



Our  
Lady's  
Hospice  
& Care  
Services

*Respite* Harold's Cross  
*Rehabilitation* Blackrock  
*Reassurance* Wicklow

# 2021

OUR LADY'S HOSPICE  
& CARE SERVICES  
**ANNUAL REPORT**



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# WHO WE ARE

Established by the Religious Sisters of Charity in 1879, the Hospice in Harold's Cross was opened in response to the healthcare needs of the community. Today, Our Lady's Hospice & Care Services (OLH&CS) provides specialist care for a catchment of over a million people with a wide range of needs, from residential rehabilitation to end-of-life care, from our bases in Harold's Cross, Blackrock (est. 2003) and Wicklow (est. 2020).

As the profile and needs of patients has changed over the years, the Hospice formed three core services, which are supported by education and research, as the bedrock of quality healthcare.

Specialist palliative care is delivered in each of our three locations, making us the largest provider in Ireland. As well as in and out-patient services, we have community palliative care teams who had over 6,700 patient interactions (including visits to patients' homes) across South Dublin and Wicklow during 2021.

Our main campus in Harold's Cross houses the Rheumatic & Musculoskeletal Disease Unit, a unique service that enables those with a chronic condition to maintain or improve their quality of living.

Our Care of the Older Person service in Harold's Cross comprises our Community Rehabilitation Unit (CRU) and a residential unit. CRU provides in-patient care for frail people aged 65 years and older who can benefit from a personalised rehabilitation programme. The residential centre, Anna Gaynor House, is a safe comfortable home for older people with high dependencies.

Over 660 medical and general staff and 400 incredible volunteers provide world class person-centred care to help patients and residents achieve their best quality of life and support their families. Every day staff and

volunteers uphold our core values of human dignity, compassion, justice, quality and advocacy.

We passionately believe that everyone living in our community should be able to access high quality person-centred care when they need it. We also believe that our services should be delivered in the most appropriate and effective way to meet the needs of patients and their families.

As we continue to grow, our services adapt to meet rising demand and the increasingly complex health and social care needs of our ageing population with more specialist facilities and services. Our 2017-22 Strategic Plan outlines plans to enhance our care by building capacity, reconfiguring and integrating our services and workforce based on best practice, evidence-based models of care and anticipated future needs.

OLH&CS is funded by the HSE to provide a defined level of service on its behalf and is a section 38 provider with a voluntary Board of Directors. OLH&CS relies on fundraising to enhance patient services and to continue developing its sites.

## Our strategic objectives

1. Be a leader in providing quality and safe services, make a difference to patients and families and build upon our reputation for excellence
2. Commit to developing and continually improving our clinical and corporate infrastructure and process
3. Ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds
4. Embrace a system-wide perspective, working closely with partners, patients/residents and healthcare staff to help meet growing demand



We meet these by applying the principles below:

- Excellence in care – across all our services.
- Integration – to bring our services to a wider cohort of patients and residents.
- Innovation – dynamic and efficient approach to the delivery of service.
- Leadership – making a difference to patients, residents and families.
- Collaboration – with patients, residents and families, policy-makers and funders.

## What we do

### Rheumatic & Musculoskeletal Disease Unit, RMDU (Harold's Cross)

RMDU is unique within the Irish system, with in-patient and out-patient services to assess, treat, support and educate patients with rheumatic and musculoskeletal diseases.

Our expert team works closely with patients to manage pain and symptoms and help them to achieve their best quality of life. The service includes: in-patients, infusion services, out-patient services and is a teaching centre for all disciplines with close links to several acute hospitals and University College Dublin and Trinity College Dublin.

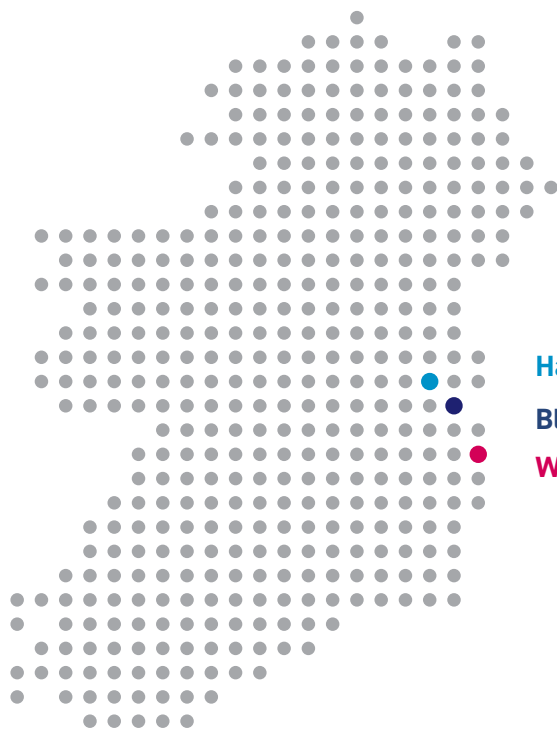
### Extended Care Unit, Anna Gaynor House (Harold's Cross)

Anna Gaynor House is a purpose-built eighty-nine bedded HIQA-registered residential unit providing a safe and comfortable living environment to those with high dependencies who require 24-hour nursing care. Residents are encouraged to participate in whatever way they can to optimise their comfort, function and independence. Our volunteers provide a great deal of valuable support with activities and entertainment programmes.

### Community Rehabilitation Unit, CRU (Harold's Cross)

This Unit works with patients to get the most out of their physical abilities, help with advance care planning, with the aim to avoid hospital admissions.

Each patient receives a tailor-made programme and we work with them on areas of concern e.g. pain management, optimising medication, improving balance, reducing falls, improving function and building their confidence to leave home and join in social events. The increase in demand for this service is in line with increased frailty in our community due to Ireland's ageing population.



Harold's Cross

Blackrock

Wicklow



### Specialist Palliative Care

We provide specialist palliative care to a catchment area of over a million people across South Dublin and Wicklow. Our focus is to improve the quality of life for those with a life-limiting illness. We help patients to live with comfort, dignity and peace of mind, taking a holistic approach to meet the needs of patients and their families. Palliative care involves treating symptoms and providing psychological, social and spiritual support. Most of our work involves caring for people in their own homes through our Community Palliative Care Teams or attendance at out-patient services. We have 36 in-patient beds in Harold's Cross, 12 in Blackrock Hospice and 15 in Wicklow Hospice.

### Bereavement Services

We support families and carers when their loved one is in our care. While many cope with grief with the help of family and friends, some benefit from more specific bereavement support. Individual bereavement counselling is available for children, young people and adults. Much of this work took place by telephone this year, which was challenging but well-received, beneficial and rewarding. An annual grant from TUSLA supports some of the work we do with children and young people. In normal times, we also offer information evenings, non-denominational remembrance services and an annual mass. This year many of these were replaced with video services in an effort to support those bereaved at a difficult time. Services are provided by social workers and highly-trained bereavement volunteers, many of whom have been with us for ten years or more. All services are free of charge to friends and family of patients who have died in our care.

### Education

Education, research and training form the bedrock of quality services for patients and their families. Courses, seminars and workshops are provided in our dedicated education facility. During 2021, these programmes were adjusted and mostly delivered online. Research is carried out across the organisation and is essential to ensure we provide the best care possible. Our Academic Department of Palliative Medicine has close links to Trinity College Dublin and University College Dublin and includes personnel with shared appointments. Its research themes include symptom control, oral problems, sleep/circadian rhythm disorders, remote monitoring, prognostication, and end-of-life care.

### Fundraising

OLH&CS achievements are built upon the generous donations of thousands of individuals, groups and companies every year. Their compassion and generosity, along with funding from the HSE, enables us to continually develop and provide high quality care. Every year we need to fundraise €5.5 million to support our services.

We are truly grateful to all our donors and partners and would like to acknowledge the determination of those who got creative and supported us in many inventive ways throughout 2021 whilst adhering to changing restrictions.

Our communications programme continued to raise our profile, supported fundraising activities and celebrated the stories of our staff, volunteers residents, patients and families with whom we work.





# 3 Locations

Harold's Cross (1879)  
Blackrock (2003) &  
Wicklow (2020)



Certified Great  
Place to Work



# 4,629

patients cared for in  
2021



# 1m+

people in our catchment  
of South Dublin and  
Wicklow



# €5.5m+

needed to support our  
services & shortfall in  
state funding



# 661

employees from  
21 countries



Dementia service supports  
111 patients



# 8,559

virtual reviews  
with patients



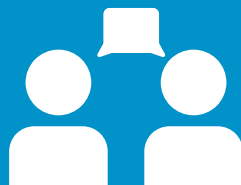
# 521

infusions administered  
by RMDU



# Over 225

volunteers returned to  
support our services!



RMDU Out-patient clinics  
transferred from St Vincent's  
University Hospital. Consultant  
clinics 4 days a week.



# 6,731

visits to patient's homes  
by specialist community  
palliative care nurses

# Chairperson's Report

## Mr. Lorcan Birthistle

Chair of the Board of Directors

**2021 was another extremely challenging year for our patients and residents, their families and our volunteers and staff. The Covid-19 pandemic continued to directly impact our capacity to deliver care and also the manner in which we provided it.**

In the interest of patient and staff safety, Our Lady's Hospice & Care Services continued to apply visiting restrictions and measures such as protective clothing to reduce the spread of Covid-19. On behalf of the Board of Directors, I wish to acknowledge how difficult this was for patients, residents, and their families and friends.

It is also important to acknowledge how difficult this has been for staff, as this way of operating was frequently at odds with the way the organisation has prided itself on delivering care throughout its history.

Sadly in 2021, patients, residents and families continued to experience the heartbreak of being unable to spend valuable time together. Staff and their families also experienced separation having to isolate with Covid-19 symptoms.

In the latter part of the year restrictions were gradually eased, but caution was maintained for vulnerable service users. We were particularly happy to welcome back more of our volunteers, whose absence truly highlighted the level of support and care they provide on a daily basis.

The response of staff across our services continued to be extraordinary. Team dealt with on-going staffing challenges and the unavailability of agency staff. Staff went the extra mile and worked additional hours to maintain safe care. There were redeployments to fill gaps and a number of retired staff returned to work in order to support staffing levels, demonstrating their on-going loyalty to services and service users. Thank you to all involved for your patience and dedication, and we look forward to a return to normality in the future.

The Board of Directors, and the Board Sub-Committees continued to meet, mostly with the use of technology. Progress in line with the Strategic Plan was noted and there were on-going service reviews and initiatives implemented, which you will read about throughout the report.

Plans have been made for renovation works in Blackrock Hospice, which needs to be brought up to the high standard of the palliative care units in Harold's Cross and Wicklow, and this will be completed during 2022. Wicklow Hospice, though only opened a year, has reached maximum occupancy, despite the initial challenge of recruiting staff. We also commenced planning for refurbishment of our older persons unit and out-patient facilities to ensure the highest standard environment for all who need our care.

On behalf of the Board of Directors, I would like to acknowledge the work of our CEO, Audrey Houlihan, and the Management Team, who collectively did their utmost to maintain service levels and service quality. Staff have continued to demonstrate the values of the organisation over the past two years, despite the many personal and work challenges they experienced. Covid-19 outbreaks within the organisation were limited, and well controlled, which has been acknowledged by the Department of Public Health.

I would like to thank the HSE for funding Our Lady's Hospice & Care Services, and for their recognition of the need for service developments and funding. The Hospice now has Service Level Arrangements with two different Community Health Offices – CHO6, Blackrock and Wicklow, and CHO7, covering Harold's Cross, and we continue to have a good working relationship with the relevant HSE Managers. We advanced the development of a new service level agreement for our Rheumatic and Musculoskeletal Disease Unit with the HSE acute hospitals division, which will support on-going delivery of the excellent care provided and future service developments.



In September, Mr Brian Murray stepped down as Chairperson of the Board and Mr Stephen Walsh stepped down Board member after nine year's service. I would like to place on record our sincere appreciation of the exceptional service both provided to the organisation during their tenure.

It was a great honour for me to be elected to Chair of the Board of Our Lady's Hospice & Care Services. I have a long-standing appreciation of the services provided and have direct experience, within my own family, of the exceptional care delivered by the staff.

Our Lady's Hospice & Care Services has always been rooted in responding compassionately to the needs of the community it serves. We rely on the support and

trust of the community to deliver the standard of care to which we aspire. I hope that my 40 years' experience in healthcare, 20 of which at CEO level, will be of benefit to the continued development and delivery our services.

I would also like to thank the members of the Board for their support throughout 2021 and for their ongoing commitment. The Board members provide their outstanding collective expertise and experience on a purely voluntary basis to support and develop the services we are privileged to provide to our patients and their families.



# CEO's Report

**Audrey Houlihan**

Chief Executive Officer

2021 was a significantly challenging year for Our Lady's Hospice & Care Services (OLH&CS) due to the ongoing Covid-19 pandemic and I would like to acknowledge the invaluable contribution of every member of staff who made significant sacrifices during the year to ensure that quality services were maintained.

The high levels of Covid-19 in the community were mirrored in the organisation and resulted in high levels of absenteeism due to both incidences of Covid-19 and isolation periods. Compounding the issue, the organisation was restricted in its ability to redeploy staff or hire agency staff in clinical areas due to the risks involved. Despite all of this, activity was sustained throughout the year.

The pandemic impacted significantly on all patients, residents and their families and carers. Strict restrictions around visiting were applied in compliance with national guidelines. However, given the nature of our services and our holistic approach to patient-care, it was extremely tough to enforce these restrictions.

It is inevitable that the prolonged presence of the pandemic had an effect on patients, residents, families, along with staff and their families. As we learn to live with Covid-19, we look forward to living our lives closer normal. We are most grateful to all staff for their loyalty and dedication to the patients and residents under our care. We appreciate the many personal sacrifices made by each staff member to maintain services.

Having adapted to the challenges of the pandemic, our activities were further hampered by cyber-attacks on the Health Services Executive (HSE). Fortunately, due to strong security measures, there was no successful breach of our own systems and continuity of services was ensured. Systems shared with the HSE were impacted and there were internet access issues. Thanks to all the

teams involved and those who adapted to new ways of working until these issues were resolved. Following a full security review a vulnerability management system was implemented.

## Services and Activity

Despite the many challenges, our services continued to deliver top quality, professional care, with some variations on previous years.

Although, the number of patients admitted to Palliative Care was lower than normal, there is a direct correlation with the significant increase in referrals to the specialist Community Palliative Care Teams (CPCT) across Dublin and Wicklow. Similar to 2020, much of this activity was driven by patient's concerns about being admitted to the in-patient unit because of the restrictions on visiting in line with public health guidance.

The activity statistics for 2021 reveal the impact of the pandemic on each of our in-patient units (page 12).

The Rheumatic Musculoskeletal Disease Unit's (RMDU) revised model and out-patient service has been a great success. Having opened in 2020 in response to increased demand, a vast number of patients has been cared for in these out-patient clinics enabling the reduction of the numbers of patients awaiting admissions for in-patient treatment. This contributes to a huge improvement in the quality of life for patients, allowing them to receive treatment without having to take long stretches of time off work.

During 2021 the Older Persons Unit's also adapted its plans and progressed its out-patient services for dementia support and cognitive stimulation. The Community Rehabilitation Team met the needs of the acute services as well as the demand of those in the community seeking support to maintain their independence and live in their own homes. The team in Anna Gaynor House was ably supported by a 'visiting team' who worked with residents, families and staff







to arrange safe visiting and video calls to promote wellbeing.

### Overview of new and developing services

During 2021, 4,629 patients accessed our services and there were 1,384 in-patient admissions. The headline figures below demonstrate the organisations continued focus on developing services to meet the community's needs by providing the right care, in the right place, at the right time and by the right team in line with HSE's objectives and our own strategic plan.

- New patients for Specialist Community Palliative Care (Harold's Cross / Blackrock / Wicklow): 1,931
- Palliative Care Advanced Nurse Practitioner new patients seen: 46
- RMDU: new patients seen: 1,051
- RMDU Infusions patients seen: 164 (521 infusions administered)
- Older Persons Out-patients: new patients seen 53

### Finances

An overview of finances for 2021 is shown below against the HSE budget of €36.3m. The finance report gives further details and the audited accounts are available on our website [olh.ie](http://olh.ie)

The overall positive variance is due to additional income fundraised from the public. Further to the 2020 annual report, the organisation received additional HSE funding towards Covid-19 which was recorded in 2020, of which €1.988m was utilised against 2021. The additional funding from the HSE covered Covid-19 related costs and reductions in private insurance income. We also feel incredibly privileged to receive the highest-ever level of fundraising income from the public.

### Achievements

While facing many challenges this year, the team made significant progress across the objectives Strategic Plan

We passionately believe that everyone living in our community should be able to access high quality, excellent and person-centred care when they need it. Based on our values, we believe that our services should be delivered in the most appropriate and effective way to respond to the needs of the individual and their family.

The activity statistics for 2021 reveal the impact of the pandemic on each of our in-patient units:

SERVICE	'17	'18	'19	'20	'21	VARIANCE
Palliative Care, Harold's Cross	603	596	621	543	478	-12%
Palliative Care, Blackrock	198	204	238	217	147	-32%
Palliative Care, Wicklow	-	-	-	2	127	
RMDU, Harold's Cross	851	806	799	363	321	-12%
Anna Gaynor, Harold's Cross	100	163	176	65	88	35%
CRU, Harold's Cross	353	356	330	219	223	2%
	<b>2,105</b>	<b>2,125</b>	<b>2,164</b>	<b>1,409</b>	<b>1,384</b>	<b>-2%</b>

SERVICE	'17	'18	'19	'20	'21	VARIANCE
Specialist Community Palliative Care Activity 2021	'17	'18	'19	'20	'21	Variance
Total Patients Seen	1,401	1,499	1,525	1,693	1,931	14%
Total Referrals*	1,278	1,324	1,387	1,601	1,815	13%
Total Visits (including virtual)	<b>10,718</b>	<b>11,858</b>	<b>11,155</b>	<b>14,064</b>	<b>16,957</b>	<b>45%</b>

- Note: this includes internal referrals e.g. patients discharged from palliative care in-patient unit may be referred to the specialist community palliative care team



Wicklow Hospice, celebrated its first anniversary in December 2021 and exceeded all targets for the year. During the year, the team grew and the service was brought to near full level staffing and activity greatly increased to meet the demand from the local community.

Work on the designs and plans for the planned renovation works in Blackrock Hospice continued during the year. To facilitate this project, the in-patient unit was relocated temporarily to Harold's Cross at the end of 2021. At the same time, the Community Palliative Care Team moved to its new temporary location in Merrion, enabling the team to efficiently serve the local population and to facilitate out-patient visits to the specialist team.

We were pleased to launch our 'Commitment to Excellence Framework', which was developed to enables us to formally focus on and enhance our culture of continuous quality improvement and is relevant for all clinical, non-clinical staff and volunteers.

Thanks to upgrades to the RMDU infusion suite, we were able to increase capacity to meet the growing

demand amongst patients for the delivery of this important service, which transferred from St Vincent's University Hospital.

In the first quarter of 2021, Professor Andrew Davies took up the role of Joint Professor of Palliative Medicine between OLH&CS, Trinity College Dublin and University College Dublin, this is an important position, that will enhance the development of education and research across each of the organisations and the palliative care sector in Ireland.

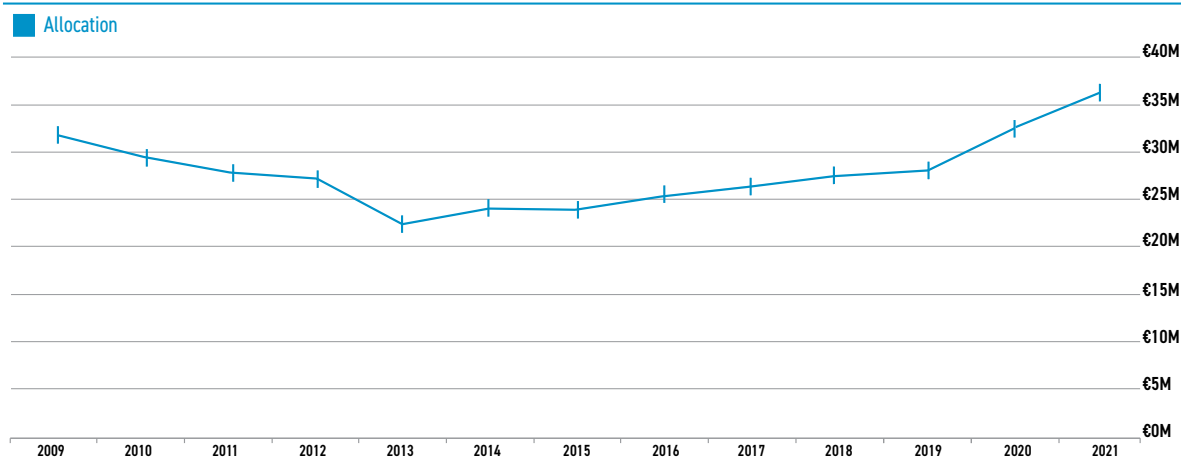
Following positive feedback from a pilot trial by the Older Person's Services team, we were delighted to introduce an Alzheimer's café in Harold's Cross during 2021 to provide an opportunity to socialise and seek advice in a safe, welcoming environment.

An interesting pilot initiative, building on our community outreach, is the Community Companionship programme established by the volunteer service. It has been designed to provide companionship support to patients in their own homes. It has been very positively received and will be developed and refined in line with requirements and feedback.

#### Overview of Operational Finances 2021

	OPERATIONAL € million	ACTUAL € million	VARIANCE € million
<b>Income</b>	2,642	15	2,657
<b>Pay</b>	(2,689)	(46)	(2,736)
<b>Non - Pay expenses</b>	(331)		(331)
<b>Total</b>	<b>(379)</b>	<b>(31)</b>	<b>(410)</b>

#### Core HSE Funding



\*2021 includes allocation for Wicklow Hospice

As Chief Executive Officer, I am proud to work alongside a very effective Management Team, and we acknowledge the solid support of the Board of Directors. I would like to thank our departing Directors, in particular our outgoing Chair Mr. Brian Murray for their commitment and dedication during their time as Directors.

I am very proud of the committed staff in the organisation, across our three sites. In addition, the steadfast support of our volunteers is truly invaluable to our services, and we gratefully welcomed many more back in to our services during 2021 and we look forward to this continuing next year.

I would also like to acknowledge the amazing support of the public and local community that enables us to provide enhanced services in a high-quality environment, and for which we are very grateful. Your long-standing support has led to a stellar partnership between the Hospice and community that makes an incredible difference to all who need our care. Your generosity during 2021 led to the most successful year ever in terms of fundraising for the organisation with over €7.35 donated to fund our work. Despite the challenges of restrictions our supporters reminded us that although distanced they remained shoulder to shoulder with us. I thank you all for the myriad of different ways you showed your support for our work.



Commitment  
to Excellence  
Framework launched



1,384 in-patient  
admissions



Pictured with CEO Audrey Higgins are public representatives attending an update briefing in Harold's Cross.

# Strategic Plan 2017-2022

*A Five Year Plan to Enhance Our Care 2017-2022 is the strategic framework within which we operate. It is ambitious and progressive and strives to provide the best quality of life for our patients and residents. It set out to integrate our approach to the delivery of care across our three specialisms.*

As people are living longer and have more complex care needs, healthcare professionals must provide even more specialist facilities and services of the highest quality to meet these critical requirements. This Strategic Plan was developed in response to these challenges and guides the changes required to meet growing demand.

Developed in line with best national and international practice, the plan sets out four objectives:

1. Be a leader in providing quality and safe services, make a difference to patients and families and build upon our reputation for excellence
2. Commit to developing and continually improving our clinical and corporate infrastructure and process
3. Ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds
4. Embrace a system-wide perspective, working closely with partners, patients/residents and healthcare staff to help meet growing demand

These combine immediate priorities with on-going and future requirements responding to the changing models of health care delivery. They are influenced by the wider healthcare context and factors likely to affect future demand and funding including: population and demographic changes, policy developments, the increasing prevalence of disease and patient preferences.

We continued to make good progress on the delivery of the organisation's strategic objectives during 2021 while continuing to manage the various challenges of the pandemic and HSE cyber-attack. Adaptations to services were made in line with our Strategic Plan's intentions.

The following tables highlight some developments during 2021.



## Strategic Objective One:

Be a leader in providing quality and safe services, make a difference to patients and families and build upon our reputation for excellence

SERVICE AREA	2017-2022 PRIORITIES	2021 KEY ACTIONS	2021 KEY OUTCOMES
<b>Specialist Palliative Care</b>	<ul style="list-style-type: none"> <li>Review of services to ensure alignment with National Clinical Care Programme, HSE Development Framework and Commissioning Model and Sláintecare</li> </ul>	<ul style="list-style-type: none"> <li>Continued care provided during on-going COVID-19 challenges.</li> <li>Bringing Wicklow Hospice fully onstream, to full bed capacity and embedding service in local area</li> <li>Development of Academic Dept of Palliative Medicine</li> <li>Progress on PCOC (Palliative Care Outcomes Collaboration Programme) journey</li> <li>Planning for seamless quality and safety of service for the Blackrock refurbishment</li> </ul>	<ul style="list-style-type: none"> <li>Operational flexibility around COVID-19 waves and vaccination programme</li> <li>Wicklow Hospice Specialist Palliative Care Unit to capacity and building corresponding team</li> <li>Joint Professor of Palliative Medicine with Trinity College Dublin and University College Dublin took up post in early 2021</li> <li>Engagement with PCOC, refining process to drive outcomes. Appointment of PCOC facilitator. Bringing Wicklow Hospice online to PCOC</li> <li>Detailed clinical and operational planning for safe decant of Blackrock Hospice patients to Harold's Cross Hospice. Blackrock Hospice closed to patient admissions in December 2021 to allow for refurbishment commencing in 2022</li> </ul>
<b>Fundraising and Communications</b>	<ul style="list-style-type: none"> <li>Awareness and profile</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus to build upon our reputation and profile as well as positioning OLH&amp;CS as a centre of excellence across our three specialisms</li> <li>On-going communications to support fundraising and sustain fundraising income were possible as events continued to be impacted by covid-19 restrictions</li> <li>Complete consultative branding project to reflect breadth of OLH&amp;CS services</li> <li>Commence the development of a new OLH&amp;CS website</li> </ul>	<ul style="list-style-type: none"> <li>Despite the on-going challenges of covid-19 throughout 2021, media coverage achieved to highlight OLH&amp;CS' clinical expertise and support fundraising activities</li> <li>A review of the OLH&amp;CS brand commenced to ensure that our brand represents a progressive organisation at the forefront of clinical excellence as well as reflecting the breadth of our services and scale of our organisation. The project will be on-going throughout 2022</li> <li>Project commenced to review our website look and feel, content, user experience, functionality and organisational and security requirements. The project will be on-going throughout 2022</li> </ul>

## Strategic Objective Two:

Commit to developing and continually improving our clinical and corporate infrastructure and process

Service Area	2017-2022 Priorities	2021 Key Actions	2021 Key Outcomes
<b>Specialist Palliative Care</b>	<ul style="list-style-type: none"> <li>Service review</li> </ul>	<ul style="list-style-type: none"> <li>Community palliative care Team (CPCT) service review and preparation of strategy document</li> <li>Plans to refurbish Blackrock Hospice finalised</li> <li>Response to cyberattack, care during pandemic</li> <li>Maintain dialogue with HSE re electronic healthcare record system</li> </ul>	<ul style="list-style-type: none"> <li>CPCT strategy document forms basis for regular CPCT strategy meetings. Workstreams include MDT (multi-disciplinary team) meeting review and change, whole team agile CPCT service delivery, team education</li> <li>Blackrock hospice closes December 2021, patients transfer to Blackrock ward onsite in Harold's Cross, CPCT moves to a Merrion site</li> <li>Key permanent consultant appointments in Wicklow and Blackrock / St. Vincent's University Hospital (SVUH). Approval for St. James Hospital (SJH) / OLH&amp;CS post</li> <li>Clinical impact from cyberattack minimal, due to organisation's response plan. Ongoing working groups around Covid response and care delivery</li> <li>EPR (electronic patient record) / CMS (clinical management system) - clinical support to BIU's (Business Intelligence Unit) Business case</li> </ul>
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>Review learning, training and development (LTD) opportunities within organisation</li> <li>Encourage staff to have a strong sense of connection to the service, to take personal responsibility for achieving better outcomes and support colleagues to deliver results</li> </ul>	<ul style="list-style-type: none"> <li>Existing leadership curriculum enhanced in line with best practice and new programmes developed. Clear framework developed outlining pathways for leadership development, career progression and succession planning</li> <li>Establishment of focus groups and development of action plan for <i>Great Places to Work</i> (GPTW) survey based on staff feedback</li> </ul>	<ul style="list-style-type: none"> <li>In collaboration with third party training providers, increased focus on providing access to additional leadership development programmes continued. New, shorter in-house programmes were developed and rolled out including Interview and CV Training Skills and Enhanced Induction for Managers programme. Short HR Information sessions reintroduced with topics in response to the GPTW staff survey outcomes</li> <li>Identified coordination group members from all areas of the organisation to identify and develop project plans to action GPTW staff survey feedback. Provided project management training. Projects commenced Q4 2021.</li> <li>OLH&amp;CS Mission Committee ensured that the mission and core values spread throughout the organisation through groups such as the Employee Wellbeing Group, the Diversity group and the Staff Council</li> </ul>

Service Area	2017-2022 Priorities	2021 Key Actions	2021 Key Outcomes
<b>Fundraising and Communications</b>	<ul style="list-style-type: none"> <li>Sustainability in fundraised income</li> <li>Integration with Wicklow Hospice</li> </ul>	<ul style="list-style-type: none"> <li>Preparations for Blackrock Hospice refurbishment appeal</li> <li>On-going implementation of our donor journey framework</li> <li>On-going Fundraising and Communications response to Covid-19</li> <li>Continued integration of fundraising practice and procedures in relation to Wicklow Hospice</li> </ul>	<ul style="list-style-type: none"> <li>Blackrock Hospice closed to patient admissions in December 2021 to allow for a complete refurbishment of the site. The Blackrock case for support was finalised in advance of the construction work commencing in early 2022 as Fundraising will fund 100% of the construction costs or c. €6.5m of a total refurb cost of c. €7m. By Y/E 2021, over €4.3m as raised for this urgent appeal. The refurb will extend all patient bedrooms and upgrade clinical and patient areas. The fundraising campaign will be on-going throughout 2022</li> <li>Following a 2019 comprehensive review of donor mapping, communications and analytics, we continued implementing our donor journey framework. The focus in 2021 was scoping door-to-door fundraising with a view to launching this new income stream in 2022 to stabilise and grow direct fundraised income. The project will be on-going in 2022 with a view to launch in Q4 TBC</li> <li>As with many frontline organisations, Covid-19 continued to have a challenging impact on our ability to raise funds throughout 2021 as fundraising events were cancelled or severely impacted by restrictions. Where possible, we trialled new innovative approaches or continued to host virtual events where possible. In 2021, we raised xxx or + xxx%* on the previous year and we are extremely grateful to our donors who supported us throughout a challenging year. *We were also recipients of IIP funding (Ireland Immigrant Investor Program Investment Fund) in 2021</li> <li>Wicklow Hospice fully transitioned to OL-H&amp;CS corporate and clinical governance in November 2020. Throughout 2021, on-going fundraising integration took place to align with fundraising practice across our Harold's Cross and Blackrock Hospice sites, as appropriate</li> </ul>

## Strategic Objective Three:

Ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds

Service Area	2017-2022 Priorities	2021 Key Actions	2021 Key Outcomes
<b>Specialist Palliative Care</b>	<ul style="list-style-type: none"> <li>Review of services ensuring alignment with National Clinical Care Programmes, HSE Development Framework and Commissioning Model and Sláintecare</li> </ul>	<ul style="list-style-type: none"> <li>Review of clinical and corporate governance (HSE funded) commenced</li> <li>Secure key consultant appointments</li> <li>Clinical governance planning around accommodation of Blackrock Hospice service onsite in Harold's Cross and Merrion</li> </ul>	<ul style="list-style-type: none"> <li>OLH&amp;CS engagement with Governance Review</li> <li>Recruitment in Wicklow Hospice (0.5 WTE / whole time equivalent), SVUH / Blackrock Hospice successful and SJH / OLH&amp;CS post underway</li> <li>Blackrock Hospice move - workforce planning, safe coordination of out of hours on call rota, planning for seamless, safe, high quality of care.</li> </ul>
<b>Older Persons Service – Anna Gaynor House Residential Unit</b>	<ul style="list-style-type: none"> <li>Review of services ensuring alignment with cost of care and the needs of the community</li> </ul>	<ul style="list-style-type: none"> <li>Regular review of model of care</li> <li>Respite service re-established in July 2021 following COVID-19 restrictions to the service, second respite bed added September 2021</li> </ul>	<ul style="list-style-type: none"> <li>New RANP (Registered Advanced Nurse Practitioner) post established for Older Persons Service</li> <li>Anna Gaynor House Capital Scoping Project commenced</li> <li>Additional support for CHO7 community service with the addition of the second dementia respite bed</li> </ul>
<b>Fundraising and Communications</b>	<ul style="list-style-type: none"> <li>Compliance with the Charities Regulator's <i>Governance Code</i></li> </ul>	<ul style="list-style-type: none"> <li>Continued compliance with the <i>Governance Code</i></li> </ul>	<ul style="list-style-type: none"> <li>Annual review of OLH&amp;CS <i>Governance Code</i> declarations completed and approved by OLH&amp;CS Board of Directors during Q4</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>Model review</li> <li>Funding</li> </ul>	<ul style="list-style-type: none"> <li>Support proposed service restructures, following model of care reviews across clinical specialities and sites, incorporating cost of care and manpower planning</li> <li>Review the impact of private income as a source of funding and impact of COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Continued progress made in value for money cost-containments and on-going structural reviews</li> <li>Funding received to assist palliative private care income deficits. Discussions on-going in relation to the remaining private income deficits in order to help address remaining gaps in baseline funding</li> </ul>



## Strategic Objective Four:

Embrace a system-wide perspective, working closely with partners, patients/residents and healthcare staff to help meet growing demand

Service Area	2017-2022 Priorities	2021 Key Actions	2021 Key Outcomes
<b>Older Persons Service - Community Reablement Unit (CRU)</b>	<ul style="list-style-type: none"> <li>Review of services ensuring alignment with cost of care and needs of community</li> </ul>	<ul style="list-style-type: none"> <li>Seven-day service embedded to support acute hospital and community partners.</li> </ul>	<ul style="list-style-type: none"> <li>RANP (Registered Advanced Nurse Practitioner) led Outpatients Clinic established</li> <li>CST (Cognitive Stimulation Therapy) Programme returned to face to face sessions</li> <li>POD's system (Patients Own Drugs) introduced to CRU</li> </ul>
<b>Specialist Palliative Care</b>	<ul style="list-style-type: none"> <li>Review of services ensuring alignment with National Clinical Care Programme, HSE Development Framework and Commissioning Model and Sláintecare</li> </ul>	<ul style="list-style-type: none"> <li>National engagement at corporate and clinical level, through VHG (Voluntary Hospice Group) and NCPPC WG (National Clinical Programme for palliative care Working Group) for example</li> <li>Community palliative care model - national and local discourse, fit with Sláintecare and ICPs. (integrated care programmes)</li> <li>New policy for palliative care from Department of Health planned</li> </ul>	<ul style="list-style-type: none"> <li>NCPPC work around paediatric pall care, PCSBs (palliative care support beds), PCOC (Palliative Care Outcomes Collaboration Programme), but change of leadership stalled progress from mid-2021</li> <li>CPCT (Community palliative care team) strategy meetings, discourse with other service providers: local collaborations e.g. ICOP (Integrated care programme for older persons) / CPCT Harold's Cross for dementia patients.</li> <li>In step with system wide covid policy and approaches, whilst recognising distinctness of Specialist Palliative Care Unit.</li> <li>Wicklow Hospice embedding within local community, building profile</li> <li>Department of Health planned policy - leverage all opportunity to be key informants, provide stakeholder feedback and engage.</li> </ul>
<b>Rheumatic and Musculoskeletal Disease Unit (RMDU)</b>	<ul style="list-style-type: none"> <li>Review of services ensuring alignment with National Clinical Care Programme and Sláintecare</li> </ul>	<ul style="list-style-type: none"> <li>* Grow the infusion service to maximise capacity</li> <li>* KPI's for RMDU out-patients department and in-patient unit established</li> <li>* Increase access to outpatients Occupational Therapy and Physiotherapy including aquatic physiotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Increased range of medications administered within infusion service to increase capacity. In 2021, there was 300% increase in infusions administered</li> <li>Targets achieved across all services</li> <li>Dedicated staff assigned to meet growing demand and establish service</li> </ul>
<b>Fundraising and Communications</b>	<ul style="list-style-type: none"> <li>Development of the national fundraising movement</li> </ul>	<ul style="list-style-type: none"> <li>On-going support for <i>Together for Hospice - The National Fundraising Movement</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Together for Hospice - The National Fundraising Movement</i> (TFH) was officially launched in 2020 and continues to be based at, and supported by OLH&amp;CS, as host site. TFH is responsible for rolling out national activities / campaigns on behalf of participating hospices nationwide</li> </ul>
<b>Non-Clinical Services</b>	<ul style="list-style-type: none"> <li>Service Integration</li> <li>Environmental</li> </ul>	<ul style="list-style-type: none"> <li>Wicklow Hospice successfully integrated</li> </ul>	<ul style="list-style-type: none"> <li>Non-Clinical services aligned across our three sites. Many contracts expanded to include Wicklow Hospice.</li> <li>Continuing to work with HSE Estates to identify Energy efficient projects</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>Telephony, IT integration and connectivity</li> <li>HSE cyber-attack response</li> </ul>	<ul style="list-style-type: none"> <li>Remote Access Infrastructure Review</li> <li>ICT Resources for Staff to support day ICT use</li> <li>Security Framework Implementation</li> <li>Support Blackrock refurb project</li> <li>ICT lead all site response to HSE cyber-attack during 2021</li> </ul>	<ul style="list-style-type: none"> <li>New Solid State remote access server deployed for staff use to greatly improve performance and user experience. VPN services installed and a move away from gateway services</li> <li>Multi Factor Authentication implemented on all remote access and remote services such as email and Microsoft Teams</li> <li>ICT Learning Hub published to our Staff Portal. The site contains numerous of step by step tutorials covering all aspects of day to day ICT in the hospice</li> <li>ICT "Ask Us Anything" clinic run weekly</li> <li>Centre for Information Security framework benchmarks configured across all applicable infrastructure</li> <li>New site set up in Merrion Road to allow for Blackrock Hospice refurbishment. ICT services deployed with WAN connection configured to provide full network access</li> <li>Ensuring continuity of service where possible during and post the HSE cyber-attack. Full security review took place and vulnerability management system implemented.</li> </ul>

# Nursing, Quality and Clinical Services

## Mary Flanagan

Director of Nursing, Quality and Clinical Services

2021 was a very challenging year, in which the nursing and clinical teams worked collaboratively to adapt to the Covid-19 pandemic, in the best interests of patients and residents.

As the year began, we could not have anticipated the many trials that lay ahead. As everyone stepped up to the challenge and played a vital role to contain the spread of the virus, we also kept a focus on maintaining services. It has been very humbling to witness how individually and collectively our teams were responsive and creative in facing the rapid changes and continued to deliver the care we all want: which is safe, effective and compassionate.

While we cannot underestimate the impact of the Covid-19 pandemic, this report highlights how we responded to those challenges, but also the learning and improvements that have emerged. These have influenced the ways in which we work, strengthening our partnership working internally and externally to find solutions to the way we deliver our services.

### Nursing

During 2021, the nursing workforce responded to the competing demands as a result of Covid-19. These included, but were not limited to, ever-changing public health advice, the management of surges and outbreaks coupled with consequent reduced staffing.

We continued to ensure we had the right resources in the right place to respond to demands such as staff and resident swabbing, contact tracing, implementing antigen testing and ensuring that our residents and patients could have visitors in a safe way. This would not have been possible without the support of other members of the OLH&CS team, taking on new roles and tasks to navigate our way through it. The willingness to lend a hand because the imperative was patient and staff safety was always done with a smile! Preparations for the planned renovations in Blackrock took place in the last quarter and the transition to a new base for the

community team and inpatient unit was exceptionally smooth.

Aligned to Strategic Objective 4, we continued to build on our use of technology to reach out to patients and with the assistance of the educational technologist and the practice team, many education programmes moved to our in-house virtual platform. This ensured staff could meet their mandatory education requirements. Despite the cyber-attack in June, which limited access to some systems including laboratory reports, staff ensured that there was minimal disruption to services. Consistent with Strategic Objective 4 we continued to build on the numbers of patients seen in out-patient services and expanded the range of clinics available e.g. Advanced Nurse Practitioner led-clinics in gout and dementia.

Funding was made available to appoint an in-house facilitator to support the Palliative Care Outcomes Collaboration (PCOC) PCOC initiative. This enables ongoing support for the palliative care service and the development of consistent practices in the collection of patient outcome measures. It also facilitates opportunities for services to use data as the basis for quality improvement initiatives meeting Strategic Objective 1.

Expanding knowledge and meeting the professional development needs of staff was enhanced during the year through a stronger partnership with education and practice in line with Strategic Objective 1. The development of programmes in the area of continence management and diabetes ensures that care is evidence based and up-to-date.

### Quality and patient safety

Underpinning the delivery of all our services is the commitment to ensuring high quality and safety. The Quality and Safety committee has a key role in ensuring oversight and adherence of the quality and risk management functions within OLH&CS. Quality and risk management are complementary and, together, are key components of healthcare governance.





The Quality and Safety Committee receives assurances through written reports, both regular and bespoke from a number of subcommittees such as drugs and therapeutics, health and safety in line with Strategic Objective 2. They also receive and analyse reports on incidents and near misses to ensure lessons are learned and risks are assessed, managed and mitigated. In 2021, a total of 922 incidents were reported including Covid-19 related incidents.

By investing in education for staff such as after-action review training and risk register training we continue to ensure that staff understand quality and risk as an essential part of their work.

In 2020 we launched the Commitment to Excellence Framework establishing a 'whole systems approach' to improving quality as set out in our strategic plan and meeting Strategic Objective 2.

During 2021, we built on this by putting systems in place to ensure we considered new and better ways to align our existing processes and foster a culture of quality that continuously seeks to improve. To achieve this, a number of staff embarked on a focused education programme to establish a network of improvers. The framework, supports greater coordination, alignment and focus for improvement work across services and creates the right conditions and environment for improvement provides a clear and understandable guide for staff, patients and residents and the board.

## Clinical Services

### Occupational Therapy

In line with Strategic Objective 4 and following on from the introduction of Occupational Therapy (OT) role to the community palliative care team in Harold's Cross in

2020, this role was strengthened and developed during 2021. Blackrock out-patients also commenced with Occupational Therapy providing symptom management. In Wicklow, the service continued to grow and following training the Occupational Therapist became the Wicklow Safety Representative. Working with physiotherapy colleagues, a fatigue management group was developed for patients living in the community.

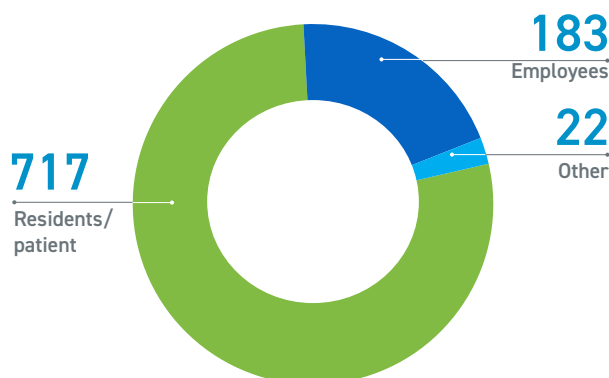
In line with Strategic Objective 4 a community of practice was developed with colleagues in St. Francis Hospice creating opportunities to meet specialist palliative care education needs as a collective, creating a forum also for sharing information on service initiatives.

In RMDU, Occupational Therapy continued to develop out-patient referral pathways in collaboration with nursing, physiotherapy and patient service colleagues. In August 2021 the Rapid Access pathways for Vocational Rehabilitation and Hand Therapy referrals was launched. Increased collaboration between nursing and OT supports timely referrals to OT from those attending the Reproductive Health clinic. A research article on the OT-led Lifestyle Management Arthritis Group was published in the British Journal of Occupational Therapy (Dec 2021).

In Older Persons Services, Cognitive Stimulation Therapy (CST) returned to in-person groups in 2021, having been supported virtually through 2020 and early 2021. OLH&CS was a recruitment site for a large-scale research project on virtual CST in collaboration with University College London and an article was accepted for publication in December 2021 in line with Strategic Objective 4. OT continued to contribute the CRU Dementia Support Outpatient Service on a referral basis through 2021 meeting Strategic Objective 4.

## Incidents by groups of people 2021

922 incidents were reported in 2021 representing a small increase on 2020





By collaborating with the fundraising team additional funding was secured to continue the GrandPad initiative allowing patients/residents to keep in touch with their community of loved ones. GrandPads are intuitive, easy to use touch screen devices that facilitate video calls and other individual meaningful occupations including: music, current affairs and internet searching and game playing.

Practice Education delivery remained challenged by Covid-19, however the OT Service facilitated eight TCD occupational therapy undergraduate students over the course of 2021 in line with Strategic Objective 1

### Physiotherapy

The physiotherapy service ensures that patients and residents are provided with a holistic and evidence-based approach to maximising their mobility, function and quality of life working in conjunction with other members of the multidisciplinary team.

The goal of physiotherapy is to improve mobility and overall function using a variety of approaches including: individual and group-based education as well as land and water-based exercise and pain management strategies. The department's objectives are to empower people to self-manage their condition where possible; to improve mobility and increase physical activity and to maintain and increase function to improve quality of life.

While 2021 presented ongoing challenges in dealing with Covid-19 related service disruptions, there was a return to more group activities in all parts of the service including balance and Tai Chi classes and aquatic physiotherapy group sessions. A proposal was developed for a Parkinson's Disease out-patient physiotherapy led project as part of Masters' programme.

Out-patient services were resumed and expanded in Palliative Care and RMDU and commenced in aquatic physiotherapy. Meeting Strategic Objective 4, referral pathways have been developed in two of the services and community of practices have been established for physiotherapists working in Palliative Care and residential care nationally with OLH&CS staff at the forefront.

In line with Strategic Objective 2, a service evaluation for patients with Parkinson's Disease in CRU was presented to the Mercer's Institute for Successful Ageing (MISA) group in St James's Hospital. A proposal for a service evaluation of the RMDU out-patient physiotherapy service was submitted. In CRU, audits were completed on sarcopenia and Parkinson's Disease. Data collection of outcome measures continues in all units and systems were established to make this process more efficient and user friendly. 20 UCD student placements were facilitated in 2021.

There were three poster presentations at the Irish Society of Chartered Physiotherapists (ISCP) conference and two accepted for the Virtual Poster Competition - Quality, Clinical Risk & Patient Safety Webinars 2021. Three staff continued Masters' programmes, one completed a Diploma in Lean from the University of Limerick and one commenced a Professional Certificate in Process Improvement in Healthcare from UCD. Education sessions on Palliative Care were delivered to community physiotherapists and to undergraduate physiotherapy students in RCSI.

### Social work

Social work practice brings a strengths-based expertise grounded in a person-in-environment perspective; a systemic understanding of organisations and an in-depth knowledge of the psychosocial determinants of health. This provides context for the multidisciplinary team in planning patient and family-centred care.

## Commitment to Excellence Framework



During times of crisis and life transitions, Social Workers provide counselling, psychosocial support and advocacy, helping people to address personal and systemic barriers to optimal living, thus leading to enhanced well-being and improved quality of life.

As Covid-19 continued to adversely affect clients; exacerbating existing vulnerabilities, social isolation, oppression and poverty among people who are most at-risk, social workers sought to adapt our service. Creative ways were found to enhance social connections and delivery of service, particularly when distancing was required.

In 2021, the department undertook a review of its work and objectives. This will serve as a framework within which the service can be further developed and enhanced. It demonstrates our commitment to continuously build on our reputation for providing a high quality service responsive to client needs.

There was a major focus on developing an inclusive environment and service that clearly communicates we welcome children and young people and that their importance in holistic care. Aligning with Strategic Objective 1, the decoration of the Avondale Room for families in Wicklow Hospice has been a particular success.

The pandemic affected the way people mourn, with restrictions on many of the normal religious, cultural and familial traditions. We endeavoured to adapt and develop our bereavement service as the bereaved needed more support than ever. A new adult bereavement group intervention was devised and will facilitate five groups early in 2022, consistent with Strategic Objective 4.

Individual bereavement counselling continued with a blended model with some in person and some telephone counselling provided by social workers and our dedicated bereavement volunteers. An annual grant from TUSLA supports some of our bereavement work with children and young people.

### **Pastoral Care**

The pastoral care team strives to accompany patients and their loved ones on their unique journey providing spiritual and emotional support. It provides a listening and compassionate presence in which the patient is at the centre of the holistic care provided.

Healthcare chaplains explore what gives meaning to our patients and focus on their values and experiences in life. Healthcare chaplains have strong backgrounds in multi-faith dialogue and have access to resources that help promote respect and inclusion around patient care.

With Covid-19 and the pressures it has brought, the pastoral care team's focus for 2021 was to listen and support our staff.

During the year, links were established with local community faith leaders in Wicklow to establish a relationship for the patients and staff in Wicklow Hospice in line with Strategic Objective 4.

### **Pharmacy**

The pharmacy team provided a wide range of services across all three sites in 2021. Since the opening of Wicklow Hospice, OLH&CS operates two pharmacies, a registered pharmacy in Harold's Cross and a smaller hospital pharmacy in Wicklow Hospice. Both are fully compliant with EU legislation on medicines procurement.

In addition to medicines sourcing, procurement and dispensing, pharmacy dispensary services included pharmacy technicians' provision of ward top-up services on most wards and clinical areas.

The clinical pharmacy service activities included participating multidisciplinary team meetings, reviews of prescriptions on wards and provision of medicines information for in-patients, residents and outpatients. These continued on all units with minimal interruption throughout 2021 despite the constraints of outbreak management at times.

Medicines reconciliation, as an internationally recognised process to ensure safety of medicines at admission and discharge, was a focus for service development in 2021. In the second half of 2021, with the re-introduction of the PODS (patients own drugs system) on CRU, pharmacists introduced an assessment process at the point of discharge. These additional checks will be extended to include rheumatology patients once the PODS system is rolled out there in line with Strategic Objective 2.

Palliative Meds Info, the national medicines information service for palliative care based in the pharmacy at OLH&CS, began work on its section of the new corporate website. Consistent with Strategic Objective 4, other quality and safety initiatives included the department's involvement in a policy on diabetes in palliative care and the update of diabetic prescription charts. Separately, a senior pharmacist reviewed all reported medication-related incidents and collaborated with the medication safety committee to discuss these and to issue seven Quality Improvement Alerts for clinical staff in 2021.

Another focus was to assist and support the move of Blackrock Hospice in-patient unit. Compliant systems for medicines supplies and storage and arrangements for pharmacy staff attendance were put in place. Pharmacy

technician staff planned and rearranged medicine stocks for the re-configured inpatient unit to facilitate the addition of the Blackrock team and patients. Medicines management arrangements for the day of the move were planned collaboratively with medical and nursing colleagues.

Pharmacy continued its commitment to providing 5th year undergraduate pharmacy students at Trinity College Dublin with lectures and a workshop on palliative care. Locally, pharmacy updated training for nursing staff on safe use of patients own medicines in the inpatient setting. Two of the team are undertaking a masters programme in clinical pharmacy at University College Cork.

### **Speech & Language, Dietetics, Psychology and CCAT services**

The pandemic continued to influence activity throughout 2021. Small teams such as speech & language, dietetics, Complementary & Creative Art Therapy and psychology faced constant impacts from restricted access to patients and residents and staff availability. Despite these challenges' services were provided to those most vulnerable and colleagues supported to deliver person-centred care.

#### **Speech & Language**

The Speech and Language therapists (SLT) worked closely with Dietetic and Nursing colleagues to identify, assess and design interventions aimed at maximising the comfort, quality of life and safety of residents and patients with communication and swallowing disorders. Central to the work of the team is the empowerment of the patient/resident to maximise choice and independence especially when communication challenges are present.

#### **Dietetics**

Food and nutrition are a key aspect of dignity of care for our patients and residents. Our Dietitians use their knowledge of nutrition, physiology, and science to assess and treat disease specific and frailty-related nutritional issues. Patients and residents have access to individualised nutritional care and support aimed

at optimising their quality of life. The dietetics team facilitated a catering and clinical placement for MSc Dietetic students in 2021.

Working with SLT colleagues, the team continued to provide input into the training requirements of staff and volunteers assisting patients and residents with eating and drinking.

A focus on recruitment has enabled the expansion of the dietetic service to our Blackrock and Wicklow services during 2021 and secured a similar expansion for speech and language in 2022.

#### **Psychology**

The psychology service provides compassionate and effective support to patients experiencing distress. The psychologist works closely with the multidisciplinary team to support the patient, families, and staff to alleviate distress. The successful recruitment of a Principal Psychologist in 2021 will allow scoping of the role of Psychology and development of psychological support services across OLH&CS in 2022.

#### **Complementary and Creative Arts Therapies**

Complementary and Creative Arts Therapies allow for the development of a supportive therapeutic relationship between therapist and patient/resident, which is aimed providing physical, emotional, psychological, and spiritual support to the individual. These therapies offer a non-verbal form of communication and private space for the patient/resident to be heard in a unique way.

In 2021, the team commenced an educational programme to upskill seven health care assistants in Anna Gaynor House in the HEARTS process. It maximises the opportunities for care staff to provide comfort touch during interactions with residents. These techniques are designed to expand communication and connection between carer and resident.

"I found the whole process to be a positive learning experience and I feel all residents could benefit from The HEARTS Process. I feel there are huge benefits for residents and it gives them a sense of peace and it enhances their wellbeing."

### **Staff feedback on HEARTS training**

# Palliative Care

## Dr Lucy Balding

Medical Director, Consultant in Palliative Medicine in OLH&CS and St James's Hospital

Palliative care supports those facing a life-limiting or life-threatening illness that is progressive and cannot be cured, as well as providing support to families, loved ones and care givers. We do this through expert pain and symptom management, effective communication and goals of care discussions, and psychosocial and spiritual support. Consultants lead the multi-disciplinary team who work together to meet physical, practical, social, emotional and spiritual needs as well as those of carers and families.

We provide specialist palliative care in each of our three locations: Harold's Cross (36 beds) Blackrock hospice (12 beds) and Wicklow (15 beds) catering for a population of a million people, making us the largest provider in Ireland. We support over 4,000 patients and their families every year.

### Goals and objectives

2021 remained dominated by the Covid-19 pandemic. New ways of working that developed during 2020 began to feel something close to a new normal; some of these

were good, like reaching out with telehealth; others still went against the grain and felt hard for us. The vaccination roll-out offered hope, and a sense of relief and protection, but by the summer the realisation was that we were still in this for a while yet. Projects displaced by the Covid emergency needed to be progressed, and service delivery must continue to strengthen.

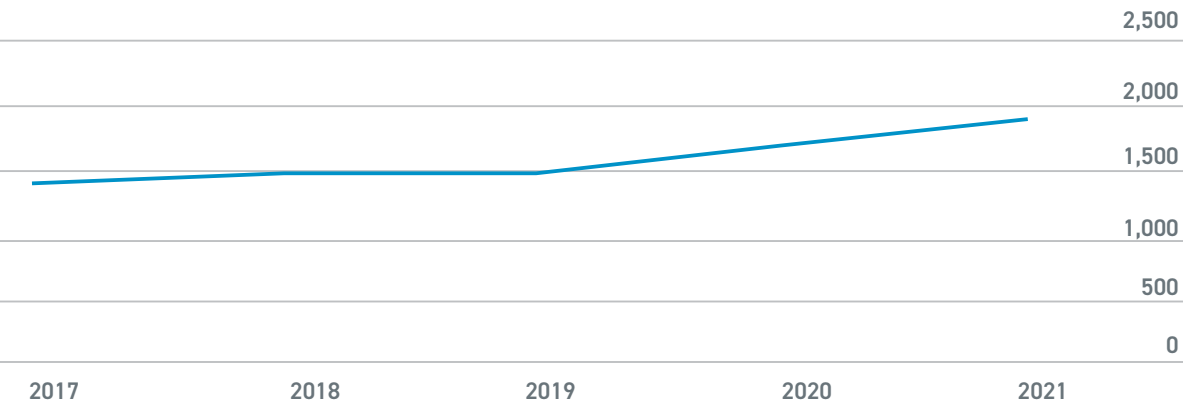
We provide specialist palliative care wherever it is needed – in the home and in our hospices. During 2020, our in-patient units were quieter, but our community teams much busier, as patients chose to stay at home. Largely this trend continued in 2021, and the task was to reconfigure our services to meet the changed needs of our patients, as well planning for care beyond Covid.

Furthermore, as Sláintecare drives healthcare development in Ireland, we are collaborating and engaging with new teams working in the community, and forging integrated pathways to support care. By working in partnership with the patient's GP, public health team and the other medical teams we ensure the best all round care for the patient.

### Our work and achievements

Care during the pandemic required ongoing operational

## Total Patients Seen



flexibility around each Covid-19 wave, and it really did feel like a wave as we tightened sail and pulled inwards as cases rose, then exhaled and flowed out as restrictions loosened. With more patients opting to receive care at home our in-patient units were less busy, while our community teams strove to meet this increased demand.

During 2021, the Specialist Community Palliative Care teams, had 6,731 visits or interactions with patients. Up from 4,634 in 2020, this increase also accounts for 1,622 visits/interactions made by the new team based in Wicklow Hospice. Covid meant that 'virtual visits', mostly telephone reviews, became a more important tool for the team. This change in our approach enables us to accommodate more patients. In-person visits remain an important aspect of the service and are a daily feature of the team's work.

Admissions to our specialist palliative care units (SPCUs), which had been rising up to 2019, dropped sharply (Fig 1). Patients are generally admitted to the SPCU for symptom management (this may include focussing on areas such as fatigue, nausea, breathlessness, constipation, pain, mobility problems or anxiety), end of life care (by which we mean treatment, care and support for people who are nearing the end of their life – perhaps with just days or weeks to live) or respite care.

During the pandemic, visiting restrictions to our in-patient units protected our vulnerable patients, and were enacted in accordance with National Public Health Emergency Team (NPHE) guidance. We had to be in

step with system-wide Covid policy and approaches, while recognising the distinctness of what we do in palliative care, and preserving as much as we could those aspects of care that distinguish 'hospice' -the holistic whole-person care, embracing family support around the person, and rooted in beautiful grounds and environs.

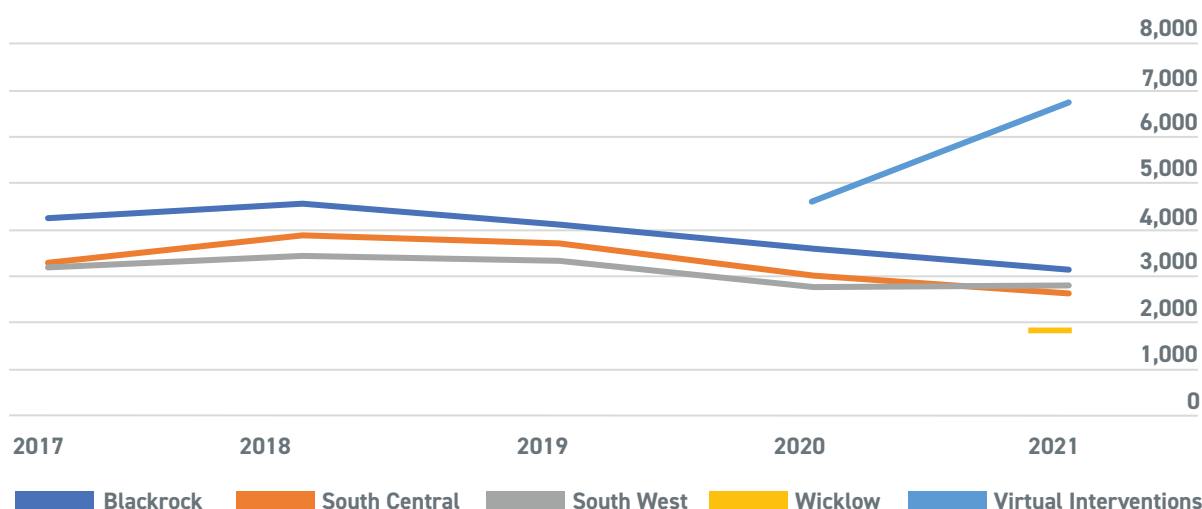
In 2021, many more patients chose to stay at home to remain close to their families and loved ones. Elective respite admissions were halted. We were closed to on-site day patient reviews. Thus the footfall onsite remained quietened.

Transfers into the SPCUs from the acute hospitals, where visiting was an even bigger difficulty, remained static. Referrals into the SPCUs from patients residing at home dropped (fig 2). Our community teams were supporting a lot more end of life care in the home, and continuing to receive above normal referrals. Prior to the pandemic, about a third of patients known to us in the community died in their homeplace, but during 2021 that rose significantly to two thirds (fig 3)

We were proud to open Wicklow Hospice in 2020, yet 2021 was to be the year that it truly came onstream, opening fully to 15 beds, embedding within the local community it serves, and building its profile as a specialist unit.

Its development during 2021 was supported with key appointments at consultant level, and in the specialist multidisciplinary team. Wicklow Hospice sees more admissions from the community into its in-patient beds

## CPCT Visits by Team





than acute hospital transfers and has a slightly higher median length of stay at 12 days than its sister units, with a median length of stay of 10 days in Harold's Cross and nine days in Blackrock.

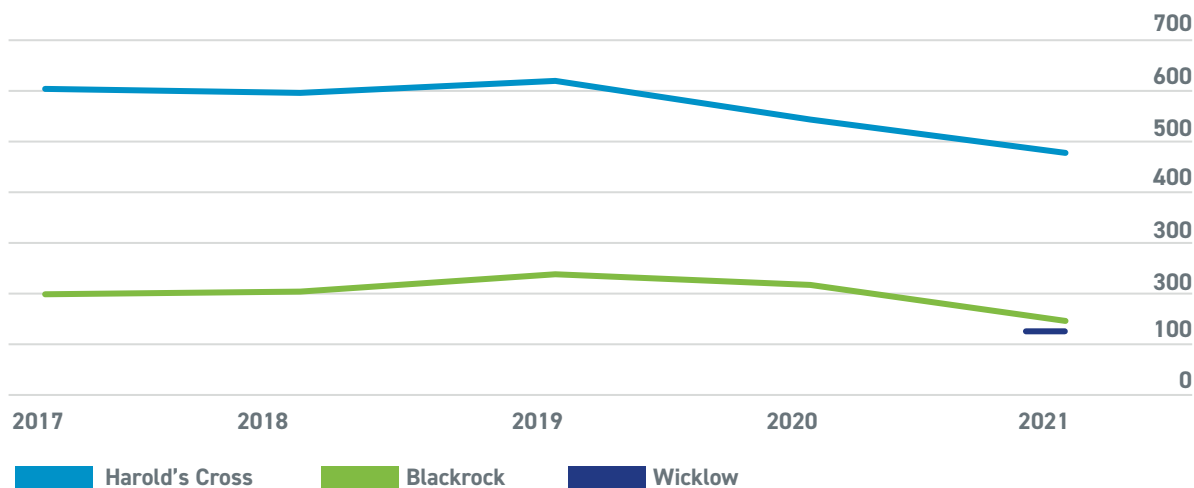
During 2021, the number of patients with a non-malignant (non-cancer) diagnosis admitted into our SPCU beds rose in all sites highest in Wicklow and Blackrock and averaging 18%. In contrast, our community services see an average of 37% non-malignant (non-cancer) cases. Many of these patients have dementia, followed by respiratory and cardiac disease.

Assessing patients and their family caregivers is a key part of palliative care. The Palliative Care Outcomes

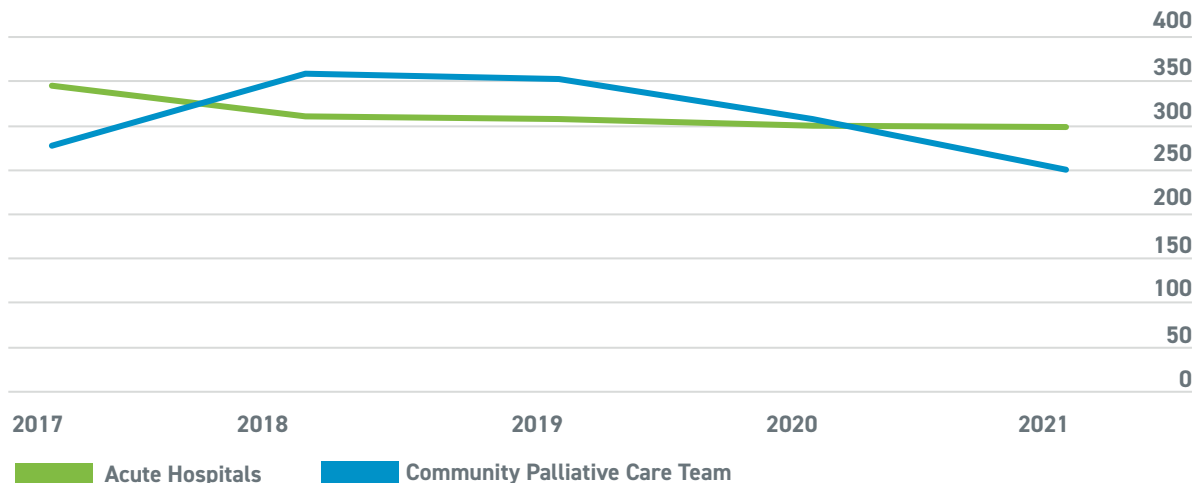
Collaboration (PCOC) is an international standardised framework that created a clinical language to measure and improve patient and family/carer outcomes. For around three years we have been on a PCOC journey, and are receiving rich bi-annual reports on our in-patient and community services, to assess and benchmark our progress.

Back in 2018, mindful of projected demographics and published work on population-based planning, we were already talking about our community model of care. We believed that offering more services on-site such as consultant or nurse-led clinics, access to therapies, group sessions - may suit some patients better and help us meet ever-increasing demand. The pandemic accelerated our learning in virtual review of patients,

### Specialist Palliative Care Unit Admissions 2017-2021 (Fig. 1)



### Referrals to Harold's Cross in-patient unit by source (Fig. 2)



and a blended model of care seems to be the way we might plan into the future.

Engaging with our national groups (including the National Clinical Programme for Palliative Care and other groups across a range of other disciplines) allowed us to check our experience with colleagues within the sector. Across the country, other hospice services were also seeing marked shifts in how patients want to be cared for, most notably an increase in demand for receiving care in the community. The wider healthcare landscape is altering, as Sláintecare comes into play.

The 2019 Sláintecare action plan's key principle, to deliver the *Right Care in the Right Place at the Right Time given by the Right Team*, speaks to our own philosophy in palliative care. Sláintecare aims to bring the majority of care into the community, and create an integrated system of care, with healthcare professionals working closely together.

Our own community model is little-altered since the first Homecare team set off down the road from Our Lady's Hospice in 1985. The Health Service Executive's (HSE) new Integrated Care Programmes are being established along re-aligned community networks. There is vast opportunity, and need, to step out and reshape community services, locally, regionally and nationally. We know we need to be more strategic in how we work within our own teams in terms of experience, knowledge; and how we collaborate, integrate and partner with other specialties to mutually learn and provide care.

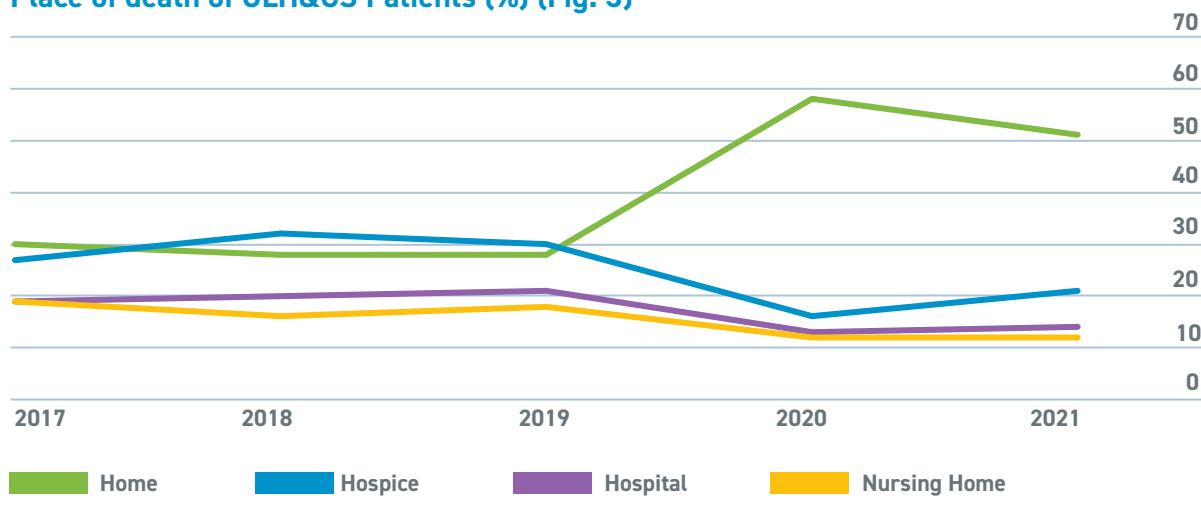
2021 saw the Department of Health begin its preparatory work for a new policy for adult palliative care services, and we have been keen to leverage all opportunities to be play a key role in that process, providing stakeholder feedback and engaging at all levels.

As a teaching hospice, we continue to work with an array of students from across disciplines every year. We also work closely with the research and learning team in the on-site Education & Research Centre and warmly welcome Prof Andrew Davies as Professor of Palliative Medicine at Trinity College Dublin, University College Dublin, and Our Lady's Hospice & Care Services.

In the year ahead, 2022, is it the turn of Blackrock Hospice to undergo significant renovations to enhance the environment in which we provide our care. Much of the latter half of 2021 went to creating detailed clinical and operational planning for the safe transfer of patients to the Harold's Cross site, while the Blackrock community team moved to Merrion to keep its base close to the community it serves. It will be a fabulous achievement to upgrade infrastructure and welcome patients back to a rejuvenated building.

While in many ways 2021 was a year of 'treading water', notable achievements were made, and we continue to grow. We thank our patients and their families. They are our inspiration, and give meaning to what we do. Working in a hospice teaches you little is predictable in life, Covid-19 compounded that. We continue to mind each other and cherish the little things.

**Place of death of OLH&CS Patients (%) (Fig. 3)**



# Rheumatic and Musculoskeletal Disease Unit (RMDU)

## Professor Douglas Veale

Professor of Medicine and Consultant Rheumatologist in OLH&CS and St Vincent's University Hospital

The Rheumatic and Musculoskeletal Disease Unit (RMDU) is unique within Irish healthcare providing assessment, education and treatment for patients with arthritis and diseases associated with reduced mobility. Based in Harold's Cross, RMDU provides the highest quality, evidence-based, state-of-the-art service for in-patients, in addition to growing numbers of day-case patients and outpatients.

### Goal and objectives

The rheumatic musculoskeletal disease unit (RMDU) at Our Lady's Hospice and Care Services (OLH&CS) continues to develop and provide its unique service to those with chronic RMD who require specialist care and rehabilitation.

Service re-configuration, expansion and development continued apace during 2021, despite the pandemic impact. Under Strategic Objective 1 and 2 consultant-led out-patient services were successfully transferred to OLH&CS from the rheumatology department at St Vincent's University Hospital. This formal establishment of an out-patient department was led by the consultant medical staff with significant support from the team Advanced Nurse Practitioners (ANP) and clinical nurse specialists (CNS) and ably supported by the patient services department and the health care attendant team.

This required the establishment of structures, processes, and systems new to RMDU and patient services staff. These new services continued to evolve and feedback from patients is positive with respect to their experience:

### Our work and achievements

Meeting Strategic Objective 1 and addressing waiting lists, core clinics for new and return patients have been established, taking place four days a week alongside a range of specialised clinics in bone health; general and maternal medicine (incorporating reproductive health

in collaboration with the National Maternity Hospital); spondyloarthropathy clinics; adolescent, and young adult services in collaboration with Children's Health Ireland, Crumlin; evolving care pathways for patients with gout and fibromyalgia aligned to Sláintecare. At the same time, 16 in-patient beds remained operational for most of 2021.

In-parallel with the face-to-face clinics, the advanced practice nursing team continue to provide virtual health care to patients using a combination of the virtual platform 'Attend Anywhere' and telephone reviews. Formalised at the start of the pandemic as a necessity, this service is proving very beneficial for service users for a range of reasons including access, convenience, and safety. Despite the many service delivery disruptions due to the pandemic, the advanced practice nursing team remained agile in the provision of patient appointments using technology to conduct around 1,367 virtual healthcare appointments in 2021.

Similarly, the nurse-led infusion services continued to grow in 2021 in response to challenges due to the Covid-19 pandemic. Activity increased four-fold as most rheumatology patients requiring intravenous therapy are transferring from St Vincent's University Hospital to RMDU. Prior to 2020, this was a limited service but it has now expanded and runs for three days a week with scope for further development in line with Strategic Objective 1.

In-patient activity remained curtailed due to pandemic restrictions. The restricted service provided during 2021 endeavoured to prioritise those patients most in need of multidisciplinary healthcare. The ward staff adapted and excelled in supporting all services across the RMDU.

Despite the limitations, the volume of patients who accessed medical and nursing in-patient services, out-patient face to face and virtual clinics and infusion services during 2021 was 250% greater than during 2019.



"I love how easy it is to get help when you need it, I never feel like I have to wait while experiencing any flare ups or issues which is incredibly valuable to me".

Outpatient service expanded during 2021 thanks to the appointment of a new consultant. Consultants now lead clinics for new and returning patients four days a week.

Two staff completed the inaugural Continuing Professional Development (CPD) module Care of Person with Rheumatic Musculoskeletal Disease (Level 8), launched in 2021 by the OLH&CS Education and Research team and accredited by UCD. One CNS completed the University College Dublin (UCD) Professional Diploma - Prescription of Medication and another was awarded the prestigious Fellowship of the Faculty of Nursing and Midwifery, Royal College Surgeons Ireland (RCSI), joining three RMDU colleagues who previously achieved this accolade.

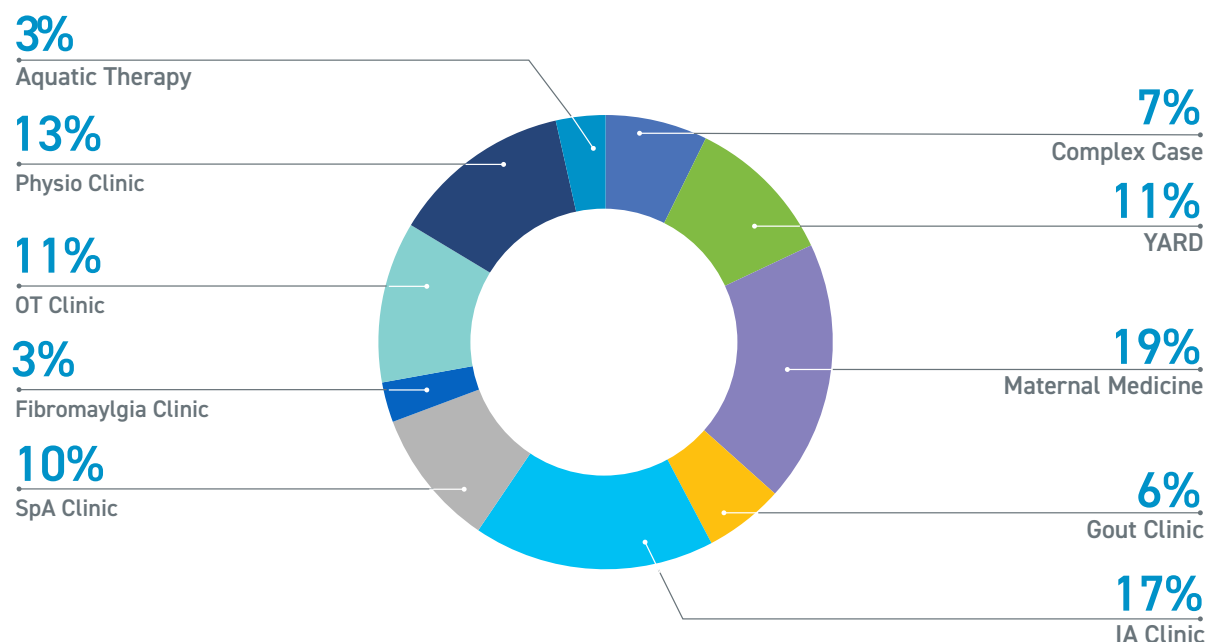
Meeting Strategic Objective 3, the Advanced Nurse Practitioners promote rheumatology nursing and RMDU through: board memberships; lecturing in three Universities; collaborating with the National Women's and Infants Health Programme; co-authoring of guidelines on prescribing in pregnancy and patient education in inflammatory arthritis; as well as committee memberships of the Irish Rheumatology Nursing Forum, the Irish Rheumatology Health Professional Society and membership of the Office of Nursing and Midwifery Services Directorate Data Analytic Group for Advanced Practice Nursing. Close working relationships continue with Arthritis Ireland to support patients in the areas

of gout, fibromyalgia, reproductive health, and newly diagnosed inflammatory arthritis.

The rheumatology advanced practice nurses continue their active participation in the development and delivery of the only formal post-graduate education in Ireland for nurses pursuing a career in rheumatology and musculoskeletal health diseases. This course is run by the OLH&CS Education and Research department and UCD School of Nursing and Midwifery and meets Strategic Objective 3.

The Occupational Therapy team continued to develop out-patient service referral pathways in collaboration with nursing, physiotherapy and patient service colleagues in line with Strategic Objective 1. In 2021, this included the launch of rapid access pathways for Vocational Rehabilitation and Hand Therapy referrals, and collaboration with ANPs on supporting timely referrals to OT through the Reproductive Health clinic. One of the team was the World Federation of Occupational Therapy (WFOT) representative to the World Health Organisation (WHO) Development Group on a Package of Interventions for Individuals with Rheumatoid Arthritis. This will be used worldwide by countries planning, budgeting and integrating rehabilitation interventions at all service delivery platforms. The team contributed to the development of a fibromyalgia booklet for patients and updated

## RMDU Out-patient Clinics 2021





its stress management information, with a view to recommencing in-patient groups during 2022. A research article by the OT-led Lifestyle Management Arthritis Group was published in the British Journal of Occupational Therapy (December 2021).

The Medical Social Work Department continued to provide psychosocial support in response to the wide variety of issues that arose for patients and families, as a result of living with a chronic illness; which presented additional stress during the pandemic aligning to Strategic Objective 1. Due to the urgent need for additional resources in the Bereavement Support Service, there was a reduction in the Social Work allocation to the RMDU in 2021. However, the Medical Social Worker continued to work with clients to ensure they were able to engage with the programme, thus optimising opportunities for the best possible outcomes. The Medical Social Worker continued to network widely and explore appropriate community supports that could assist with these new challenges.

While much of 2021 involved changes in work practices and service disruptions related to the pandemic, the physiotherapy department focussed on extending its outpatient service as part of the realignment of our services to reflect patient need and funding sources aligned to Strategic Objective 1. The team worked with Occupational Therapy, Patient Services and ICT colleagues to identify efficiencies in scheduling and administrative processes. The in-patient service developed a pathway for out-patient reviews as a follow up for those who were discharged as in-patients.

An enhanced data collection system for outcome measures was developed for both in and outpatients across the land-based and aquatic physiotherapy services to assist with providing evidence for our

practises and meeting Strategic Objective 3. A service evaluation for the physiotherapy outpatient service commenced at the end of the year. The use of telehealth continued as an adjunct or alternative to face to face interventions. Discussions continued with the rheumatology physiotherapy service in St Vincent's University Hospital to promote more integration of care across both sites. The team linked in with the Lead Physiotherapist for Planning & Performance for the National MSK Triage Initiative to establish a communication channel for updates about this project. Five UCD physiotherapy students were placed in the unit in 2021.

Pharmacists and pharmacy technicians continued to work closely with the inpatient unit and outpatient teams. Routinely medicines reconciliation were carried out with all patients on admission and their prescriptions were reviewed during their stay. Covid-related uncertainties delayed plans to implement a system to use patient's own medicines, PODs. This project improves efficiencies in the use of medicines and to support education on medicines and self-care and is in keeping Strategic Objectives 1 and 3. It will be implemented in early 2022. Nursing and pharmacy worked on developing and expanding the out-patient biologic infusion service in quarter 1 and 2 of 2021, refining referral and appointment planning processes and increasing capacity. During quarter 3 and 4, plans were made to change processes developing capacity to prepare infusions on-site, enabled improved efficiencies in the infusion service during 2022. Pharmacists also worked with consultant rheumatologists to develop a guide to monitoring requirements for Disease-modifying antirheumatic drugs (DMARDs) DMARD medicines. This was launched as part of the OLH&CS Medicines Guide in July 2021.

## Patient admissions to RMDU in 2021

	2017	2018	2019	2020**	2021
RMDU	851	806	799	363	321
OPD	140	124	*	208	552
*Service restricted & replaced with a new interdisciplinary clinic known as RIO					
**2020 saw the emergence of new out-patient clinics which lead to a significant increase in 2021					

# Older People's Services, Harold's Cross

## Dr Róisín Purcell

Consultant Geriatrician OLH&CS and St James's Hospital

## Dr Sinéad Kelly

Medical Officer OLH&CS

### Community Rehabilitation Unit, CRU

CRU changed its name from Community Reablement Unit to Community Rehabilitation Unit in 2021 to better reflect the evolving nature of the work.

CRU admits older people with various conditions to optimise their function, independence and ability to live in their own homes. We also support people to prepare for their future care. These efforts help avoid crises and acute hospital admissions.

Every patient receives a tailor-made programme and with a focus on areas of concern e.g. pain management, optimising medication, improving balance, reducing falls, improving function, assessing cognition and building their confidence to leave home and join in social events. The increase in demand for this service is in line with increased frailty in our community.

### Extended Care Unit, Anna Gaynor House

Anna Gaynor House is a purpose-built eighty-nine bedded residential unit providing a safe and comfortable living environment to those with high dependency needs who require 24-hour nursing care. Residents/patients are admitted under the Nursing Home Support Scheme (Fair Deal) or under Fast Track Supportive Palliative Care. They are admitted from acute hospital services, the community or other settings. Anna Gaynor House also has two respite beds allocated to patients with dementia, who are being cared for in the community. Residents/patients are encouraged to participate in whatever way they can to optimise their comfort, function and independence. They can avail of input from the multidisciplinary team (MDT) and participate in the activities provided by the Activities team which may be group sessions or one-to-one input (music, poetry, reading). Our volunteers provide a great deal of valuable support and can help in providing transport for hospital appointments, assist with visiting and offer support and companionship to our residents.

### Our work in 2021

There were many challenges in 2021, mainly stemming from the ongoing Covid-19 pandemic. The team worked hard to support the care and wellbeing of our patients and residents.

In January we adapted CRU to support the demands on the acute service. We continued with a seven-day model of care with admissions from St James's Hospital, Tallaght University Hospital and St Vincent's University Hospital. We took people with rehabilitation and palliative care needs. We supported transition to home or to nursing home.

All of 2021 required a lot of adaptation and the dedication and resilience of the team was evident throughout. We continued to link in with colleagues in the acute services and the community to integrate and collaborate in our efforts to provide high quality care to older people.

We admitted 223 patients to CRU from many different services. This was a reduction on previous years. This occurred as a result of two Covid-19 outbreaks on the ward, which reduced the number of admissions we could take. In addition, careful infection control procedures were required throughout 2021 to minimising the risk of further outbreaks. This too impacted on admissions.

The work of the Dementia Support Service, launched during 2020, continued this year. This was run by the Advanced Nurse Practitioner, who supported 111 patients and their carers providing a virtual support service through her clinic. The experience and findings were presented at the European Geriatric Medicine Society Meeting in 2021.

The Occupational Therapy department took part in a global study testing the feasibility of providing online cognitive stimulation for people living with dementia. Led by University College London, the study was conducted in Ireland, India, Hong Kong, Brazil and the UK. It determined that this model of care is suitable and







recommended for those unable to access traditional in-person cognitive stimulation therapies.

Although we all faced challenges in 2021, those of people in residential care were particularly severe. The restrictions on visiting were necessary but very difficult. We were fortunate to have the support of the Anna Gaynor House visiting team, who liaised with residents, their families or carers and the staff on the ward to facilitate visiting in accordance with national and local Covid-19 guidelines. In addition, the ward staff put significant efforts into minimising the impact on the residents by facilitating video calls, window visits and compassionate visits. There were 88 admissions to Anna Gaynor House in 2021.



"I am humbled by the dedication and professionalism as you all go about your much-needed service. I am forever in your debt...Across all disciplines I note a confidence and a caring even in such challenging circumstances as we find ourselves in right now."

*AGH resident's relative.*

### Admissions to Care of the Older Person Services

	2017	2018	2019	2020	2021
Care of the Older Person (Total)	453	519	506	284	311
Community Rehabilitation Unit	353	356	330	219	223
Anna Gaynor House	100	163	176	65	88
Fast Track/palliative care support pathway	46	63	66	48	60
Nursing Home Support Scheme (NHSS, known as 'Fair Deal')	25	19	21	3	6
Dementia Respite	29	81	89	14	22





# Education, Research and Training

**Lisa Ivory**

Business Manager

**Our Lady's Hospice & Care Services (OLH&CS) enables staff and volunteers to achieve their full potential and contribute to Ireland's Older Persons, Specialist Palliative Care and Rheumatology Services through learning.**

Education, training and research (ETR) form the bedrock for quality services to patients and their families. Courses, seminars and workshops are provided throughout the year in our dedicated education facility based on the Harold's Cross campus and across our three Hospice sites. .

## Goals and objectives

OLH&CS aims to create a climate of life-long learning, to build capability and to develop the skills, knowledge and attitudes to ensure continuous improvement in the quality of our services.

We believe that the principles of equity of access, value for money and focused interventions are essential to an effective Learning, Training and Development (LTD) environment.

Research is essential to ensure that we provide the "best care" possible for our patients and is conducted out across all disciplines within OLHC&S.

Research related to palliative care is led by the Academic Department of Palliative Medicine and focusses on themes including: symptom control; oral problems; sleep/circadian rhythm disorders; remote monitoring; prognostication; and end-of-life care.

## Our work and achievements

As part of the current Strategic Plan (2017 – 2022) we have continued revisions to our delivery model to design programmes aligned under all four objectives of the strategic plan as we strive to improve and integrate and ultimately improve patient care. These will commence in the academic year 2022.

2021 saw mixed activity in Education Training and Research due to the impact of Covid-19 on educational activities with students and visitors were not permitted on campus until the later end of the year.

Face-to-face classroom learning gradually recommenced in a limited capacity from October and it was wonderful to see many new and familiar faces back on our campus.

Sincere thanks goes the Nurse Tutors, our Educational Technologists and the wider ERC team for their contributions to facilitating the change to programmes and supporting the ongoing learning and development of our staff and students.

- On March 10th, we hosted the 28th annual Moving Points in Palliative Care conference online for the first time. Entitled: 'Dynamic changes in oncology and the impact on palliative care'; it was well-received with positive feedback on the day. It provided a forum for educators, clinical practitioners, and researchers to examine developments in oncology and palliative care and research from leading experts in the specialities. Participants acquired up-to-date, evidence-based knowledge from experts in oncology regarding the physical, psychological, social and financial impact of oncology practice on patients living and dying with cancer illnesses. It was the first year fully hosted online and proved to be highly successful with incredible feedback from attendees on the day.
- In December 2021, the team hosted its inaugural Dublin Advanced Pain & Symptom Management Conference online, in partnership with Guilford Advanced Courses.
- The library service continued to support education, training and research initiatives and to develop its extensive collection of print and electronic resources
- During 2021, 33 papers were published in peer-reviewed journals and there were six oral



presentations, five abstract publications and nine posters delivered at national and international conference by OLH&CS staff or joint appointment holders in line with Strategic Objective 3.

- During 2021 our partnership with Tallaght Education Training Board grew and we provided QQI Level 5 - Personal Effectiveness and Level 5 Activities of Living Patient Care programmes and Level 6 - Team Leadership and Level 6 Project Management programmes to staff. Over 60 staff across all disciplines completed the programmes in line with Strategic Objective 1.
- 28 Palliative Medicine Grand Rounds took place online in 2021, with participants taking part from OLH&CS, Milford Care Centre, Naas General Hospital, St. Brigid's Hospice, St. James's Hospital, St. Luke's Hospital, St. Vincent's University Hospital and Tallaght University Hospital
  - European Certificate in Essential Palliative Care clinical lectures were coordinated in April and November 2021. Our Nurse Tutors facilitated the examination process.
  - In Non-Consultant Hospital Doctors teaching, clinical lecturers offered 12 hours of 1:1 or 1:2 teaching to Senior House Officers in OLH&CS in-patient palliative care units.
- Undergraduate and postgraduate student activity is important to us. We provided clinical placements, education programmes and research opportunities for health and social care professionals, nursing and medical students from University College Dublin and Trinity College Dublin in line with Strategic Objective 4.
  - During 2021, much of the medical teaching was provided virtually due to the COVID-19 pandemic. The Academic Department of Palliative Medicine's (ADPM) aim is to ensure that all teaching on palliative care is up-to-date, evidence-based, and consistent (irrespective of who is providing the content).

- University College Dublin (UCD): The ADPM provides lectures, small group seminars (on site), and student electives.

- Trinity College Dublin (TCD): The ADPM provides lectures, clinical attachments (within OLH&CS, and linked services), audit projects, research projects, and student electives.

### Research Activity with Academic Department of Palliative Medicine (ADPM)

The Academic Department of Palliative Medicine (ADPM) is the research and is led by Professor Andrew Davies who took up this joint-appointment with University College Dublin and Trinity College Dublin and St. James's Hospital in January 2021. His clinical / research interests encompass cancer-related anorexia, opioid-induced constipation, symptom assessment, deprescribing, circadian rhythm disorders, remote patient monitoring (photoplethysmography), and clinically-assisted hydration.

- CHELsea II – this is a multi-centre, cluster randomised study of clinically assisted hydration in patients in the last days of life. Professor Davies is the Chief Investigator and grant holder for this study, which is being conducted in 80 hospices / hospitals in the UK.
- E-StOIC – this is a multi-centre, observational study of opioid-induced constipation in patients with cancer. Professor Davies is the Chief Investigator and grant holder for this study, which is being conducted in 12 European countries.

Over 60 staff participated  
in our QQI programmes in partnership with the  
Tallaght Education & Training Board.

- OSAS II – this is a single site (OLH&CS), validation study of a novel oral symptom assessment scale (the 'OSAS').
- SEES – this is a single site (OLH&CS), observational study of early satiety in cancer patients.
- CARES – this is a phase I/II, interventional study of a novel synthetic cannabinoid for anorexia in cancer patients. (Study due to commence early 2022).

### Summary of OLH&CS Staff Publications & Presentations 2020

	Presented		Published		Total
	Oral	Poster	Journal	Other	
Palliative Care	2	9	16	5 abstracts	32
Rheumatology	2	-	15	-	17
Gerontology / Other	2	-	2	-	4
<b>Total 2021*</b>	<b>6</b>	<b>9</b>	<b>33</b>	<b>5</b>	<b>53</b>
Total 2020*	20		38		58
Total 19	50		58		108

\*Covid-19 continued to impact the ability for our staff to publish and present their work





# Family Story

## Linda O'Neill

Despite losing her mam and dad, Mary and Christy, in recent years, Linda O'Neill's positivity is infectious. She is great company. So, it's really fitting that Linda is helping the Hospice promote its coffee morning fundraiser.

Linda is supporting Bewley's Big Coffee Morning Social for Hospice so that others can get the same 'specialist loving care' that her parents, Mary and Christy, both received at Our Lady's Hospice & Care Services.

"I know we're so lucky that both our parents got the best care and treatment. And to be honest, at that time, we needed help as a family too. I don't know what we would have done without the expert care and support we received."

Linda barely hides the tears as she describes her mam's journey:

"Mam was diagnosed with stomach and bowel cancer. She had a really tough time of it in treatment. It was really breaking her. When she was referred to the hospice, she decided herself she would go and we knew she couldn't be more comfortable, more safe or more reassured than in the hospice."

The whole family felt a special connection to the hospice.

"Dad would visit mam every day and I would do the nights. He really grew to love the place and all the staff. He was so thankful for the amazing love and care they gave mam for the month she was there. It meant we had a lovely and precious time with her. They gave her back a real quality of life."

One day Linda visited her Mam and she thought she really didn't look well – she didn't look like herself. Stephen, the nurse, told her to have a break and grab a coffee in the coffee-dock.

"When I came back mam looked fabulous. Her hair was done, her nails, her make-up. She was sitting up smiling. Can you imagine – he did all that. That's the hospice care no one ever hears about. He made my mam look like my mam again. That's just priceless."

A few years later, Linda's dad was diagnosed with prostate cancer which had spread to his bones.

"I remember driving him into the hospice the first day. He was distressed, crying with the pain. I thought, that's it – he's never coming out again. A week later I was collecting him "he was standing at the door, smiling, waiting for me in great form. They allowed him to live every moment to the fullest and got his pain under control for the time he had left."

Christy became a day patient who looked forward to his visits to the hospice. He loved all the treatments, activities and chats.

"He even did Tai Chi – I couldn't believe – my dad doing Tai Chi! He attended one of the coffee mornings hosted by the wonderful staff in the hospice. He had such a great social time at it. So that's why I'm so looking forward to hosting a Coffee Morning Social this year and inviting friends and family."

Christy died at home in the care of the Specialist Community Palliative Care Team. Linda is so appreciative that they had three lovely months with him.

"The nurses that came to our home were wonder workers. They quietly and efficiently took all the weight off our shoulders. They allowed me to be his daughter again, not his carer."

Linda so simply and eloquently describes the hospice:

"It's such a social and healing place. A place you go to live, not die. That's why I love the idea of hosting a Coffee Morning social. I hope the whole country joins us in hosting a coffee morning so that same amazing care that my mam and dad received can happen for so many more families."



Linda and her dad, Christy



Mary and Christy



# Fundraising and Communications

## Eleanor Flew

Director of Fundraising and Communications

The goal of the Fundraising Department is to raise a minimum of €5.5 million every year to support the provision of our specialist services for all those who need it across our catchment area of over one million people in Dublin and Wicklow.

We raise funds in a number of ways such as events, campaigns, regular giving (direct debits), in-memory giving, individual donations, corporate support, sponsorship and through the generosity of those who remember us in their wills. As such, our donors are at the heart of all that we do and we are truly grateful for their on-going commitment and support.

The generosity of our donors enables us to support patient and family enhancements as well as continually improving and developing the environment at our three hospice facilities of Harold's Cross, Blackrock and Wicklow.

### Our Objectives

Building the future of care: We are currently midway through the most ambitious multi-phase fundraising project in our organisation's history. These progressive developments will form the basis of our specialist services in the coming decades.

- In 2018, we opened our state-of-the-art 36 bed specialist palliative care unit in Harold's Cross. 100% of the building costs, or €13.6 million, was funded through the generosity of our donors.
- In December 2021, we celebrated the first anniversary of our third hospice site in Magheramore. Wicklow Hospice required a bank loan of almost €3m to complete the build - fundraising will cover the balance of repayments following a contribution commitment from the State announced at the end of 2021.
- In 2021, a key organisational priority was to prepare for the complete refurbishment of Blackrock Hospice. Works include extending the 12 patient bedrooms and

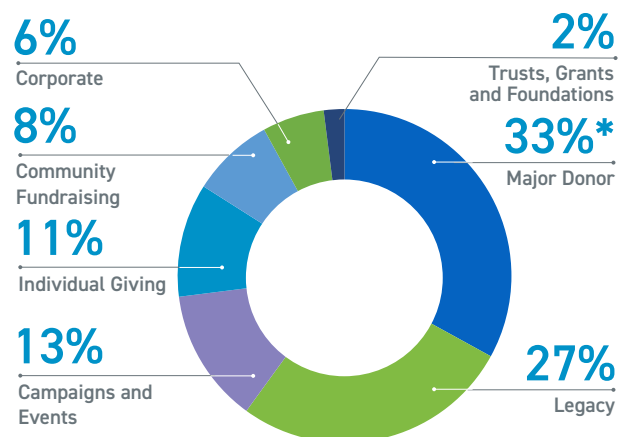
upgrades to clinical, patient, family and communal areas as well as landscaping. The site closed to patient admissions in December 2021 to allow for works due to commence in early 2022. The total cost will be c. €7m and fundraising will fund 100% of the construction costs or c. €6.5m. By the end of 2021, over €4.3m had been raised to support the Blackrock Hospice refurbishment.

### Our work and achievements

#### Adhering to standards

We are committed to fulfilling good-practice obligations including compliance with the Charity Regulator's "Governance Code" and "Guidelines for Charitable Organisations on Fundraising from the Public" as well as preparing our financial statements in line with Charities SORP (Statement of Recommended Practice). This aligns to our Strategic Objective 3 to ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds.

### How we raised funds in 2021



\*OLH&CS were recipients of IIP funding (Immigrant Investor Programme) in 2021.





€6,862,852 raised in 2021\*

despite the on-going challenges of COVID-19. This is the most successful year in the history of Fundraising for OLH&CS. A sincere thanks to all our supporters for making this possible.

\*We raised €6,862,852 in 2021, a 44% increase on the previous year. This income is in line with Charities Statement of Recommended Practice (SORP) for financial statements, which includes accruals. In annual reports prior to 2020, our fundraised income was presented as funds that were received during the actual calendar year. In the calendar year, (Jan to Dec 2021), we raised €7,356,863 or up 31% on 2020.

### Fundraising during a pandemic

As with many organisations that rely heavily on fundraising, Covid-19 continued to have a challenging impact on our ability to raise funds throughout 2021 as many fundraising events and activities didn't go ahead for the second year in a row due to restrictions and we competed in the highly competitive virtual fundraising space. However, despite this, we raised €6.8m reflecting a 48% increase on 2020. Please note these figures represent income as per our financial statements in line with Charities SORP (Statement of Recommended Practice). Before 2020, fundraised income was presented here as funds received in the calendar year. This aligns with Strategic Objective 2, as fundraising plays a vital role in supporting our capital goals and funding on-going patient enhancements.

In the calendar year, we raised €7,356,863 or up 31% on 2020. We directly raised €5,390,367 whilst €1,966,496 was generated from those who kindly remembered us in their wills (legacies).

This is the most successful year in the history of fundraising for OLH&CS and we are truly grateful to all our donors and partners and would like to acknowledge the determination of those who got creative and supported us in many inventive ways throughout 2021 whilst adhering to changing restrictions. There are also many wonderful successes to celebrate in 2021 and we outline some key highlights in our fundraising gallery.

### Volunteers

We would also like to sincerely thank all our incredible fundraising volunteers who play a vital role in our campaigns and support across all aspects of fundraising. We were truly delighted to welcome them volunteers back to the office in 2021 in line with restrictions at the time.

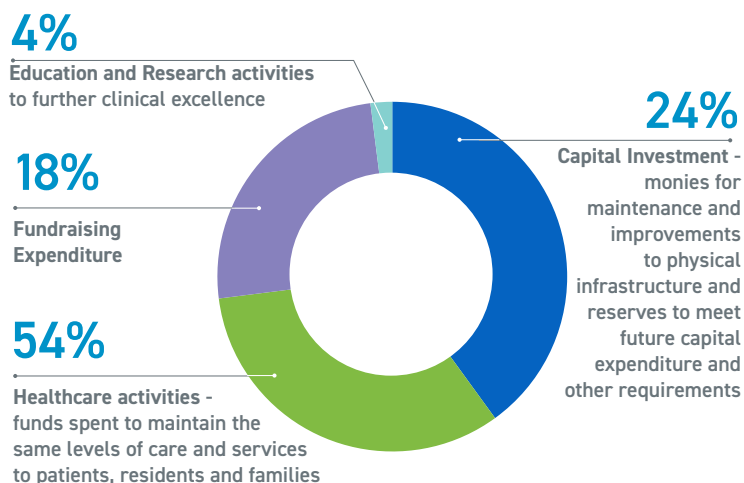
### Communications

Our communications programme continued to raise awareness of the care and services we provide. In line with Strategic Objective 1, it strategically supported organisational priorities and celebrated the stories of our residents, patients, families, staff and volunteers.

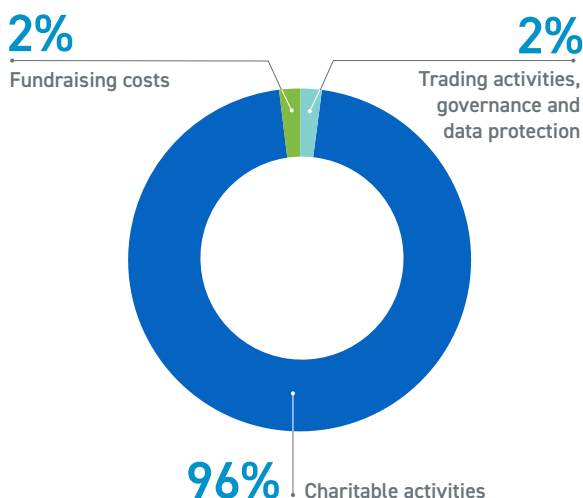
To communicate with stakeholders, OLH&CS uses a range of communications channels and tools including its annual report, website, social media channels, briefings for public representatives, donor newsletter and public relations initiatives leading to interviews and articles in national and local media. There are also two staff publications as well as intranet and dedicated training portals.

Patient, resident and visitor feedback documentation is available across sites and regular reviews are conducted by teams and departments to seek feedback on services. See governance report for details of reporting on lobbying.

### How we spent fundraised income in 2021



### Total organisational expenditure in 2021







"Our Lady's Hospice & Care Services holds a special place in my heart since my grandmother was cared for there before her death 13 years ago. While time moves on, my gratitude for the experience she had in their care at the end of her life lives on, and I am appealing to people to support the Hospice because its ability to fundraise has been really impacted by the pandemic, but the need for their service has never been greater."

**OLH&CS ambassador Maia Dunphy launches  
Hospice Sunflower Days - Together we Remember.**



## Focus on our supporters – You made it all possible!

Without the support of many individuals, community groups, volunteers, businesses and organisations, a small number of whom are recognised here, our work would not be possible. Please accept our wholehearted thanks for your support throughout a challenging year. It makes an incredible difference to so many and for that we are truly grateful.

### Community Fundraising

Despite Covid-19, community fundraising raised over €500,000 in 2021 to support our services reflecting a 37% increase on the previous year



Mr. William Tilly's annual spectacular Christmas lights display raised almost €20,000. These lights have delighted passers-by since 2005 and have raised over €175,000.



A huge well done to Deborah Keenan who completed 82 dips for the Hospice on Christmas Eve raising an incredible €8,600 in memory of her Dad Malachy.



Our heartfelt thanks to St. Jude's GAA club who organised the 'Mick Fallon Bull Runs' in memory of Mick Fallon. Both events raised over €33,000 for Blackrock Hospice.



Special thanks to Scalp Nursery in Kiltarnan who kindly planted a field with sunflowers in aid of Wicklow Hospice. Enjoyed by many, this wonderful display raised a fantastic €26,000.



The Sands sisters from Kilmacanogue Ava (10) and Clodagh (7) raised over €9,000 through their joint fundraiser in memory of their Granny, Greta Lawlor.



The Dun Laoghaire Lions Club generously gave €5,000 to support the Blackrock Hospice refurbishment. Pictured with OLH&CS' Geraldine Tracey are Liam Power, President Joe Curry and Eamon Teehan, Zone Chair.



## Events and campaigns

Unfortunately, COVID-19 continued to impact upon many of our events and campaigns across 2021, including the cancellation of the ever-popular Women's Mini Marathon for the second time. We also couldn't return to the streets for our traditional on street collection, Hospice Sunflower Days. Despite these challenges, our events and campaigns raised over €978,000 reflecting a 13% decrease on the previous year.



Hospice Sunflower Days - Together we Remember raised €89,000!



Our Hike for Hospice trekkers walked the Irish Camino in Waterford raising over €25,000



Over €206,000 was raised through our annual Hospice Spring Raffle representing a 26% uplift on the previous year.



Ian Dempsey and Andrea Corr filmed Light Up A Life on-site. The campaign raised €545,000.



Pictured supporting Bewley's Big Coffee Morning Social for Hospice are An Taoiseach Michael Martin with long-standing coffee morning hosts, Stephanie Graham and Joan Merrigan.



Pictured at the launch of the rebranded Bewley's Big Coffee Morning Social for Hospice are broadcaster and hospice supporter Miriam O'Callaghan with Jason Doyle, Managing Director at Bewley's Ireland & UK.

Despite Covid-challenges, *Bewley's Big Coffee Morning Social for Hospice* raised over €260,000, a 6% increase on the previous year. We thank all the determined, creative hosts who adhered to restrictions but hosted in inventive ways. Sincere thanks also to our long-standing sponsor Bewley's whose generosity and commitment over a 29 year partnership has raised over €41.5 million for hospice care nationwide.

We closed the year with our annual flagship Christmas event Light Up A Life raising over €545,000, 9% down on the previous year. Over 30,000 lights were sponsored in memory of loved ones. This event has raised well over €10.5 million since it began in 1992. Unfortunately we were unable to host our much-loved remembrance ceremony on site for the second year in a row but instead shared a video with hospice ambassador Andrea Corr and MC Ian Dempsey.

## Regular Giving

Our regular giving programme raised over €187,000, a 10% increase on the previous year. We are extremely grateful to all who commit to regular monthly gifts. These are vital in enabling us to plan ahead and make long-term improvements. Donations by individuals and 'In Memory' donations raised over €528,000, down 8% on the previous year.



## Corporate Supporters

We are fortunate that many corporate supporters showed great generosity during 2021. Whether you partnered with us for the first time or celebrated an anniversary of working with us, we are truly grateful. Special thanks to Bewley's, Toyota, Carroll & Kinsella Blackrock, The Licensed Vintners Association, Codling Wind Park, The Hospital Saturday Fund, Kia Dundrum, Salesforce, AIB Leopardstown, St Brigid's & All Saints' Church of Ireland parishes, SuperValu Blackrock, Penneys Nutgrove, ESB, Kilcoole Lodge Nursing Home, Ben Dunne Gyms, Amgen and Mason Hayes & Curran. Many thanks also to Robert Maguire and the team at Massey Bros. Funeral Directors for their ongoing support.

Each year a number of companies also become *Leading Lights for Hospice* as part of our annual *Light Up A Life* campaign. Patron supporters in 2021 included Northern Trust, Independent Fencing, Pfizer Healthcare Ireland, Medical Supply Company Ltd, D'Arcy Sands, Walsh O'Brien Harnett, and The Beacon Hospital.

These companies, and so many more, show great support to hospice care through donations and sponsorship, and we very much depend on their ongoing compassion and commitment.



In July 2021, we welcomed Codling Wind Park as the first Corporate Partner for Wicklow Hospice. The initial donation of €10,000 will support enhancements to a the patient courtyard at Wicklow Hospice. Pictured: Arno Verbeek, Project Director, Codling Wind Park and OLH&CS' Eleanor Flew.



Sincere thanks to SuperValu Blackrock who raised over €5,000 to support Blackrock Hospice's refurbishment. Pictured: Manager Niall Brougham & Nathan Forsyth with OLH&CS' Susie Cunningham.



Special thanks to AIB Technology Team, Leopardstown for raising over €5,000 in memory of a colleague in tandem with their Annual Pedal & Pie event. They also participated in Bewley's Big Coffee Morning Social for Hospice.





# Together for Hospice

**Hazel O'Shea**

National Projects Manager



Together for Hospice, The National Hospice Movement consists of 26 independent hospices and specialist palliative care services working at the heart of local communities across Ireland. Together for Hospice coordinates two national fundraising campaigns; *'Bewley's Big Coffee Morning Social for Hospice'* and *'Hospice Sunflower Days'* to raise vital funds for specialist hospice services in communities across Ireland.

The vision of Together for Hospice, The National Hospice Movement is to enable a future where everyone in Ireland can access the support and care needed when living with a life limiting illness. Hospices nationwide need to raise approximately €20 million each year, and as our population ages, demand for specialist hospice and palliative homecare services continues to grow. Funds raised through national campaigns play a vital role in supporting hospices to continue caring for patients and their families nationwide.

The ethos at the heart of Together for Hospice is that funds raised through national campaigns support local hospice services. This informs all our fundraising activity - every euro raised through national campaigns goes directly back to local hospice services.

## Goals and Objectives

The goal of Together for Hospice is to support and enable frontline services to fundraise collectively at a national level. In 2021 several objectives were determined to support this goal, identifying first the need to strive to achieve full potential of Together for Hospice as the National Fundraising body for hospice and specialist palliative care services in Ireland and the importance of connecting the public with the work of Together for Hospice at National level with the work of hospices in local communities.

Given the fundraising challenges presented by Covid-19, another key objective was to identify and embrace national campaign innovations to increase campaign reach and revenue whilst supporting fundraising for all hospice and homecare groups at local level.

## Our work and achievements

Due to the on-going impact of Covid-19, the annual Hospice Sunflower Days 2021 on-street collection was cancelled for the second year in a row. For the first time ever, a digital campaign was introduced at national level to acknowledge the deeply challenging times faced by so many people across Ireland during the pandemic, whilst allowing members of the public to support the work of their local hospice.

A virtual sunflower remembrance garden was introduced, and the public were encouraged to sponsor a sunflower in memory of a loved one whilst donating to their local hospice. A total of €331,000 was raised nationwide, an increase of +108% YOY, 17% of the total raised was attributed to the digital element of the campaign. We were delighted to launch the campaign with long-term Hospice Sunflower Days Ambassador and supporter Mary Kennedy and TV presenter Baz Ashmawy, to whom we extend our sincere thanks for so very generously giving their time to support hospices nationwide. We also extend our gratitude to those who dedicated sunflowers and continue to support their local hospice year after year.

The Hospice Sunflower Days digital campaign supported our key objective to introduce new fundraising initiatives to support hospices nationwide with this fundraising campaign. The successful implementation of the digital campaign also increased the visibility of the Together for Hospice brand and strengthened the connection between local hospices and the umbrella brand in the public arena, gaining over 2,153,622 Facebook impressions on the Together for Hospice page throughout the campaign.





Bewley's Big Coffee Morning Social for Hospice reached another incredible milestone raising over €41.5 million since the campaign's inception in 1992.

Ambassador and RTE Presenter Miriam O'Callaghan at the launch of *Bewley's Big Coffee Morning Social for Hospice* at Our Lady's Hospice & Care Services, Harold's Cross.

In 2021, Bewley's Big Coffee Morning Social for Hospice reached another incredible milestone, raising over €41.5 million since the campaign's inception in 1992. The campaign raised over €1.2 million, an increase of +16% YOY. We are incredibly grateful to our dedicated hosts who have supported hospices year-in year-out and throughout the pandemic, hosting outdoor events in towns and villages all over the country. Special thanks to our Ambassador RTE presenter Miriam O'Callaghan for launching the campaign and promoting the work of hospices nationwide. We also sincerely thank comedian Conor Moore for producing a video sketch impersonating a range of well-known public figures to promote and support the event.

On behalf of all specialist hospice and palliative homecare providers across Ireland, Together For Hospice sincerely thank our long-standing sponsor Bewley's for their generous and dedicated commitment to hospice care over 29 years of partnership. We are also grateful to each of our coffee morning hosts who support the event each year and we look forward to celebrating the much-anticipated 30th anniversary in 2022.

#### The Together for Hospice partners are:

St. Christopher's Hospice Homecare, Cavan; Marymount University Hospital & Hospice, Cork; The Friends of Youghal Hospice, Cork; Milford Care Centre, Limerick; Clare Hospice at Cahercalla, Clare; Donegal Hospice, Donegal; St. Francis Hospice, Dublin; Our Lady's Hospice & Care Services, Harold's Cross, Blackrock, Wicklow; Galway Hospice Foundation; Kerry Hospice Foundation; St Brigid's Hospice and Homecare Service, Kildare; Laois Hospice; Longford Hospice Homecare; North Louth Hospice and Homecare Foundation; Mayo Roscommon Hospice Foundation; Meath Hospice Homecare; East Meath Hospice Association; Offaly Hospice Foundation; North West Hospice, Sligo; North Tipperary Hospice Movement; South Tipperary Hospice Movement; Waterford Hospice Movement; North Westmeath Hospice; South Westmeath Hospice and Wexford Hospice Homecare.



#### Together for Hospice Profit & Loss Report for the period January to December 2021

Expenditure		Income	
Creative/Digital	€32,467	Text to Donate	€2,564
Printing and Fulfilment	€18,677	Bewleys Sponsorship	€30,743
Media and PR	€64,701	Hospice Contributions	€179,915
Campaign Management	€55,061	Campaign Income	€66,611
Professional Fees	€4,131	Refund	€14,698
Funds Distributed Nationally	€67,443	<b>Total Income</b>	<b>€294,532</b>
Campaign Sundries	€210		
Text to Donate	€369		
Credit Card	€15,117		
Refund	€15,494		
<b>Total Expenditure</b>	<b>€273,671</b>		





Lily Houlihan, Age 6, from Wicklow at the launch of *Hospice Sunflower Days* at Our Lady's Hospice & Care Services, Harold's Cross.

# Volunteer Services

**Jimmy Scurry and Anne Harrington**

Volunteer Co-ordinators

**Ann D'Arcy**

Bereavement Co-ordinator

The volunteer programme has been running for 29 years and volunteers are active right across our services. There are three main groups of volunteers – those who work in patient service, those who assist with fundraising and specially-trained bereavement service volunteers. OLH&CS is extremely grateful to have the support of 400 wonderful volunteers.

## Goal and Objectives

The goal of the volunteer service is to offer ongoing support across all areas of the organisation in line with all the organisation's strategic objectives. The support, commitment and dedication of our volunteers contributes enormously to our work, and greatly enhances the experience of patients, residents and their loved ones.

Volunteers are actively involved in a wide range of support roles across OLH&CS that complement the services provided by staff. These roles vary from office administration to supporting patients and families.

## Our work and achievements

2021, was another year filled with uncertainty. We continued to navigate carefully and cautiously through Covid's peaks and troughs ensuring the safety of our residents, patients, visitors, volunteers and staff at all times. A limited number of volunteers came back on stream in line with restrictions and in response to the needs of services. Around 220 volunteers were back in active service and we look forward to welcoming back more volunteers next year.

## Patient Service Volunteers

Throughout this period our Patient Service Volunteers have been absolutely fantastic in their dedication, commitment and understanding. Their presence across

all our sites cannot be overstated. They bring such a huge social value for our residents and patients, which enhances our overall delivery of person-centred care

Around 90 patient service volunteers across Harold's Cross, Blackrock Hospice and Wicklow Hospice returned for active service and gave almost 5,000 hours of their time during 2021. There was extensive "return to safer volunteering" training delivered by our Infection, Prevention & Control (IPC) colleagues at different points across the year. Also, our dietetics and speech and language colleagues provided "assisting at mealtimes" training for mealtime companions volunteers in Anna Gaynor House (AGH).

Volunteers continued meeting and greeting visitors daily in AGH providing 1,095 hours of cover for this service. Even with all the on-going changes to visiting protocols they provided valued and necessary support. The weekly Sonas therapeutic activity programme for our residents with dementia was delivered by volunteers in AGH. This is now ward-based and not group-based as it was before Covid-19. It proved to be a great source of welcome and meaningful activities for residents.

In our palliative care units there were a number of changes across the year. Between January and September our volunteers met and greeted visitors, providing 558 hours of cover. With visiting restrictions lifted in the final months we re-started our volunteer-led evening tea rounds in Harold's Cross and Blackrock. This was a welcome change and positive indicator for our services.

The quality of support from our volunteer drivers never ceases to amaze us. They are forever making themselves available for all types of transport requests regardless of the time or day and facilitated 500 requests during the year. In March 2021 we started a Monday to Friday collection and delivery services visiting each of our



three sites. This has been great success in linking all in a cost-effective way with the timely delivery of Covid samples, bloods, medicines, correspondence and fits in with objective one of the strategic plan.

In response to the opening of Wicklow Hospice in late 2020, we recruited weekend reception volunteers who are to be a great addition to the service. We hope to add more volunteers in Wicklow next year.

Reception volunteers in Blackrock have provided fantastic support every weekend. They are a friendly voice and face for all patients, families and visitors and assisted staff with administration tasks where possible and gave around 600 hours of their time in 2021.

In line with Strategic Objective 4, we started a new pilot volunteer offering of Community Companionship Volunteers. This is the first of its kind for our organisation, extending our volunteer programme out into the community. It involves linking our outpatients with a volunteer who visits them weekly for a walk, to have a

cup of tea and a chat etc. The early indicators are very encouraging and we hope to expand the project in 2022. It's a really exciting time and opportunity for our volunteers to extend our work into the community

Our volunteers adapted so well to all the changes and challenges that the pandemic has brought. They are as determined and resilient as ever and continue to inspire us in all that they do.

### Bereavement Service Volunteers

The bereavement service offers a variety of services to meet the varying needs of those who are bereaved. In line with Strategic Objective 1 and best practice for social workers in palliative care, its goal is to provide a quality and safe service which makes a difference to patients and families.

As a result of Covid-19 restrictions services were limited as there were no on-site activities. However, the bereavement support volunteers continued to provide 300 hours of telephone support with a limited number of



in-person sessions. Online materials developed in 2020 were used again to provide support to the bereaved in coping with their grief.

There are currently ten active volunteers in the service. Two worked with a member of the social work team to facilitate a four-week bereavement support group for people whose relatives died during Covid-19. Participants said they found it very helpful to share their experience of grief with others who had experienced a bereavement since the start of the pandemic.

Our hope for next year is to open-up the service and recommence our programme of events for remembrance and bereavement. These have been important features of the service for several years and are only possible with the input, time and effort of the volunteer team.

### Fundraising Volunteers

Thanks to the continued support and dedication of our team of volunteers, we were able to deliver our annual campaigns and events including Hospice Sunflower Days, Bewley's Big Coffee Morning Social for Hospice

and Light Up A Life. Their enthusiasm is constant throughout the year. No matter what tasks they are asked to do, they complete them with energy and diligence as they know that each contribution is a vital part of making our campaigns a success. Regardless if the tasks are packing envelopes, separating raffle tickets, sending out t-shirts for community events, packing coffee orders for or sending out Christmas merchandise, nothing is ever too much trouble for this special team. As always, we cannot express how much our volunteers mean to us and the massive value of their contribution without which, we would be lost. Their effort help us greatly in our efforts to deliver on Strategic Objective 1.

The annual Hospice Spring Raffle is the first fundraising event of the year. Volunteers assist with calls to and from donors who support the campaign. It is always wonderful to hear the feedback from volunteers who speak to donors that support our work in memory of a loved one. This year our team separated 28,000 tickets as part of the campaign.





While the pandemic prevented us from having volunteers on the street for Hospice Sunflower Days - Together we Remember, our national flag day, the campaign was virtual and 800 items of merchandise were organised and sent to supporters. Similarly, the annual Women's Mini Marathon format was different taking place in September - volunteers supported participants by packing the sponsorship cards and t-shirt for the event.

Bewley's Big Coffee Morning Social for Hospice is something our supporters and volunteers look forward to every year. Our volunteers are kept busy for around six weeks before the event preparing coffee packs for our hosts. A mixture of individuals and companies take part which means the preparation of approximately 400 coffee packs.

Although we were unable to host a Light Up A Life event on site, the volunteer team was extremely busy arranging and organising 6,000 orders made on our website and by telephone as part of the campaign.

Despite its virtual nature, the campaign was a great success, made possible thanks to our excellent volunteers.

### Wicklow Hospice Gardening Volunteers

During 2021, the team of wonderful garden volunteers continued to visit Wicklow Hospice every two weeks to keep our gardens planting programme on track. The environment in which we provide our care is a crucial element in bringing a sense of respite, peace and nature to patients and their loved ones. We are extremely grateful to this dedicated group for all their hard work and enthusiasm in helping to create a beautiful space.



# Volunteer Story

## Enda Byrne

In 2016, Enda saw that Our Lady's Hospice & Care Services was looking for people to join its volunteer bereavement service. Some years previously her Mam, Margaret, had been a patient and the family had a very positive experience of the care shown to her and to the whole family.

"I remembered how valuable I had found bereavement support after my mother's death. When I finished up as a client of the service, I thought what a wonderful way it was to give back to the Hospice."

Having recently taken early retirement, Enda had been considering doing voluntary work when she saw the ad so she applied to join the Bereavement Support team.

"This work really means a lot to me, and I get tremendous fulfilment from it. The training was fantastic and covered a lot of ground. Of course, it brought up personal experiences but we were really well supported by our trainers and volunteer colleagues. We learned a lot about caring for ourselves and our mentors, long-time volunteers, gave great reassurance and advice.

"It is quite a commitment with rigorous training. Once you've completed 100 hours of weekend training sessions, you commit to the service for at least two years. Having completed all the training, checks and clearances; I saw my first client in July 2017 and it has become such an important part of my life."

Enda explains the most important part for clients is that they feel free to talk about their experience of grief.

"I focus on creating a safe space where they are comfortable talking. They can talk to me about things they may find too difficult to talk about with friends or family and there is no judgement. I am there with them actively listening. Sometimes people might want to sit in silence and that is fine too. People can respond to bereavement in different ways. Clients know during our time together they can talk freely and not worry about upsetting others."

Describing the purpose of bereavement support and counselling, Enda says it is to reach a point where the client is able to cope with their situation.

"I find it really satisfying to help a client find ways of coping better. When I first meet someone, they may say they can't imagine ever adapting to life without their loved one, in time, when I hear them say they are feeling and managing better, it is very rewarding. And, there's no set timeframe for this. We are there to help someone while they need us."

The service runs weekly on Mondays, with volunteers meeting clients and taking part in a debrief meeting with Ann D'Arcy the Bereavement co-ordinator.

"On a typical Monday I might spend three or four hours volunteering, between my clients and a follow-up debrief, which is time for me to talk about any concerns and to seek advice. Of course, the team in the Hospice will help if I feel a client would benefit from professional assistance."

Self-care is a very important part of the programme, and volunteers are encouraged to focus on it.

"I understand how important it is that I am able to leave this work behind and step back in to my own world. I might take time to enjoy the walk home along the canal or to listen to my favourite music as I drive. If I decide to watch TV that evening I will stick to light-hearted shows and comedies."

As well as bereavement support sessions, the Hospice hosts an annual children's bereavement weekend.

"This is a fantastic way to help children understand that they are not alone in their experience of grief. It is such a special weekend, full of activities, listening, talking and sharing ways that children can learn to live with their loss and celebrate the memory of their loved ones. It's also a chance to meet with and provide support for parents and families.

Enda explains that the volunteer team is well-supported by the Hospice staff at all times.

"As well as our de-briefing sessions, we have group supervision every two months, which is a time to check in and ensure we are coping well. We also meet monthly to read articles related to our work. These sessions are all so useful and provide lots of opportunities to ask for help or discuss any worries," she says.







# Human Resources Service

## Mary Kirwan

Director of HR

The Human Resources Service contributes to the success of Our Lady's Hospice & Care Services and employees by developing and facilitating an environment that values people, efficiency and delivers excellent care. We support employees throughout their employment life cycle.

This starts at the hiring process, continues through employment and goes into retirement. As at December 31st 2021, OLH&CS had 661 staff, 552.85 whole time equivalents (WTE) and 226 people receiving pensions.



### Goals and objectives

During 2021, the HR Strategy, aligned to the Organisation Strategy 2017 – 2022, continued its focus on improving existing processes and encouraging new approaches to partnership, learning and development,





performance, staff engagement, workforce planning, leadership, culture, evidence and knowledge.

Against a continued backdrop of massive disruption, the HR Service supported the organisation in the management of the many aspects of the Covid-19 pandemic. It managed and executed a multitude of HSE and Government-directed programmes and policies to ensure safe working during this time. It supported organisation decisions that affected our workforce and ensured the wellbeing of staff continued to be a priority.

During this time, many transformational projects continued, aligned to our Organisation Strategy.

To progress action aligned to our 'Great Places to Work' staff survey, a series of focus groups commenced in March 2021 to take additional feedback on changes employees wish to make to enhance their experience and that of their colleagues. Some were facilitated by staff who had completed the QQI Level 6 Leadership course as well as those who had completed a project management qualification, with support from HR.

Overall, the focus groups were well attended with actionable ideas for improvement generated aligned to communication and involvement, recognition, clear

Culture 	Career 	Benefits 	Environment 
Defined mission & and core values	Progression opportunities and career development	Pension	Proactive approach to health & wellness
Strong heritage	Leadership training	Employee Assistance Programme (EAP)	Friendly environment
Patient-centred not-for-profit organisation	Career development	Support for education	Diversity committee
Defined organisation strategy	Continuous professional development (CPD)	Free on-site parking	Employee Wellbeing Committee
Staff recognition awards	Education & training	Subsidised meals	Staff Council
High staff retention	Succession planning	Cycle to work scheme	Landscaped gardens & grounds
Employee engagement	Mentor programme	Tax saver scheme for public transport	

expectations and performance management. In July 2021, a presentation to our Board of Directors detailing next steps was approved and a cross-organisation multi-disciplinary group was established to analyse suggestions and turn ideas into reality.

Investment in becoming a practice-based learning organisation continued, in line with Strategic Objective 1, with enhanced collaboration with external training providers, continued promotion of our mentoring programme, the continued development of our Education and Research prospectus and the development of our Learning Training and Development section on the intranet.

### Our work and achievements

People join OLH&CS for a range of reasons and we strive to focus on our unique benefits to attract staff: our culture, career opportunities, benefits and work environment.

During 2021 we were delighted to welcome 105 staff on-board and 76 staff moved on. We continued to seek feedback using on-boarding and exit questionnaires which helped inform changes in our practice

Despite a moderate turnover of 11.49%, which includes medical staff, attracting and retaining talent during Covid-19 challenged us with 86 competitions managed through the year. In line with Strategic Objective 3, a continued emphasis on digital networking resulted in significant advertising cost savings. Also, our senior managers continued to work on succession planning in order to maximise the potential of our existing staff and to assist with identifying any training gaps.

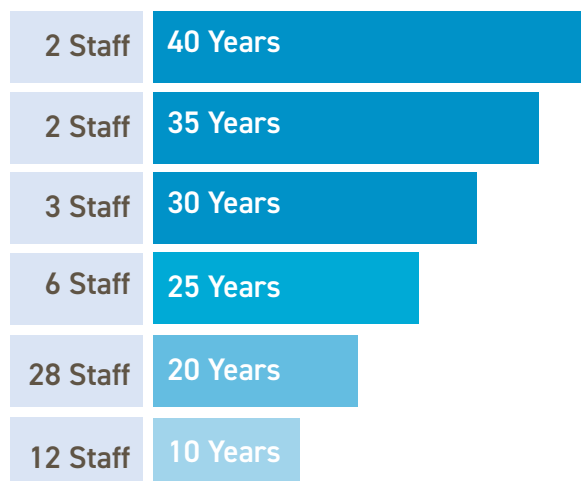
The work of the multi-disciplinary group 'Learning, Training and Development' continued to make strides towards OLH&CS becoming a practice-based learning organisation. In collaboration with Tallaght Training Centre, we continued our virtual teaching and learning programmes on leadership, training, project management and patient care. 32 people wishing to further their career or to enhance or refresh their skills took part in QQI Level 5 and 6 courses. We also facilitated 70 participants from other hospitals on these courses.

Fourteen staff attended virtual/in person People Management training programmes during 2021. We also hosted virtual/ in person orientation programmes for 82 staff.

We continued to ensure that our mission and our core values of human dignity, compassion, justice quality

and advocacy were translated into every aspect of our organisation via the work of our Mission Committee and underpinned by our Employee Wellbeing Group, Diversity Group, Staff Council and Residents' forum.

In 2021, a number of employees reached significant service milestones although the award ceremony was postponed because of Covid-19, the list of staff involved was celebrated in the staff magazine, the Hospice Herald.



Our Employee Assistance Programme, a confidential counselling service providing support to our employees and their families, supported 42 enquiries provide support or information to staff during the year.

The aim of the Employee Wellbeing group in 2021 was to continue to focus on physical and mental wellbeing in new and innovative ways with consideration for infection prevention control guidelines. It shared information, podcasts, webinars and posters on health and wellbeing topics.

We are committed to resolving workplace grievances in a timely manner. During 2021, four grievances were submitted. One matter was referred to a third party for supported resolution. We are committed to building strong partnerships and to providing best practise advice and support to all.



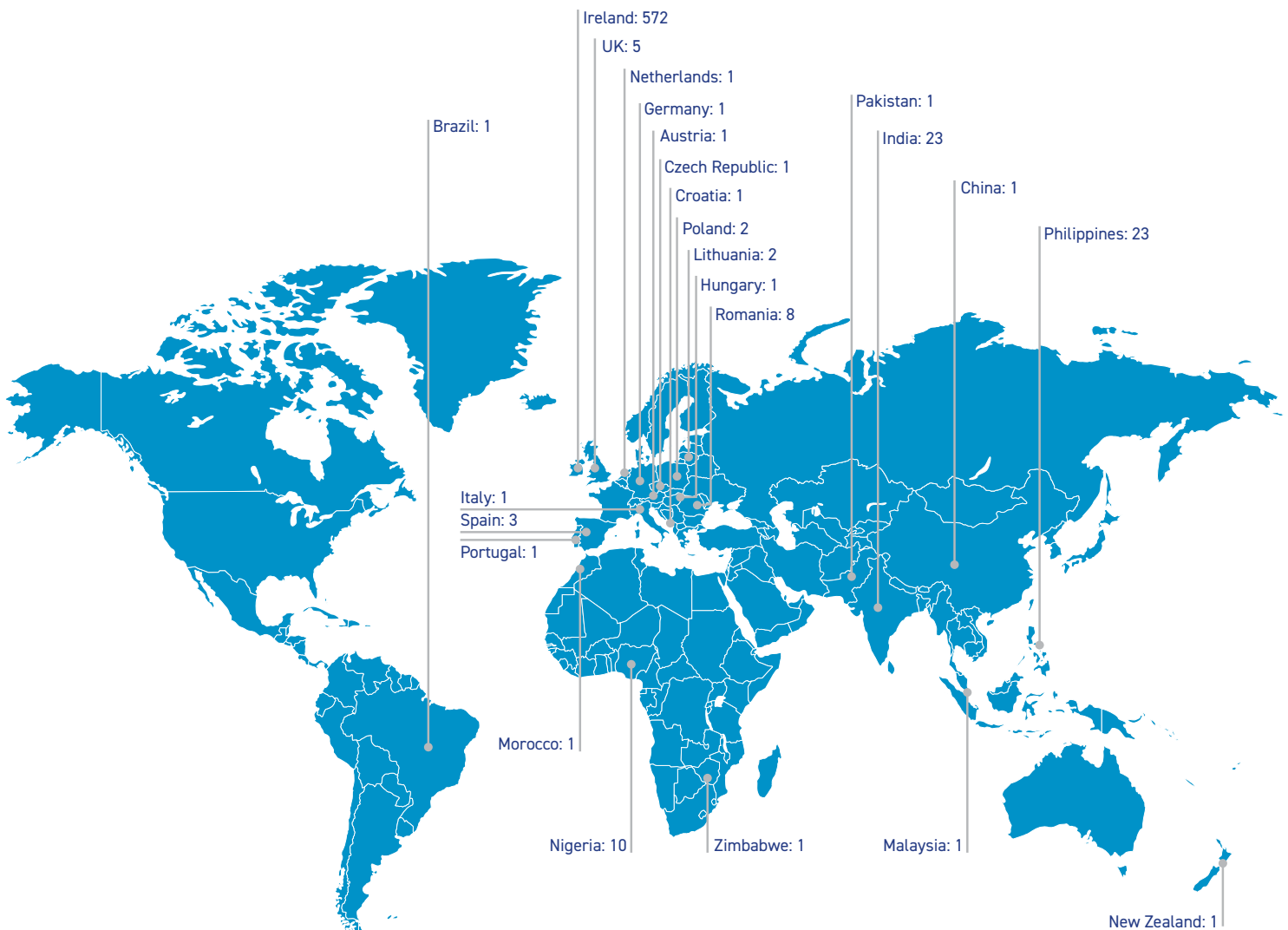
## Our People

During 2021, we remained committed to valuing everyone in OLH&CS as an individual and promoting and supporting diversity. The Diversity Group continued to share information and articles to promote awareness of the importance of diversity in the workplace. We acknowledge and are grateful for the diversity of our staff. We employ 661 individuals from 21 different countries and each person brings a wealth of professional skills and experience.

We are honoured to be supported by hundreds of volunteers who generously give their time and energy to help us create a special experience for residents, patients and their families and we were delighted to welcome the gradual return of our volunteers returning

to us in 2021. We were excited to welcome six new staff from the Netherlands, Hungary, Italy, New Zealand, Pakistan and Zimbabwe during 2021.

We acknowledge and appreciate the commitment that all employees demonstrated to those in our care during a challenging year. We also acknowledge the contribution of employees to the success of our organisation and we will continue to provide staff with a meaningful and rewarding experience while working with us.





# Staff Story

## Lessons from the dying: People live intensely in the last few weeks of their lives — very little matters except love, and the memories you make

As a member of Blackrock Hospice's Specialist Community Palliative Care Team Treasa Walsh explains that what she's learned from the dying is that, in the end, very little matters except love and the memories you make.

Treasa, from Irishtown, came to nursing later in life. She was 44 when she took the brave step to go back to UCD to study and from there, she joined Blackrock Hospice.

For Treasa's part, the lessons patients have taught her have brought a richness to her daily life and she tries to live these lessons each day.

"To me, dying is very much part of life. We are born with a certain amount of time — I call it 'burning time' like a candle. I like to think we can achieve whatever we are meant to achieve in our lifetime," says Treasa, explaining that part of her job is to help people do what they need to do in order for them to feel that their life is complete.

In terms of home visits, Treasa explains that it can take a few visits before relationships get established and people open up about what's going on for them. Resolving familial issues before they die and having a peaceful death are just two of the common things that come up for people.

"One of the hardest things we come up against is collusion where someone doesn't want to tell a family member they are dying. They don't want people to know we are from the hospice. It usually turns out that it's not the patient's issue — it's the family member's issue. I'm always surprised that exists," she says.

Something that always brings her joy is going into someone's home and being drawn to the wedding photographs displayed. No matter what age someone is, she says they enjoy telling their love stories and talking about how they met their partner.

"Sometimes having these conversations gives the person an awareness of how important they are and how they will be remembered. All anyone wants is to be remembered," she says.

"Most people want to know that the people they leave behind will be OK. They need words put on that and they need their friends and family to tell them they'll be OK after they've gone. It really helps if people can have that discussion. But they also need to know they'll be missed. That sounds like a contradiction but there isn't anyone who doesn't want to be missed."

Cicely Saunders, one of the founders of the modern day hospice movement is quoted as saying that "how people die remains in the memory of those who live on" and Treasa believes this is so important for families.

"For us, we want all of our patients to have good deaths, but it's not a fairy tale. There are people for whom we can't get control of their symptoms. We will always promise people to make their loved one as comfortable as we can. We all want the perfect ending but sometimes it can't be. We always aim for that impeccability, for it to be as peaceful as it can possibly be."

In her work, Treasa says she finishes each day richer than she started it. Even as she sees her last patient at the end of the day, she can come away from a home visit energised by bearing witness to their lives.

"People live extremely intensely for the last few weeks of their lives. Everything is very important. Even going for a coffee with a friend is heightened. They know it may be the last time they see that person. You soak that up — I definitely feel richer. It has given me a depth I wouldn't have otherwise. It's a privilege to do this work, you get blessed by it, not in a religious sense. If you're in a house when someone is dying, you may be there to witness death. There's a beautiful moment about it — it's pure love," she says.





Photo credit: Mark Condren, Irish Independent

"If you want to be remembered, take the time to create memories. We are all building memories as we go along. I believe that it's really important I leave this legacy of me. Leave your spirit in the world"

While many of us worry about money and paying the bills, no matter how much or how little anyone has at the end of life, what she's learned is that those with a huge amount of it would give it all away to hold on to their loved one who is dying for a little longer.

Love, says Treasa, is all that's important at the end. For one patient at the end of her life, all she wanted to know was that her beloved pet dog would go to a good home. She was happy to know that he would be loved by new owners.

Treasa believes there are life lessons she has learned from her patients that she tries to incorporate into her life. These are simple things and usually involve taking time.

"Love is the most important thing. Love in all its forms. Grab every moment and don't be putting things off. I'm not talking about taking a holiday — the little things like taking time out every day to appreciate nature. Appreciate just being.

"It's not all about achievements. It's not important what your achievements are. It's more about being, just being is really important," says Treasa.

"Being present is also really important. Make sure you are truly present in that moment. That's the biggest gift you can give someone. Don't pass someone by. People appreciate someone who will pay attention. There are so many elderly people who haven't had human touch in the last year.

"You never get back the moment. That's the main thing. You never get back time. We live here now and we are so lucky to have the now. Try to enjoy whatever is happening at the moment.

"Just stop and look out at the trees, smell the roses. Often it's really the simple things — pay attention to the child's drawing. You are good enough and that's all we can aim to be."

Excerpts taken from Irish Independent interview 13th September 2021 as part of Palliative Care Week 2021

# Finance

**Deirdre Saul**

Head of Finance

During 2021, in line with Strategic Objective 2, the finance department supported proposed service restructures, in response to model of care reviews conducted across clinical specialties and sites. In addition, the team reviewed the impact of private income as a source of funding and the impact of Covid-19 on income and expenditure. Discussion are on-going in relation to the remaining private income deficits, in order to address remaining gaps in baseline funding. Continued progress was made in respect of value for money cost containment.

## Results for the Financial Year

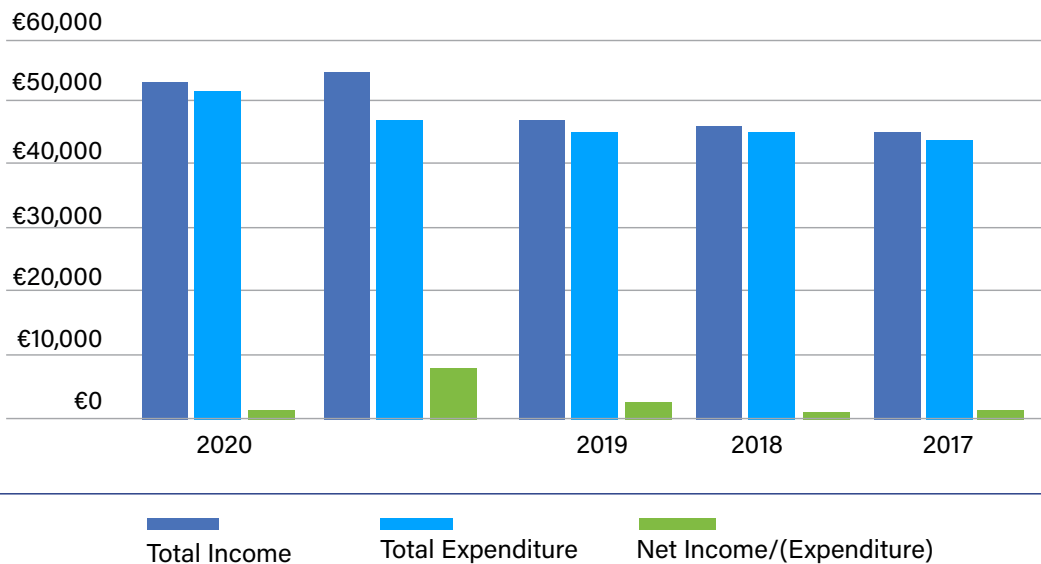
The Board of Directors is satisfied with the results for the financial year. Our Lady's Hospice & Care Services (OLH&CS) recorded an overall surplus of €938,695

in the year to 31st December 2021, compared to a surplus of €6,586,878 in the previous year.

This decrease on the previous year is largely attributable to the accounting treatment of the transfer of Wicklow Hospice, whereby almost €5m is recorded as a gift-in-kind income. Separately, the company received Health Service Executive (HSE) capital grant income of €1.2m in relation to fit-out monies towards Wicklow Hospice.

In 2021, additional Palliative Care funding of €800k (Harold's Cross, Blackrock and Wicklow) was received in order to address Covid-19 specialist palliative care related deficits. The CRU services were approved to move from a five to a seven-day service. The Rheumatic & Musculoskeletal Disease Unit (RMDU) funding model changed in 2021. Health insurance income rose slightly but we are still suffering a large decrease on pre-pandemic levels. The refurbishment project for the Blackrock hospice started in late 2021.

## Financial History, in €'000



The Statement of Financial Assets (SOFA) highlights the results of restricted and unrestricted activities. Restricted activities relate to all HSE-funded healthcare activities along with income and expenditure from the public, that has been restricted (e.g. to certain Units) in-line with donor wishes.

Fundraising activities generated income of €6,862.852 (up from €4,751,401 in 2020, primarily due to a 44% increase in fundraising income) of which €1.8m was paid in respect of pay and non-pay expenditure for healthcare activities in order to maintain the same level of care and services to patients as previous years.

The company had €14.6m of cash at bank (excluding the third-party funds) at the financial year end of which €26k related to investment cash. These cash balances, together with the investment portfolio, are available for the future development of the healthcare facilities in line with our master development plan and also for maintaining the level of services at the current levels for the foreseeable future (at least twelve months).

- HSE grants for patient care increased in line with pay restoration agreements for 2021 along with funding for the first full operational year of Wicklow Palliative Care funding (Harold's Cross, Blackrock and Wicklow) and additional funding was received in order to address Covid-19 specialist palliative care related deficits.
- Funding pressures and breaking even on HSE-funded activities remain a concern, especially in relation to private health insurance income, which

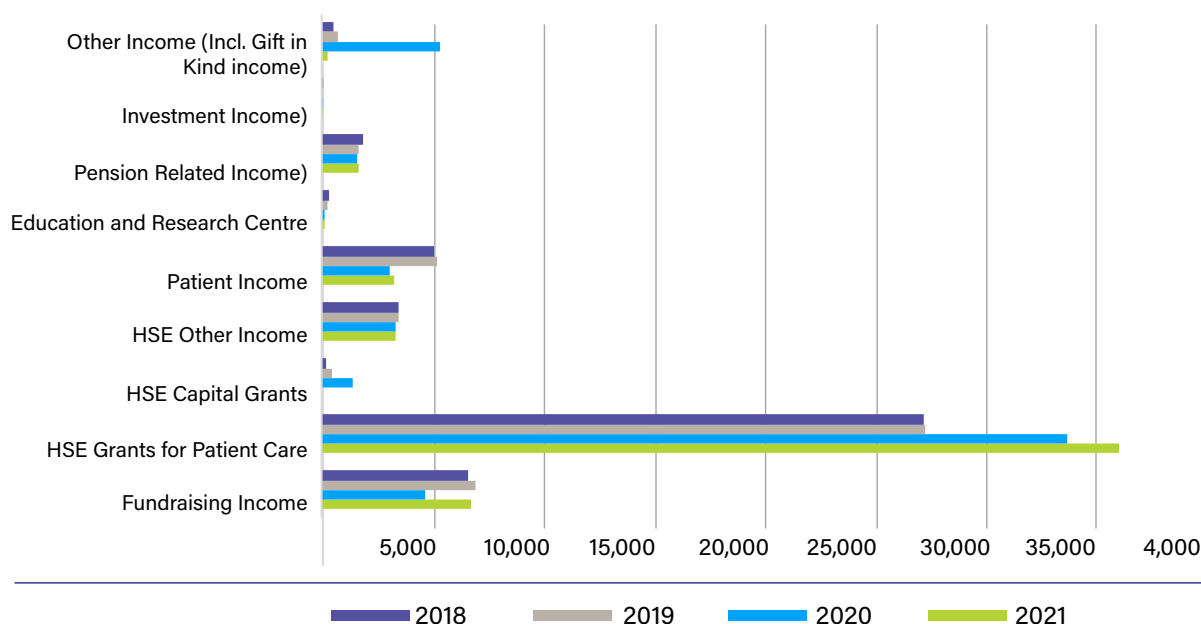
improved marginally on 2020 but is still almost €1.8m below pre-pandemic levels. Private health insurance income plays a vital role in assisting with the day-to-day running of the organisation and provides much-needed funding towards our high-quality services that benefit so many and of which we are so proud. This is coupled with the increased demand for services.

- Fundraising income saw an increase in donations of 55% or €1.9m from the previous year while legacy income saw a small increase with 2020.

## Expenditure

- Fundraising costs for 2021 remained at €1.1m and decreased from 25% to 16% of the income raised from legacies and donations due to the significant increase in donations.
- Expenditure on Charitable Activities for the year was €49.2m, an increase of €3.8m from 2020.
- Additional costs relating to Covid-19 came in at €0.5m.
- This was the first full operational year of the Wicklow Hospice, which opened in late 2020, costs were €3.8m.
- With a small change from 2021, payroll costs accounted for 78% (82% in 2020) of total expenditure with Non-Pay expenditure at 22% (18% in 2020).

## Income split, in €'000





## Staff Numbers and Costs

There was an average of 553 whole time equivalents employed during the year. Total payroll costs were €36.3m for the year. The gross pay of the CEO for the year was €124,433.

The number of employees, including medial staff, whose emoluments, excluding pension contributions, were in excess of €60,000:

	2021	2020
€60,000 - €69,999	97	85
€70,000 - €79,999	30	24
€80,000 - €89,999	8	7
€90,000 - €99,999	3	3
€100,000 - €109,999	-	1
€110,000 - €119,999	1	1
€120,000 - €129,999	1	1
€150,000 - €159,999	2	-
€170,000 - €179,999	1	1
€180,000 - €189,999	1	1
€220,000 - €229,999	-	1
€230,000 - €239,999	1	-
€240,000 - €249,999	-	2
€270,000 - €279,999	1	-
€280,000 - €289,999	1	-
€300,000 - €309,999	-	1

## Reserves Policy

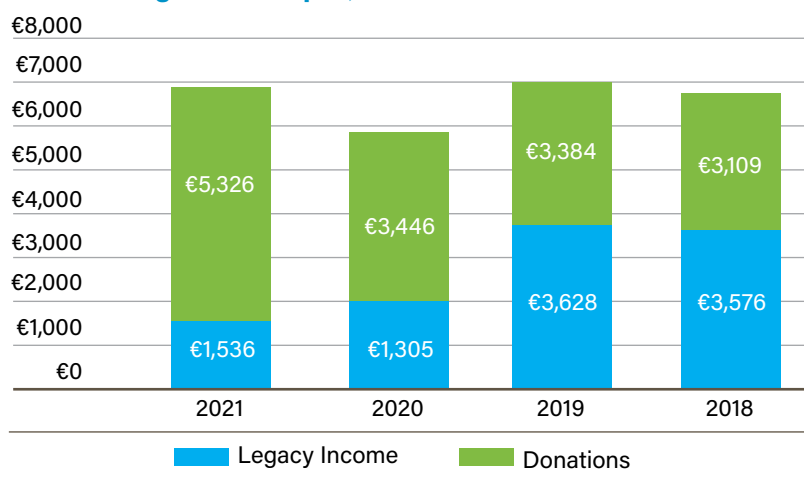
The key principle is that our reserves on non-HSE funded activities should be sufficient to manage a severe situation in which our cash inflows significantly fail to meet our cash outflows.

In such a "worst case" scenario, the reserves can be drawn upon in order to meet operating cash shortfalls, specifically the payroll costs associated with non-HSE funded staff members. The reserves policy ensures that core activity could continue during a period of unforeseen difficulty, which we have calculated as working capital reserves of €0.8m are held along with payroll reserves of €1.25m.

In addition to this, any additional cash available is primarily held in order to meet future capital expenditure requirements or other needs as may arise from time to time. Detailed cash forecasting analysis is undertaken in order to effectively manage reserves and spending of same. Please see below for a split of funds held by the company at year-end:

	Total 2021	Total 2020
Share capital and premium	38,638,788	38,638,788
Restricted capital funds - HSE related	19,594,589	20,662,561
Restricted capital funds - Donor related	6,159,578	3,592,501
Restricted funds - HSE related	1,067,300	1,104,924
Restricted funds - Donor related	176,287	137,567
Unrestricted funds - OLH&CS	32,299,759	32,861,267
<b>Total funds at end of financial year</b>	<b>97,936,303</b>	<b>96,997,608</b>

## Fundraising Income Split, in €'000



## Principal risks and uncertainties

Details are noted in the Governance Structure, Management and Administration report.

## Going Concern Note

The company's business activities, together with the factors likely to affect its future development, performance and position are set out in the Directors' Report.

The financial statements have been prepared on the going-concern basis. The company is dependent on the HSE to fund its activities and the ongoing support of the HSE at an appropriate level is fundamental to the company's ability to continue as a going concern. The HSE has not given any indication that it will withdraw its financial support from the company for the foreseeable future and has continued to provide funding for 2022. The HSE has indicated that funding will be available during 2022 at a level similar to that of 2021.

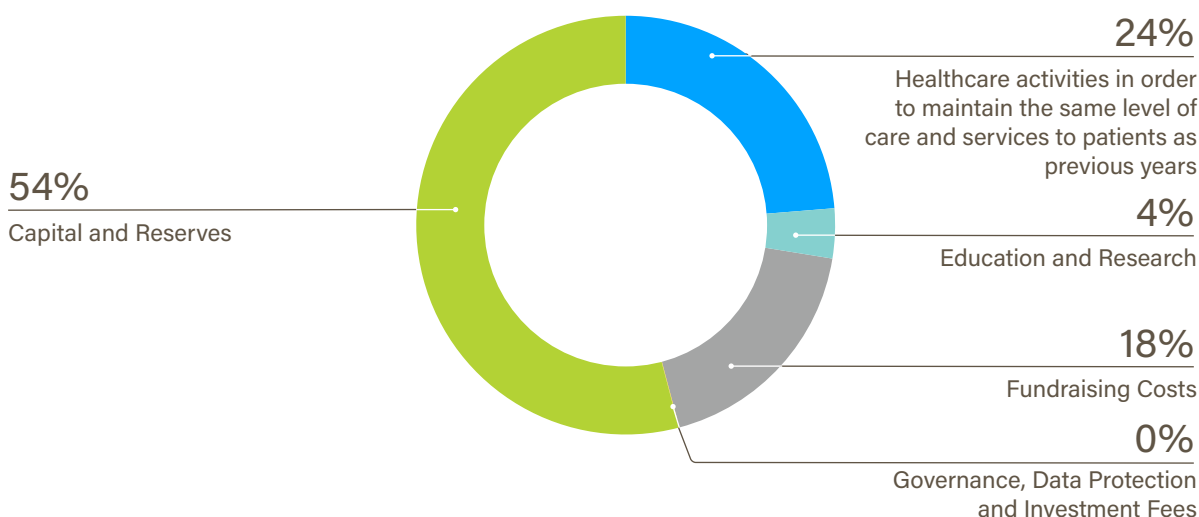
During 2021 Ireland continued to be impacted by the global Covid-19 virus pandemic. The directors have again considered the Covid-19 impact on the company and given that the company's main sources of income were from the healthcare and fundraising activities, there was a strong possibility that the

company's operation could be affected if its healthcare and fundraising activities were disrupted for a longer period due to further waves of the pandemic.

At the time of reporting, the Directors could not estimate the exact impact on the company's operational and financial implications from the on-going pandemic. As with many companies that rely on fundraising as a source of income, these remain unprecedented times and it is likely that fundraising activities will be impacted throughout 2022 and into 2023. While OHL&CS will, when the economy recovers, have the opportunity to return to pre-Covid-19 levels of fundraised income, it will face an anticipated fall in fundraised income throughout 2022/23 whilst fundraising events and activities remain curtailed. Income loss from events, campaigns and community fundraising is anticipated to be lower than other years.

Funding pressures and breaking-even on HSE-funded activities remain a concern, especially in relation to reduced private health insurance income, which has increased slightly on 2020 but continues to see a fall of around €2m from 2019 and earlier years. This is coupled with an increased demand for the company's services. Management has reviewed the level of activity and costs of the company and have drawn-up plans to deal

## Expenditure on charitable activities



with the issues associated with the on-going funding pressures. The company's current operating budget and forecast (assuming no reduction in HSE Funding) show that the company should 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).

While the strong reserves position at year-end means that there is no immediate threat to the going concern status of OLH&CS, provision of services remains reliant on funding from the HSE continuing at the same or enhanced levels in the future. After making due enquiries, the Directors have a reasonable expectation that the operating and capital budgets and plans will be achieved and that the company will have adequate resources and sufficient liquidity to continue to operate for the foreseeable future. On that basis, the Directors have continued to adopt the going concern basis of accounting in preparing these financial statements.

The ongoing support of the HSE at an appropriate level and the generosity of the public are fundamental to the achievement of these plans.



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

	Notes	Unrestricted € 2020	Restricted € 2020	Total € 2020	Unrestricted € 2019	Restricted € 2019	Total € 2019
<b>INCOME FROM</b>							
Donations and legacies	4	4,174,058	2,688,794	6,862,852	4,255,574	495,826	4,751,400
Charitable activities	5	180,083	44,751,813	44,931,896	3,895,456	44,992,937	48,888,393
Investment income	6	16,222	-	16,222	4,644	-	4,644
Other trading activities	7	292,734	-	292,734	320,111	-	320,111
<b>TOTAL INCOME</b>		<b>4,663,097</b>	<b>47,440,607</b>	<b>52,103,704</b>	<b>8,475,785</b>	<b>45,488,763</b>	<b>53,964,548</b>
<b>EXPENDITURE ON</b>							
Raising funds	8	1,554,626	391,091	1,945,717	1,511,437	405,512	1,916,949
Charitable activities	9	3,679,253	45,549,313	49,228,566	3,611,565	41,811,057	45,422,622
<b>TOTAL EXPENDITURE</b>		<b>5,233,879</b>	<b>45,940,404</b>	<b>51,174,283</b>	<b>5,123,002</b>	<b>42,216,569</b>	<b>47,339,571</b>
<b>Net (expenditure)/ income before other recognised gain/(loss)</b>		<b>(570,782)</b>	<b>1,500,203</b>	<b>929,421</b>	<b>3,352,783</b>	<b>3,272,194</b>	<b>6,624,977</b>
Gain/(loss) on financial assets at fair value	11	9,274	-	9,274	(38,099)	-	(38,099)
<b>Net (expenditure)/ income before taxation</b>	11	<b>(561,508)</b>	<b>1,500,203</b>	<b>938,695</b>	<b>3,314,684</b>	<b>3,272,194</b>	<b>6,586,878</b>
Taxation	13	-	-	-	-	-	-
<b>NET INCOME</b>		<b>(561,508)</b>	<b>1,500,203</b>	<b>938,695</b>	<b>3,314,684</b>	<b>3,272,194</b>	<b>6,586,878</b>
Transfer between funds	14	-	-	-	-	-	-
Total funds at beginning of financial year		32,861,267	25,497,553	58,358,820	29,546,583	22,225,359	51,771,942
Total funds at end of financial year		<b>32,299,759</b>	<b>26,997,756</b>	<b>59,297,515</b>	<b>32,861,267</b>	<b>25,497,553</b>	<b>58,358,820</b>

There were no recognised gains or losses other than those listed above and the net movement in funds for the financial year. All income and expenditure derives from continuing activities.

Audited accounts with details on notes are available on [olh.ie](http://olh.ie)

# **BALANCE SHEET** **AS AT 31 DECEMBER 2021**

	NOTES	2021 €	2020 €
<b>Fixed Assets</b>			
Tangible assets	16	85,784,184	87,771,195
Financial assets	17	170,985	170,226
		<b>85,955,169</b>	<b>87,941,421</b>
<b>Current Assets</b>			
Stocks	18	524,135	409,816
Debtors: amounts falling due within one year	19	7,088,128	6,161,465
Investment	20	26,220	233,073
Cash at bank and on hand	21	14,731,264	10,335,358
		<b>22,369,747</b>	<b>17,139,712</b>
<b>Creditors:</b> (amounts falling due within one year)	22	(8,024,735)	(5,469,957)
<b>Net current assets</b>		<b>14,345,012</b>	<b>11,669,755</b>
<b>Total assets less current liabilities</b>		<b>100,300,181</b>	<b>99,611,176</b>
<b>Creditors:</b> (Amounts falling after more than one year)	23	(2,363,878)	<b>(2,613,568)</b>
<b>NET ASSETS</b>		<b>97,936,303</b>	<b>96,997,608</b>
<b>Capital and Charity Funds</b>			
Called up share capital	24	2	2
Share premium	24	38,638,786	38,638,786
Restricted capital funds	29	25,754,169	24,255,062
Restricted funds	29	1,243,587	1,242,491
Unrestricted funds	29	32,299,759	32,861,267
<b>Charity Funds</b>		<b>97,936,303</b>	<b>96,997,608</b>

Audited accounts with details on notes are available on [olh.ie](http://olh.ie)





# Non-Clinical Services

## Tommy Beatty

Director of Non-Clinical Services

Non-Clinical Services (NCS) include Building Services, Garden & Grounds, Hotel Services, Materials Management and Reception. Together the non-clinical teams have a pivotal role providing a wide range of services, which are essential for effective and efficient day-to-day operations. Our work in non-clinical services brings us into contact with every discipline and service throughout the organisation.

### Goals and Objectives

The goal of Non-Clinical Services is to work closely with our service users and external partners to meet and adapt to organisational requirements.

Our main objectives are:

1. To provide a safe and welcoming internal environment for patients, residents, staff, volunteers and visitors across our sites
2. To maintain and enhance our external grounds and environment for the wellbeing of all
3. To manage the varied requirements of all our service users e.g. catering / procurement of goods & services / maintenance

### Our work and achievements

2021 was another challenging year due to the ongoing impact of Covid-19 pandemic and our Non-Clinical Services made the necessary adaptations to fulfil service needs.

### Internal Environment

In line with Strategic Objective 4 and service integration, the centralisation of main reception in Harold's Cross in the Anna Gaynor House since May 2020 has been beneficial for all patients, families, visitors, service users, supporters and contractors who visit OLH&CS.

During Covid-19 a central drop off and collection site was provided for residents' belongings and laundry for the four wards in our Anna Gaynor House. Although families may not have been able to physically visit at times, their relatives were assured of receiving their personal items during this time.

The new telephony system was one year in service on 1st July 2021 and among the many benefits it has brought are improved quality services for both internal and external users and streamlining and efficiencies.

2021 proved to be another very challenging year for Building Services. Throughout the year, the team completed various office upgrades notably in the Community Palliative Care office space in Harold's Cross, which included rearranging walls, flooring, lighting, heating, bathrooms and new office furniture to enable new ways of working.

There were further improvements in both general household, green and food recycling across the organisation, however waste volumes were up again in 2021, notably in clinical waste related to Covid-19 which was 16.7 tons.

With the assistance of the HSE Energy Bureau, we received funding to upgrade lighting in the Community Palliative Care department and several staff locker rooms. In a continued focus on further reducing our carbon emissions and energy consumption, lighting was changed as office upgrades were completed in several areas. As a result of our efforts to reduce our carbon footprint, our energy consumption has been reduced by 25.7% since our 2009 baseline.

### External Environment

Heading into a second year of restrictions, our gardens continue to thrive. The need for maintenance was even greater as our residents and patients remind us that the garden areas are their sanctuary. While patient needs increase, the team continually strives to enhance the external environment and endeavors to provide a



**16.7 tons**  
2021 clinical waste  
(Covid-19 related)

calm, quiet, restful and restorative space for residents, patients, their loved ones and staff.

As we build on our sustainability and we utilise the vast array of plant and tree species to increase our onsite biodiversity.

In Harold's Cross we added more bee hives bringing the total to five, which produced their first Hospice honey crop for the first time, thanks to the expert guidance and skill of our local volunteer bee keeper.

Blackrock Hospice gardens were changed in in preparation for the 2022 renovations. Many of the plants from the raised beds were moved to other areas and some were taken to Harold's Cross where they were incorporated in to the courtyards. It was work in progress with lots of planning for these gardens as we



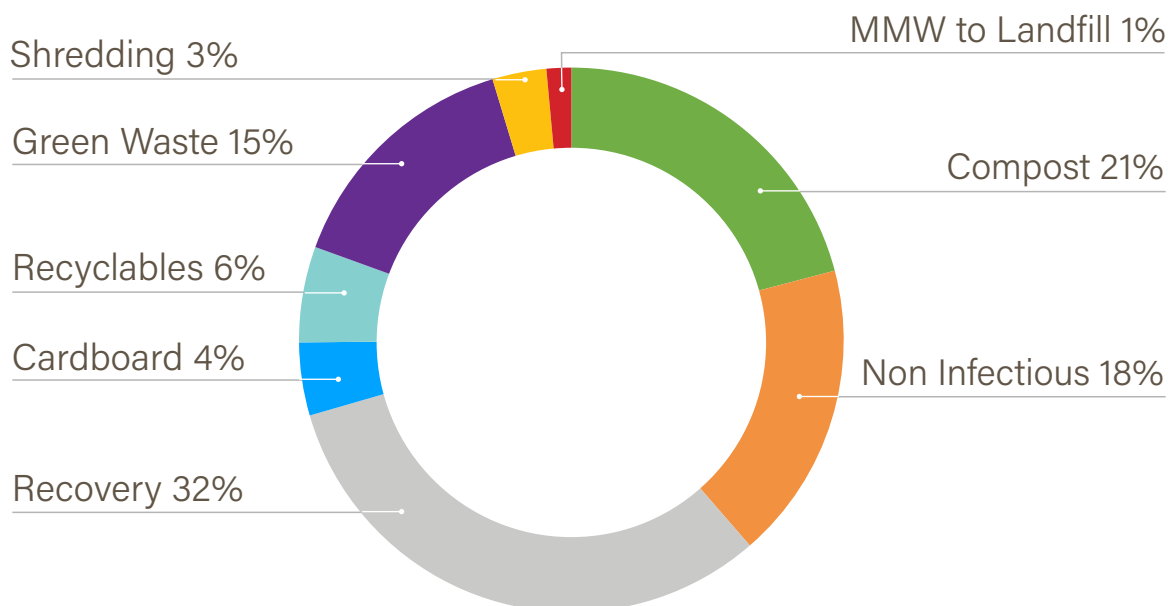
**25.7% reduction**  
in energy consumption  
since 2009.

prepare to create new pathways and planted areas to blend in and bring new life to the revised surroundings next year.

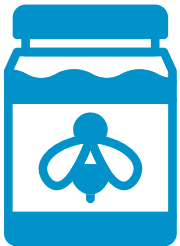
Wicklow Hospice gardens are beginning to mature and grow with thanks to the dedicated volunteers, the addition of spring bulbs will help enhance our new-look gardens bringing much needed early spring colour to be enjoyed from patient's room and public areas. The newly planted beds will provide an array of color and interest and create an atmosphere of calm and tranquility.

The Materials Management Dept. is responsible for the procurement of goods and services and ensures that the organisation is compliant on all matters of a procurement nature. The ongoing pandemic had previously created significant challenges in terms

### 81% Recycling/Recovery Rate 2021



of sourcing of PPE for the protection of patients, residents and staff but by working closely with both HSE Procurement and our own suppliers we have ensured that our stock levels were maintained to meet the demand at all times. As the vast majority of our PPE now comes via HSE Procurement spending on PPE for 2021 was reduced to €16,047 which represents a big reduction on the previous years. The team also works with Organisation of Government Procurement (OGP), Health Business Services (HBS) and other HSE groups to ensure it leverages purchasing power. Tenders are advertised on the government website [www.etenders.gov.ie](http://www.etenders.gov.ie) in line with procurement guidelines.



5 Bee Hives  
busily producing  
Hospice Honey!





# Tell us what you think

## Complaints and Feedback

**Patricia Pierce**  
Complaints Officer

Under Our Lady's Hospice & Care Services' Quality Framework, feedback from service users, provides valuable information about what service users think about the services offered. Examining such feedback gives direct insight into what is working well and what needs further improvement in the way care is delivered.

Furthermore, feedback to healthcare professionals is also important as it highlights examples of good practice where lessons can be learnt and areas of concern where improvements can be made. Measuring feedback and experiences of care or treatment highlights areas that need to improve to provide a patient-led healthcare service.

2021 was impacted by the pandemic for a second year, which was extremely challenging for service users and staff. Restrictions around visiting was upsetting for patients, residents and their families, and was challenging for staff to manage and communicate, particularly at end of life care.

During 2021, the complaints categories and number were as follows:

- Access: 2
- Safe and Effective Care: 3
- Communications and Information: 3
- Dignity and Respect: 1
- Invalid: 3

All of the above complaints were dealt with in a timely manner, and to the satisfaction of the complainants. There were no appeals to the HSE Customer Services or to the Ombudsman in 2021.

General comments were submitted on areas which can be improved. These related to a wide range of facilities: parking, proximity from parking to treatment areas; access to a daily Mass service. All of these are considered and addressed, where feasible.

There were 34 compliments received during the year, and these were greatly appreciated by the team's involved as affirmation of good service delivery during a very challenging year.

OLH&CS will continue our commitment to improve the quality of our services at every opportunity, and we are very grateful to those who have taken the time to advise us of any issues they have encountered so that we can continue to review, learn and improve.



## Complaints Statistics 2020

Category / Definition	2017	2018	2019	2020	2021
<b>Access</b> Accessibility /delays / facilities / parking / transfer issues /transport/ visiting times/other access issues	0	5	1	0	2
<b>Dignity &amp; Respect</b> Alleged inappropriate behaviour / care delivery / discrimination / ethnicity / end-of-life care / other dignity and respect	2	3	1	3	1
<b>Safe &amp; Effective Care</b> Adequate human resources / diagnosis/ continuity of care (internal/external) / discharge / H&S issues / healthcare records / hygiene / infection prevention & control / patient property / medication / treatment and care / other safe and effective care.	1	4	7	2	3
<b>Communication &amp; Information</b> Communication skills / delay and failure to communicate / diverse needs / information / telephone calls / other communication and information.	3	2	0	2	3
<b>Participation</b> Consent / parental access and consent / patients/ family/relatives/other participation	0	0	0	0	0
<b>Privacy</b> Confidentiality / hospital facilities (privacy) / other privacy	0	0	0	1	0
<b>Improving Health</b> Empowerment / holistic care / catering /smoking policy / other improving health	3	0	2	0	0
<b>Accountability</b> Patient feedback / finance / other accountability	0	0	0	1	0
<b>Other</b>	0	1	0	3	0
<b>Invalid</b>	0	0	0	0	3
<b>Clinical Judgement</b>	1	3	0	0	0
<b>Complaints Withdrawn</b>	0	1	1	0	0



# Governance Structure, Management and Administration

## Registration, Constitution and Structure

Our Lady's Hospice & Care Services (OLH&CS) is a registered Charity in Ireland (Registered Charity Number or RCN 20001827 / Charity Number or CHY 1144) and is constituted as a Designated Activity Company or DAC (Company Registration Number 352404).

OLH&CS was established in 1879 by the Religious Sisters of Charity. Today it encompasses three sites in South Dublin and Wicklow, with a catchment area of a million people. It is Ireland's largest hospice and provides specialist palliative from each of its three sites: Harold's Cross established in 1879, Blackrock Hospice, established in 2003 and Wicklow Hospice established in 2020. In Harold's Cross it also provides long established specialist services for Rheumatic and Musculoskeletal Disease and for Care of Older Persons.

## Board of Directors

OLH&CS is governed by an independent Board of Directors who serve in a voluntary capacity and meet at least five times a year. In compliance with the Memorandum of Association, no salary, fees or other remuneration is paid to Board Directors.

The Directors are responsible for the management of the business of the company and for exercising their powers in pursuit of the charitable objectives of the company.

The Directors are committed to maintaining the highest standard of corporate governance and this is reflected in the emphasis on transparency, accountability and effectiveness in all aspects of services.

The Directors are responsible for:

- Entrepreneurial leadership - providing effective leadership of the Hospice within a framework of prudent and effective controls.

- Strategic direction - setting the strategic direction of the Hospice, in light of the ethos and values that underpin the organisation, as established by the Religious Sisters of Charity.
- Overseeing and monitoring performance - approving, monitoring and reviewing organisational performance. The Directors delegate the day-to-day operations of the company to the Chief Executive Officer (CEO).

The CEO is not a member of the Board and no employees are Directors.

## Directors and Company Secretary

Lorcan Birthistle has been Chair of the Board of Directors since 2021. Helen Nolan has been Company Secretary since 2017.

The Board is comprised of not less than two and no more than 13 Directors. Members of the Board are subject to retirement by rotation having held office for six years consecutively. To ensure continuity of organisational knowledge and specialist expertise, Board members can be reappointed for a further six years if required.

## Lorcan Birthistle, Chairman of the Board

Mr Birthistle is retired, having served as Chief Executive of St. James's Hospital, Ireland's largest acute teaching hospital. Lorcan was previously Chief Executive of Our Lady's Children's Hospital Crumlin and St. Luke's Hospital in Rathgar. He is a graduate of the National College of Industrial Relations and Trinity College Dublin. Lorcan is presently Vice President of the Health Management Institute of Ireland and is a member of the Scientific Committee of the European Association of Hospital Managers. He is also a member of the governing Boards of the Trinity Translational Medicine Institute and the Wellcome Trust / Health Research Board Clinical Research Facility at St. James's Hospital.

## Helen Nolan, Company Secretary

Helen Nolan was Secretary to the board of Bank of Ireland Group (2009 – 2020). She has senior executive

experience as Head of Internal Audit and Head of Finance in banking and insurance roles. Helen is responsible for all aspects of board and corporate governance, has senior executive experience in successful banking and life assurance businesses and has led the development and implementation of the investment strategy for the Bank's main DB Pension Fund. Helen has extensive audit and accounting experience, and has Chaired the Audit Committee of the Department of Agriculture for six years.

#### **Cathy Maguire**

Cathy Maguire is a practising barrister of 25 years standing, specialising in employment and trade union law. She is a member of the editorial board of the Employment Law Report and Irish Employment Law Journal and was chair of the Employment Bar Association 2016 – 2018. She has published a number of text books on employment and trade union law and lectures in trade union law in the King's Inns and Law Society. Board meetings 2020 The Board scheduled eight meetings in 2020, in addition to the Annual General Meeting, held on 20th June.

#### **Dr. Terry McWade**

Dr. Terry McWade is CEO of the Royal College of Physicians of Ireland. He previously held the positions of Deputy CEO in the Royal College of Surgeons in Ireland, CEO Exceptis Technologies, Principal in the Boston Consulting Group (London), and CEO of Servier Laboratories (Denmark). Terry is a Board member of the National Treatment Purchase Fund where he chairs the Patient Care Committee. He is a former Chair of the European Vaccine Initiative and Deputy Chair of the Dublin Dental Hospital. He is a former Board member of the Governance Association of Ireland and a former member of Registration and Continuing Practice Committee and Audit Committee of the Medical Council. He qualified in medicine from TCD, and holds a MBA (INSEAD), MSC (Healthcare Ethics and Law), and Diploma in Corporate Governance (UCD). He is an IOD Chartered Director.

#### **Sean Dorgan**

Sean Dorgan was previously Chairman of Ulster Bank Group, Tesco Ireland, Dublin Institute of Technology and Irish Management Institute (IMI); he was also Secretary General of two Government Departments, and CEO of Chartered Accountants Ireland and of IDA Ireland. He is Chairperson of Wicklow Hospice Foundation and a board member of the Irish Cancer Society.

#### **Eugene Murray**

Eugene Murray is former CEO of the Irish Hospice Foundation; he is a member of the board of St Luke's Hospital; member of various national health councils, committees and forums; in RTE, he was a member of the Executive Board, Director of Business Planning and Head of Television Current Affairs.

#### **Carole Pollard**

Carole Pollard is a registered architect and Past President of the Royal Institute of Architects in Ireland 2016-2017. She was a member of the RIAI Governance Review Steering Committee and as President was responsible for implementing new governance structures. Carole's practice includes teaching, writing and research work in the area of architecture and design, and she is an advocate for excellence in the built environment.

#### **Pat Costello**

Following a successful military career with the Irish Defence Forces, Pat went on to gain a range of experience in leadership roles in Ireland and internationally. Pat was CEO of Irish Tax Institute and recently retired from his role as CEO at Chartered Accountants Ireland after 13 years. He is currently on the board of the Policing Authority and has been part of the GAA Audit Committee.

#### **Dr Philip Wiehe**

Dr. Philip Wiehe, MB BCh R.S.C.I.. Graduated from RCSI in 1980. Completed self-structured GP training in 1985. Philip retired from his Practice in 2021.

#### **Vincent Barton**

Vincent Barton is currently Director of Healthcare at Prospectus Consulting, who specialise in the Health and Life Sciences field. He was Managing Director of Prospectus from 2007 to 2017. Vincent has worked on over 400 commissions for a wide range of clients. Since 2020 Vincent has been leading a Prospectus team in supporting HSE Acute Operations Division in management of the acute sector response to the Covid-19 pandemic at national level.

Prior to joining Prospectus in 2001 Vincent worked in the Department of Health and Children for two decades. He also served two terms with the Department of Foreign Affairs at Ireland's representation to the EU in Brussels, where he was Health Attaché during the Irish Presidency.

He has lectured on Health Policy at Trinity College Dublin, the Royal College of Surgeons Ireland and the Smurfit School of Business, UCD.

Formerly a Board member of St James' Hospital, the Coombe Women's and Children's Hospital and the Tallaght Hospital Development Board, Vincent is a member of: Institute of Management Consultants and Advisors; Irish Society for Quality and Safety in Healthcare; Ireland France Chamber of Commerce and the Royal Dublin Society. He is a graduate of Trinity College, Dublin and of the Ecole Nationale d'Administration, Paris.

#### Hilary Coates

Hilary joined Bank of Ireland as Head of Health and Life Sciences in 2014 where she is responsible for the continuing development of the Bank's growth strategy in the Health and Life Sciences sector.

With her specialist knowledge and experience in clinical and corporate governance of health and social care organisations including nursing homes, pharmacies and hospitals, Hilary has in depth understanding of the complexities and realities of healthcare and the insight required to support healthcare businesses to anticipate, adapt and thrive.

Hilary has extensive senior clinical and executive national and international experience in the health and regulatory sectors. She originally qualified as a nurse from St Vincent's University Hospital and worked in a variety of clinical and executive roles including Director of Nursing. Hilary has an MBA from Smurfit Business School and post graduate qualifications in Healthcare Management, Corporate Governance and Risk Management. Recent roles include Head of Healthcare Regulation in HIQA, Patient Safety Advisor to the World Health Organization and Academic Programme Director in the Royal College of Surgeons in Ireland.

#### Dermot Ryan

Dermot Ryan is a senior civil and public servant with significant experience in a wide variety of roles. He

is currently the Assistant Secretary General, in the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). This role includes corporate business functions, encompassing responsibility for financial management including budgetary negotiation and oversight, internal and external HR, digital transformation, governance and performance, development and implementation of risk management function.

He has experience in the areas of working effectively at the highest levels with boards, senior officials, Cabinet Sub-Committees, private sector leaders and public representatives; broad experience in the development and implementation of corporate governance and risk assessment measures; proven expertise in the areas of financial control, budgetary reporting, audit and risk and control; a strong record in delivering on strategy, policy and legislation; considerable experience in the design, implementation of change management systems and leading organisations through policy, strategic and regulatory change measures; extensive experience in solution-focused approaches to dealing with the significant challenges involved in dealing with competing stakeholder interests, both within civil/public service and also semi-state and private sectors; developed policy through governmental, committee and working group structures at National and at EU level; significant experience in litigation at National and European level; and experience in dealing with media and communications challenges.

Mr. Ryan has held Board membership on: The National Council for Special Education: Board Committees: Finance; Strategy, and The Middletown Centre for Autism (established under North-South Agreement): Board Committees: Finance; Audit/Risk

### Board of Directors Skills Matrix and Inventory

Business/Management						Communica- tions	Finance	Political	Clinical	Educa- tion	Community Develop- ment											
Business Mgmt	Human Resources Mgmt	Construction & Project	Strategic Planning	Board & Governance	Quality Standards	Information Technology	Public Affairs & Communica- tions	Social Media	Finance	Accounting	Government & Gov Relations	Political Acumen	Legal	Labour Relations	Medical	Clinical Governance	Risk Management	Patient & Health Care Advocacy	Education	Research	Community Development	Fundraising



### Board meetings 2021

The Board scheduled seven meetings in 2021, in addition to the Annual General Meeting on 27th September. The table below shows attendance at Board meetings during the year.

### Directors Recruitment and Training

Members of the Board of Directors are recruited for their skills and expertise aligning to the evolving needs of the organisation. A skills matrix is in place to assist the Nominations Committee and new members are reviewed by the Nominations Committee in terms of the skillsets required by the Board as well as the need for diversity amongst Board members.

All new Directors are offered a comprehensive induction and orientation process with the Board Chair and the CEO to understand the breadth of OLH&CS' work as well as local inductions with the Senior Management Team. This induction includes notification of their responsibilities as Company Directors. There is an annual Board strategy 'away day' and Directors regularly attend important public events at the hospice to demonstrate their support for the organisation and staff.

### Board Sub-Committees

To support its governance activities the Board has established a number of sub-committees, who provide specialist advice and report directly to the Board. Each of the eight committees has its own terms of reference and its members serve in a voluntary capacity. Each

committee is Chaired by a Board Director and includes external experts who offer their time and expertise in a voluntary capacity and relevant hospice staff. New Sub-Committee members undergo a comprehensive induction process with the CEO and local inductions with the Senior Management Team as appropriate. All new members of Sub-Committees are recruited for their skills and expertise aligning to the organisation's needs.

### Annual evaluation

Every year the Board conducts an in-house review of its effectiveness. During 2021, the recommendations made following this review were to change Board administration software to enable greater efficiency for reviewing Board documentation. A review of Board Sub-Committees structure will take place in 2022.

### Decision-making

The Board of Directors approve policies, strategy, structure, business plans, annual plans and budgets to ensure the organisation is effective, transparent, accountable and achieving its organisational goals. Relevant matters are also reviewed by the appropriate Board Sub-Committees and recommendations are made to the Board.

Name	Appointed	Retiring	Eligible for reappointment	Board Attendance 2021
Lorcan BIRTHISTLE	2019	2024	Yes	7/7
Helen Nolan	2017	2022	Yes	7/7
Cathy Maguire	2020	2026	Yes	7/7
Terry McWade	2017	2022	Yes	7/7
Sean Dorgan	2017	2022	Yes	7/7
Eugene Murray	2017	2022	Yes	6/7
Carole Pollard	2018	2023	Yes	6/7
Philip Wiehe	2019	2024	Yes	6/7
Vincent Barton	2021	2026	Yes	full
Hilary Coates	2021	2026	Yes	full
Dermot Ryan	2021	2026	Yes	full

The Board of Directors appoints the CEO who delegates responsibility to the Senior Management Team to develop operational policy. OLH&CS has an overarching strategic plan (2017-2022) as well as departmental implementation plans to ensure progress of corporate objectives.

Policies, strategic plans and budgets are drafted by the Senior Management Team for consideration and approval by the Board. Regular reports, such as progress reports and reports on implementation of initiatives are provided by the Senior Management Team and Service Leads at Board meetings, enabling them to and monitor implementation.

In advance of each Board meeting, the Board holds a 'closed session' to discuss issues considered personal and private, such as: employee discipline; employment contract; attorney consultation; succession planning; senior staff performance; future retirement plans for management; management performance; personnel issues and peer-to-peer board discussions.

### Senior Management Team

The senior management team is made up of the CEO: Audrey Houlihan; Head of Finance: Simon Costello; Director of Nursing, Quality & Clinical Services: Mary Flanagan; Medical Director: Dr Stephen Higgins; Capital Developments Manager & Head of Non Clinical Services: Tommy Beatty; Head of HR: Mary Kirwan and

Director of Fundraising & Communications: Eleanor Flew.

### Governance and Compliance

OLH&CS is committed to working towards compliance with all relevant legislation, regulation and statutory obligations and will continue to develop to enable the achievement of full compliance. OLH&CS subscribes to the following:

- Directors Compliance Statement (Companies Act)
- Code of Governance for state bodies
- The Health Services Executive Compliance Statement

An annual compliance statement is submitted to the service funder – the Health Service Executive (HSE) and the organisation is fully committed to addressing any compliance matters raised in the response.

The Board of Directors is committed fulfilling good-practice obligations including compliance with the Charity Regulator's "Governance Code" and "Guidelines for Charitable Organisations on Fundraising from the Public" as well as preparing our financial statements in line with Charities SORP (Statement of Recommended Practice). OLH&CS was awarded 'Triple Lock' status by the Charities Institute Ireland, demonstrating its commitment to best practice in all aspects of transparent reporting, ethical fundraising and good governance.

Committee	No. of meetings in 2021	Chaired by Board Director
<b>Mission</b>	3	Kay Connolly, Chair (3); Extern Service User rep; Residents' Committee rep; Diversity / Staff Welfare / Staff Council reps.
<b>Education &amp; Research</b>	4	Terry McWade (4); OLH&CS staff
<b>Audit &amp; Finance</b>	4	Helen Nolan (4); Extern member; Staff.
<b>Clinical Governance</b>	3	Eugene Murray (3); Extern members (x3); Staff
<b>Fundraising</b>	4	Stephen Walsh (4); Staff
<b>Capital</b>	5	Carole Pollard (4) Extern; Staff
<b>Nominations</b>	2	Lorcan BIRTHISTLE (2); Board of Directors
<b>Remuneration</b>	3	Sean Dorgan (3); Extern; Staff

## Conflicts of Interest

OLH&CS has a Directors and staff 'Code of Standards and Behaviours' policy that outlines how we manage conflicts of interest / loyalty and we maintain a Conflict of Interest Register pertaining to both Directors and Senior Management Team.

At OLH&CS Board meetings, conflicts of interest / loyalties are declared, if applicable, at the start of each meeting. Should a matter relating to the interests of a Director arise, they will absent themselves when the Board is deliberating or deciding on a matter in which the Director or a person or body connected with the Director has an interest. Board documents that relate to any dealings with the above interests are not be made available to the Board member concerned prior to a decision being taken. Decisions once taken should be notified to the Director. The Conflict of Interest Policy was reviewed in 2021.

## Risk management and internal control

There is a three line approach to internal control at OLH&CS. The first line is the policies, processes and procedures for the management of operations. The second line is the risk management process that seeks to identify gaps or potential areas of exposure. The third line is the internal audit function, which independently monitors these first two lines.

OLH&CS has established a comprehensive risk management process, which seeks to ensure responsible staff within the organisation identify, manage and mitigate risks in line with the OLH&CS risk framework. This risk management process is an integral part of OLH&CS governance and management system. Risks are regularly discussed and assessed at all levels in the organisation and are reported to the Board of Directors as appropriate.

## Internal Audit

OLH&CS has a dedicated Internal Audit Unit function that is outsourced independently to Mazars Ireland. This function was launched in 2017 and an annual Audit Schedule is in place under the auspices of the Audit & Finance Committee. The Internal auditors are charged with ensuring that corporate processes and associated controls are functioning as intended. They also determine if a process could be improved, provides value for money or could become more efficient. In 2021, OLH&CS underwent a number of internal audits, as follows:

- Payroll Audit
- HR Compliance Review
- HSE Service Level Arrangements Compliance Review.

## Lobbying and Political Contributions

There were no political contributions in 2021, and as a result no disclosures are required under the Electoral Act, 1997. As required under the Regulation of Lobbying Act 2015, OLH&CS records all lobbying activity and communications engaged in with Designated Public Officials (DPOs). OLH&CS has made returns and submissions as required by the Act.

## Principal risks and uncertainties

The Directors, in conjunction with the senior management team, follow a process to manage the risks to which the company is exposed. They particularly concern themselves with operational and financial risks.

They are satisfied that appropriate systems are in place to mitigate against these risks, and limit exposure. Risks are identified and ranked in terms of potential impact, as well as the company's risk control measures. Major risks are those which may have an impact on operational performance, financial sustainability, achievement of aims and objectives and meeting expectations of our patients, funders and supporters.

The principal risks and uncertainties faced are:

- Clinical risks to patients under our care, either as in-patients or in their usual home environment: These risks are mitigated by the use of appropriately qualified and trained clinical staff, working within safe systems of care, having appropriate equipment, which reduces risk, such as automated equipment to prevent human error, having appropriate policies and procedures in place and our incident reporting system, which includes reporting near-misses so that future incidents can be prevented. We have adequate cover in place for public and clinician liability under State Claims Agency and Clinical Indemnity schemes.
- Failure to comply with Statutory/ Regulatory Requirements: The company is subject to stringent regulations in areas such as staff competency, staffing levels, health and safety matters and has appropriate processes in place to monitor adherence and compliance with legislation and regulations impacting on its operations.
- Financial dependency on the HSE: The company is dependent on the on-going support of the HSE for funding to deliver care services. On-going funding at an appropriate level is fundamental to the company's ability to continue as a going concern. It is company policy to mitigate this risk by developing ongoing relationships with the HSE and agreeing annually our Service Level Agreement.



- Lack of funding for future development of the campus: The company has ambitious plans to better utilise the space available on the campus and enhance patient care. There is a risk that insufficient funding will be available to complete the construction as set out in the Master Development Plan. Liaising with the HSE is on-going in relation to funding of these developments, along with continued increases in fundraising reserves for capital use.
- Fundraising and Reputational Risk: The above development funding risk is linked to a general fundraising risk of potential lower donations or bequests, which would impact on our ability to both carry out these developments and also to maintain the same levels of quality and service.
- General Data Protection Regulation: (OLH&CS) continue to implement GDPR regulations in an effort to achieve compliance. Risk assessments and risk minimisation actions are put in place to minimise areas of non-compliance and the Board is advised regularly on implementation progress and gap analysis.
- Insufficient funds to meet pension payments: The company is dependent on the Department of Health to continue to provide the funds required to pay current pension liabilities, under the Voluntary Hospitals Superannuated Scheme (VHSS), as they arise into the future. There have been no retirements to date from the Single Public Service Pension Scheme (SPSPS).
- Covid-19: The Directors have considered the negative impacts of the global Covid-19 virus pandemic on the company. There is a strong possibility that the company's main sources of income will be affected. This is covered in detail under Going Concern below.
- ICT and Security Risks: ICT risks include the risk of hardware and software failure, human error, spam, viruses and malicious attacks, including the exposure to harm or loss resulting from breaches of or attacks on information systems, as well as damage which could potentially be caused by natural disasters such as fires, cyclones or floods. OLH&CS employs an ongoing process of identifying, analysing and evaluating cyber security threats and other security risks and implementing plans to address and mitigate them. Risk is determined by considering the likelihood that known threats will exploit vulnerabilities and the magnitude of the

impact they may have. Monitoring and management of both internal and external risks to ICT and information security is performed in order to reduce the likelihood and severity of potential incidents. There are a number of IT general controls and other mitigating processes in place including the use of computer accounts and passwords; the use of computer hardware and software; the security of systems and computer devices; protocols for lost, stolen and damaged computer devices; storage, back-up and security of information; working from home; virus and malicious software protection; monitoring and restricting the unacceptable use of information technology resources.

## Administration details

### Registered office

Our Lady's Hospice & Care Services, Harold's Cross Rd, Harold's Cross, Dublin 6W, D6W RY72 Company Registration Number 352404 Charity Number CHY 1144 Charity Registration Number RCN 20001827

### Auditors

Deloitte Chartered Accountants and Statutory Audit Firm,  
Deloitte & Touche House,  
Earlsfort Terrace,  
Dublin 2

### Bankers

Bank of Ireland,  
1 Rathfarnham Road,  
Terenure,  
Dublin 6

### Solicitors

Woodcock Solicitors,  
16 Clanwilliam Terrace,  
Grand Canal Quay,  
Dublin 2



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# Data Protection

**Patricia Pierce,**

Data Protection Lead

Ambit Compliance, Data Protection Officer

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Our Lady's Hospice & Care Services works to enhance data protection and General Data Protection Regulation (GDPR) compliance in a steady and systematic way. It aims to ensure appropriate response times for issues, as well as implementing a structured work plan to improve compliance with statutory obligations and to manage data protection in line with best practice.

The Voluntary Hospice Group established a Data Protection Leads Forum, facilitated by Ambit Compliance as Data Protection Officer (DPO) to the group. This enhances the process of regular engagement, providing a responsive service where unforeseen data protection issues arise or where bespoke advice and assistance is required. Our Lady's Hospice & Care Services is also a member of the Voluntary Healthcare Risk Management Forum (VHARMF) Data Protection Group, which led on the development a robust Framework for Data Sharing in 2021.

There were four Subject Access Requests during 2021. Most requests continue to be made under the Freedom of Information Act (13 in total in 2021).

The number of breaches reported to the Data Protection Lead totalled 25, and, following evaluation of the level of the breaches, four were reported to the DPC. The reporting of incidents by staff reflects a good awareness of data protection in the organisation.

Throughout the pandemic, data protection audits across the three sites ceased, and it is hoped that these will be recommenced when restrictions are lifted.

Ambit Compliance provided invaluable responsive support ensuring the highest levels of compliance are applied throughout the organisation and with regular reporting to the CEO and Board of Directors.





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# Information and Communication Technology (ICT)

**Ciarán McCarthy**

ICT Manager

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During 2021, the ICT team led the organisation through a period of uncertainty following the cyber attack on the HSE's IT systems. Thanks to investment in ICT infrastructure in recent years, the in-house systems were robust and stayed protected. Restrictions were in place for some time due to shared services with the HSE, but overall service continuity was maintained during and after the attack. A full security review took place and a vulnerability management system was implemented to enable the early identification of weaknesses in the system.

Several projects during the year enabled greater efficiencies for the organisation and vast improvements were made to remote access for staff. In tandem with these improvements, a range of new security measures and international benchmarks were configured to further protect services. The team also delivered the ICT needs for the temporary site in Merrion, which will accommodate the Community Palliative Care Team during the renovations in Blackrock Hospice.

To meet the needs of staff, an ICT Learning Hub was published on the staff portal. The site contains numerous step-by step tutorials covering all aspects of day to day ICT in the hospice. A weekly "Ask Us Anything" clinic was also established to provide staff with an opportunity to raise queries with the team directly.



# TESTIMONIALS



"It's a strange thing to say, but even walking in here, the welcoming energy feels so uplifting, unlike any other place he has been. Knowing that he is happy and cared for means everything to us. The nurses even declared he was the King of the Hospice and made him a crown which he loves."



"It works miracles on me and I am a different person when I leave CRU. I don't think you will event find a place that treats the elderly so well."



"The nurses that came to our home were wonder workers. They quietly and efficiently took all the weight off our shoulders. They allowed me to be his daughter again, not his carer.... It's such a social and healing place. A place you go to live, not die."



Thank you (Mary Aikenhead ward) from the bottom of our hearts for the endless, compassionate care you showed our mother. You made such an impact on her life and stepped up to that role when we couldn't be there during lockdown, something we'll always be thankful for. You were always so supportive, kind, loving and empathetic to both us and Mam...She was always so happy with her friends around her...You made her room a home and treated her like family."



"I was a lot younger than every other patient in the RMDU but everyone was so kind and friendly. I still think of everyone regularly because I'm so grateful for all the help and support they gave me – between the doctors, physiotherapists, the nurses, occupational therapists and everyone else – the list would be so long. It was definitely one of the hardest times in my life but I'm full of gratitude when I think of all the help everyone gave me in OLH&CS."



"After Dad agreed to go to the Hospice it changed everything. It felt like a cosy and reassuring home. A place of living, not dying. Dad was immediately calmer. He was treated with such dignity and respect. And he got first-class care. He loved the banter with the staff and we got to know them all so well."



They have been fabulous looking after our nanny for four or five years now. We'd be lost without them. The care they give our nanny is outstanding ..... they are part of our family too. Want to thank all the staff and nurses in St Benedict's (Anna Gaynor House) ward from the bottom of our hearts, thank you very much."



**Harold's Cross**

Our Lady's Hospice  
& Care Services,  
Harold's Cross, D6W RY72.  
T: +353 (0)1 406 8700  
E: [info@olh.ie](mailto:info@olh.ie)

**Blackrock**

Our Lady's Hospice  
& Care Services,  
Sweetman's Avenue,  
Blackrock, A94 F8D9.  
T: +353 (0)1 206 4000  
E: [blackrockhospice@olh.ie](mailto:blackrockhospice@olh.ie)

**Wicklow**

Our Lady's Hospice  
& Care Services,  
Magheramore, Co Wicklow,  
A67 A446.  
T: +353 (0)1 406 8888  
E: [wicklowhospice@olh.ie](mailto:wicklowhospice@olh.ie)

Visit: [www.olh.ie](http://www.olh.ie) [f](#) [t](#) [in](#) [v](#) [i](#)

CHY 1144  
RCN 20001827  
Company number 352404