
	Leverage technology to optimise care
	Implementation of Green Healthcare at St. Francis Hospice Dublin
	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
To improve access to specialist palliative care services for patients and families	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.
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.

Plan 2021

Complete an external evaluation of the Board of Directors performance.
Engage the services of an external specialist to facilitate the development of the SFHD Strategic Plan 2025.
Seek 100% funding alignment with HSE public sector payscales (public sector pay restoration and pay progression) through Section 38 designation.
Commence the fundraising campaign 'Living Today' to raise funds for the redevelopment of the hospice at Raheny.
The most significant piece of work in this area for 2021 is the redevelopment of the SFHD website.
Complete the public tender procurement process for the new HR system in early 2021 and commence the implementation in the second part of the year.
Complete upgrade and modernisation of the fire alarm system at St Francis Hospice Raheny.
Upgrades and minor refurbishment of in-patient unit for infection control at Raheny hospice.
Refurbishment of furniture at the Blanchardstown hospice.
Installation of a garden pod in the grounds of St. Francis Hospice Raheny.
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.
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 conserve water, reduce healthcare risk waste, reduce food waste, and increase recycling. Work has commenced on the development and progression of 'green healthcare' for St. Francis Hospice. The hospice has been assigned a Section 38/39 Energy Management Engineer from HSE Estates and is now registered on the SEAI Engaging People 2021 Accelerator Programme. The first Green Healthcare Committee meeting will take place in quarter one of 2021.
The priority post for 2020 was a fifth Palliative Medicine Consultant shared with the Mater Misericordiae University Hospital. This post is progressing through the national application process and the hospice continues to pursue it as a priority. The hospice has received HSE funding for a fixed term Advanced Nurse Practitioner candidateship commencing January 2021 and ending June 2022. 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.
Achieve our KPIs and targets as set out in our Service Level Agreement with the HSE.
Engage a design team to commence the work on the detailed design for the redevelopment and preparation of a planning application submission.

DIRECTORS' RESPONSIBILITIES STATEMENT FOR YEAR ENDED 31 DECEMBER 2020

The directors are responsible for preparing the directors' report and the financial statements in accordance with the Companies Act 2014.

Irish company law requires the directors to prepare financial statements for each financial year. Under the law, the directors have elected to prepare the financial statements in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland ("relevant financial reporting framework"). 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 Hospice as at the financial year end date and of the surplus or deficit of the Hospice for the financial year and otherwise comply with the Companies Act 2014.


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

- select suitable accounting policies for the Hospice 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 the 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 Hospice will continue in business.

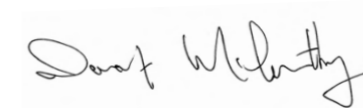
The directors are responsible for ensuring that the Hospice keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the Hospice, enable at any time the assets, liabilities, financial position and surplus or deficit of the Hospice to be determined 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 Hospice and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors are responsible for the maintenance and integrity of the corporate and financial information included on the Hospice's website. Legislation in Ireland, governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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 2020 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 2020 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.

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

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

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.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: <http://www.iaasa.ie/Publications/Auditing-standards/International->

Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-(Ireland)/ISA-700-(Ireland). 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

26th May 2021

Chartered Accountants
Statutory Auditor

Argyle Square
Morehampton Road
Donnybrook
Dublin 4
D04 W9W7

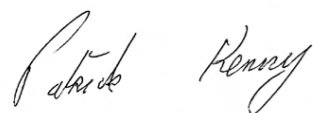
**STATEMENT OF FINANCIAL ACTIVITIES
FOR YEAR ENDED 31 DECEMBER 2020**

	Notes	2020 Restricted funds	2020 Unrestricted funds	2020 Total	2019 Restricted funds	2019 Unrestricted funds	2019 Total
		€	€	€	€	€	€
Income from							
Donations and legacies	3	1,287,282	2,911,038	4,198,320	299,168	2,371,762	2,670,930
Charitable activities	4	16,858,579	7,958	16,866,537	12,535,420	3,589	12,539,009
Other activities	5	3,488	1,822,257	1,825,745	46,053	1,498,759	1,544,812
Investment Income	6	-	37,510	37,510	-	37,500	37,500
Other income	7	67,032	52,427	119,459	67,832	62,699	130,531
Total		18,216,381	4,831,190	23,047,571	12,948,473	3,974,309	16,922,782
Expenditure on							
Raising funds	8	-	602,110	602,110	-	645,450	645,450
Charitable activities	9	16,494,233	1,605,121	18,099,354	12,222,951	5,029,151	17,252,102
Total		16,494,233	2,207,231	18,701,464	12,222,951	5,674,601	17,897,552
Net Income	12	1,722,148	2,623,959	4,346,107	725,522	(1,700,292)	(974,770)
Taxation	13	-	-	-	-	-	-
Transfer to restricted reserve from unrestricted reserve		(433,250)	433,250	-	(558,679)	558,679	-
Net Income for the Financial year		1,288,898	3,057,209	4,346,107	166,843	(1,114,613)	(974,770)
Reconciliation of Funds							
Total funds brought forward	21	1,781,212	24,016,338	25,797,550	1,614,369	25,157,951	26,772,320
Total funds carried forward	21	3,070,110	27,073,547	30,143,657	1,781,212	24,016,338	25,797,550

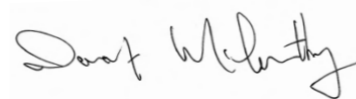
STATEMENT OF FINANCIAL ACTIVITIES FOR YEAR ENDED 31 DECEMBER 2020

	Notes	2020	2019
		€	€
Fixed Assets			
Tangible Fixed Assets	14	29,492,149	30,402,552
Financial Fixed Assets	15	15	100
		29,492,249	30,402,652
Current Assets			
Debtors	16	371,337	249,303
Cash at bank and in hand		1,062,382	1,062,382
		5,157,390	1,311,685
Creditors: Amounts falling due within one year	17	(2,971,653)	(2,001,938)
Net Current Assets		2,185,737	(690,253)
Total Assets less Current Liabilities		31,677,986	29,712,399
Creditors: Amounts falling due after more than one year	18	(1,534,329)	(3,914,849)
Net Assets		30,143,657	25,797,550
Reserves and Funds			
Accumulated funds – restricted	21	3,070,110	1,781,212
Accumulated funds – unrestricted	21	27,073,547	24,016,338
Total Reserves and funds		30,143,657	25,797,550

The financial statements were approved and authorised for issue by the Board of directors on 29th May 2020 and signed on its behalf by:



Patrick Kenny
Director



Dermot McCarthy
Director

STATEMENT OF CASH FLOWS FOR YEAR ENDED 31 DECEMBER 2020

	Notes	2020	2019
		€	€
Cash flows during the financial period			
Net cash generated during the financial period	22	6,844,076	523,428
Cash flows from investing activities			
Interest paid	22	(143,755)	(180,301)
Payments to acquire tangible fixed assets	14	(297,041)	(495,157)
Proceeds on disposal of tangible fixed assets	14	1,000	(495,157)
Net cash flows used in investing activities		6,404,280	(675,458)
Cash flows used in by financing activities			
Repayment of borrowings	18	(2,680,609)	(553,555)
Net decrease in cash and cash equivalents		3,723,671	(705,585)
Cash and cash equivalents at beginning of financial year		1,062,382	1,767,967
Cash and cash equivalents at end of financial year		4,786,053	1,062,382
Reconciliation to cash and cash equivalents			
Cash at bank and in hand		4,786,053	1,062,382

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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 on pages 3 to

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 2016/2017/2019/2020/2020/2021 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.

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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%
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

- 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.
- 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.
- 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.
- Legacies are included when the amount is to be received is probable and can be measured with certainty.
- Investment income is recognised on a receivable basis.

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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.

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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 2020

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	2020 Total	2019 Total
	€	€	€	€
Donations	1,287,282	2,157,038	3,444,320	2,290,761
Legacies	-	754,000	754,000	380,169
	1,287,282	2,911,038	4,198,320	2,670,930

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

4 Charitable Activities

	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€
Health Service Executive				
- Revenue Grants	14,927,927	-	14,927,927	11,894,626
- Other HSE Grants	1,800,000	-	1,800,000	-
- Capital Grants	77,740	-	77,740	450,000
Other Grants	44,812	-	44,812	179,694
Conferences, seminars and research income	-	7,958	7,958	14,689
Child and Family Agency	8,100	-	8,100	14,689
	16,858,579	7,958	16,866,537	12,539,009

5 Other Activities

	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€
Lotteries and Raffles	-	462,830	462,830	458,068
Campaigns and Appeals	-	177,695	177,695	292,925
Fundraising Events	3,488	1,181,732	1,185,220	793,819
	3,488	1,822,257	1,825,745	1,544,812

6 Investment Income

	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€
Deposit Interest	-	10	10	-
Rental Income	-	37,500	37,500	37,500
		37,510	37,510	37,500

7 Other Income

	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€
Other Income	67,032	52,427	119,459	130,531

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

8 Expenditure on Raising Funds

	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€
Raising donations, legacies, corporate donations and regular giving	-	22,328	22,328	11,053
Fundraising activities - campaigns, appeals and events	-	309,571	309,571	378,047
Support costs (Note 10)	-	270,210	270,210	256,350
	-	602,110	602,110	645,450

9 Expenditure on Charitable Activities

	Activities Undertaken Directly	Support Costs (Note 10)	Total 2020	Total 2019
	€	€	€	€
Raheny and Blanchardstown	543,283	3,308,628	3,851,910	3,729,035
Homecare, Raheny Day Care				
In-Patient Unit Raheny	1,927,051	4,202,469	6,129,521	5,835,103
Blanchardstown Day Care and Outpatients	751,253	614,906	1,366,160	1,392,118
In-Patient Unit Blanchardstown	1,801,159	4,950,605	6,751,764	6,295,846
	5,022,746	13,076,608	18,099,354	17,252,102

10 Analysis of Support Costs

	Total 2020	Total 2019	Basis of Allocation
	€	€	€
Fundraising activities (Note 8)	270,210	256,350	Fundraising team % time spent on activities
Charitable activities:			
Raheny and Blanchardstown			Salary Costs -% time spent on activities
Homecare, Raheny Day Care	3,308,628	3,170,684	
In-Patient Unit Raheny	4,202,469	3,835,741	
Blanchardstown Day Care and Outpatients	614,906	620,023	
In-Patient Unit Blanchardstown	4,950,605	4,436,899	
Total	13,346,818	12,319,697	

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

11 Staff Numbers and Costs

	Total 2020	Total 2019
	€	€
The average monthly number of persons employed by the company during the financial year was as set out below:		
Clinical/Nursing	195	192
Other support services	25	21
Administrative and fundraising staff	49	47
	269	260
The aggregate payroll costs of these were as follows:		
Wages and salaries	11,517,634	10,842,891
Social welfare costs	1,256,500	1,145,899
Pension costs	572,687	330,907
	13,346,821	12,319,697
Employee remuneration exceeding €60,000:	2020 Number	2019 Number
€60,000- €70,000	24	20
€70,001- €80,000	7	4
€80,001- €90,000	5	3
€90,001- €100,000	1	1
€100,001- €160,000	2	2
€160,001- €170,000	1	1
€170,001- €180,000	-	-
€180,001- €190,000	-	-
	40	31

12 Net Expenditure

	2020	2019
	€	€
The net expenditure for the financial year is arrived at after charging/(crediting):		
Depreciation	1,206,444	1,258,272
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

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
	€	€	€	€	€	€	€
Cost:							
At 1 January 2020	39,788,586	577,980	577,014	515,379	311,947	4,164,357	45,935,263
Additions	12,997	-	164,771	42,620	-	76,653	297,041
Disposals	-	-	-	-	(119,947)	(2,000)	(121,947)
At 31 December 2020	39,801,583	577,980	741,785	557,999	192,000	4,239,010	46,110,357
Accumulated depreciation							
At 1 January 2020	10,513,811	571,877	492,904	485,233	128,931	3,339,955	15,532,711
Charge for the year	792,796	2,516	19,957	41,135	38,400	311,640	1,206,444
Eliminated in respect of disposal	-	-	-	-	(119,947)	(1,000)	(120,947)
At 31 December 2020	11,306,607	574,393	512,861	526,368	47,384	3,650,595	16,618,208
Net book value:							
At 31 December 2020	28,494,976	3,587	228,924	31,631	144,616	588,415	29,492,149
At 31 December 2019	29,274,775	6,103	84,110	30,146	183,016	183,016	30,402,552

15 Financial fixed assets

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

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

	2020	2019
	€	€
Prepayments	371,337	249,303
	371,337	249,303

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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

	2020	2019
	€	€
Trade creditors	663,554	707,848
Taxation and social welfare	375,799	352,213
Accruals	1,678,834	388,322
Bank loans (Note 18)	253,466	553,555
	2,971,653	2,001,938
The amounts due in respect of taxation and social welfare is comprised as follows:		
PAYE/PRSI	375,799	352,213

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

	2020	2019
	€	€
Bank loans	1,534,329	3,914,849
Bank loans are comprised of the amounts payable as follows:		
Within one financial year (Note 17)	253,466	553,555
Between one and two financial years	628,041	1,107,110
Between two and five financial years	884,497	1,660,665
After five financial years	21,791	1,147,074
	1,787,795	4,468,404

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 1.610%.

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:

	2020	2019
	€	€
Financial assets		
Investment in subsidiary (Note 15)	100	100
Measured at undiscounted amount receivable		
Sundry debtors (Note 16)	371,337	249,303
Financial liabilities		
Measured at amortised cost		
Bank loans and other loans (Note 18)	1,787,795	4,468,404
Measured at undiscounted amount payable		
Trade creditors (Note 17)	663,554	707,848

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 €150,000 at 31 December 2020 (2019: €180,000) 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 €825,000 on 31 December 2020 (2019: €900,000) 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 €630,000 on 31 December 2020 (2019: €675,000) 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	Unrestricted	Total
	€	€	€
Opening balance 1 January 2020	1,781,212	24,016,338	25,797,550
Net expenditure for financial year	1,288,898	3,057,209	4,346,107
Closing balance 31 December 2020	3,070,110	27,073,547	30,143,657

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

	2020	2019
	€	€
Net Income/ (expenditure) for the reporting period	4,346,107	(974,770)
Adjustment for:		
Interest payable and similar charges	143,755	180,301
Depreciation	1,206,444	1,258,272
(Increase) /decrease in debtors	(122,034)	17,604
Increase in creditors	1,269,804	42,021
Net Cash generated during the financial period	6,844,076	523,428

23 Analysis of Changes in Net Debt

	1 January 2020	Cash Flows	31 December 2020
	€	€	€
Cash at bank and in hand	1,062,382	3,723,671	4,786,053
Borrowings excluding overdrafts	(4,468,404)	2,680,609	(1,787,195)
	3,406,022	6,404,280	2,998,258

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 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.

NOTES TO THE FINANCIAL STATEMENTS FOR YEAR ENDED 31 DECEMBER 2020

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 2020.

26 Financial commitments

There are no capital commitments which have been contracted for but not provided in the financial statements as at 31 December 2020 (2019: €Nil). There are no contracted future minimum lease payments under non-cancellable operating leases as at 31 December 2020 (2019: €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 €770,380 (2019: €800,148). Remuneration included salaries, employer PRSI and pension contributions.

30 Approval of financial statements

The directors approved the financial statements on 26th May 2021.





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