



Respite
Rehabilitation
Reassurance

Harold's Cross
Blackrock
Wicklow

2020

ANNUAL REPORT



Mission Statement

Our Lady's Hospice & Care Services, founded by the Sisters of Charity in 1879, continues its mission by providing, with loving care, high quality, person-centred health & social care services in the Hospice & community.

Our Core Values

These core values are upheld & shared by many people of diverse cultures, faiths, professions & circumstances. Daily, they serve to inspire, motivate & guide us in our work together.

Human Dignity:

To respect the unique worth of every individual.

Compassion:

To empathise with those who are in discomfort or suffering & to strive to understand their experience.

Justice:

To consistently act with integrity, honesty, commitment & accountability.

Quality:

To strive for excellence in all aspects of our work.

Advocacy:

To represent the needs of those who are unable to speak for themselves.

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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 one 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 make over 11,000 visits to patients homes across South Dublin and Wicklow every year.

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 Reablement Unit (CRU) and a residential unit. CRU provides in-patient care for frail over-65s who can benefit from a personalised reablement programme. The residential centre, Anna Gaynor House, is a safe comfortable home for older people with high dependencies.

Over 640 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 planning 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.

What we do

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

RMDU is unique within the Irish system, with in-patient and outpatient 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 an in-patient, an out-patient service 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 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 Reablement 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.

Specialist Palliative Care

We provide specialist palliative care to a catchment area of around one 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 service. 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 has been 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 2020, these programmes were adjusted and delivered online. Research is carried out across the organisation and



is essential to ensure that 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

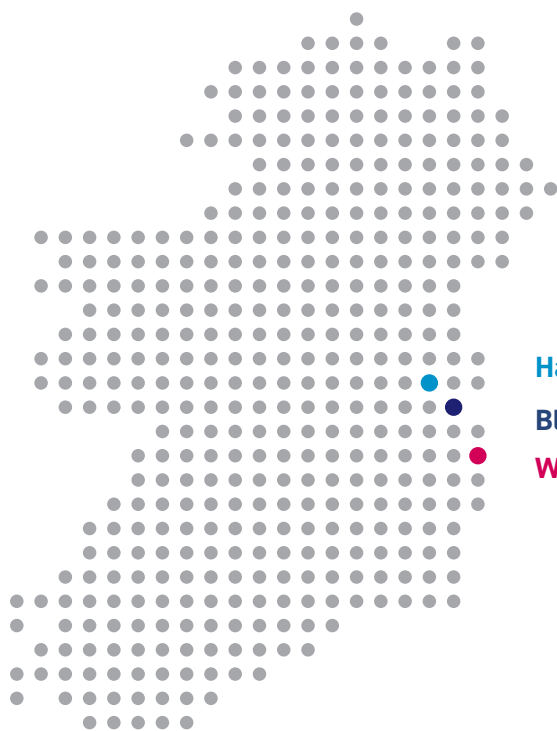
OLH&CS achievements are built upon the generous donations of thousands of individuals, groups and companies every year. Their compassion and generosity, along with funding from the HSE, enables us to continually develop and provide high quality care. Every year we need to raise €5.5 million to support our services. Unfortunately, as with many organisations that rely on fundraising as a source of income, Covid-19 had a sudden and substantial impact on our ability to raise funds as many activities were cancelled or reduced in scale. We are truly grateful to all our donors and partners and acknowledge the determination of those who supported us in many inventive ways throughout 2020 whilst adhering to changing restrictions. Our communications programme continues to increase our profile, support fundraising and celebrate the stories of the residents, patients and the families with whom we work.

Our 2017 – 2022 Strategic Plan 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 plan to achieve these using these principles:

- 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 and families.
- Collaboration – with patients, partners, policy-makers and funders.



Harold's Cross
Blackrock
Wicklow





3 Locations

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



Achieved
certification as
'Great Place to
Work'



3,861

patients cared for in
2020



1m+

people in our catchment
of South Dublin and
Wicklow.



€5.5m+

fundraising requirement
every year to support
our frontline services



640

employees from
16 countries



CRU becomes a
seven day service



7,730

virtual reviews
with patients



-32%

fundraising down
32% on 2019



400

fantastic volunteers
who we missed
during 2020!



RMDU nursing team assisted
HSE with design & development
of 'Attend Anywhere' for virtual
patient review



9,430

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

CHAIRPERSON'S REPORT

Brian Murray

Chair of the Board of Directors

2020 was a most challenging year for patients, families, staff and management at Our Lady's Hospice & Care Services as we worked through an unanticipated global pandemic. Due to the Covid-19 restrictions, the Board of Directors and Sub-Committees were unable to meet on on-site and so all meetings were held remotely. Though functional for facilitating meetings, we look forward to when we can revert to on-site meetings and see all the Hospice team once again.

My first acknowledgement for 2020 is to recognise the significant challenges faced by patients, residents, and their families. Visiting restrictions were applied to keep everyone as safe as possible and limit the spread of infection. Staff found it very difficult to keep friends and loved ones apart. This approach was contrary to the care we normally aspire to provide but was necessary due to the vulnerability of all patients and residents, and exposure to staff in any unit would have presented a risk to all.

The Board of Directors extend particular thanks to Audrey Houlihan, CEO, and the Management Team of Our Lady's Hospice & Care Services for the excellent management of the organisation during the unprecedented challenges due to the pandemic. The exceptional commitment and dedication of staff, many of whom also faced personal challenges around childcare and caring for vulnerable relatives, was exceptional and the Board recognise the many sacrifices that were made.

Of note, I commend the Infection Prevention & Control Team and the Information & Communications Technology teams for their fast actions and innovation in addressing new ways of working.

I also note the incredible flexibility of our staff, many of whom were redeployed to different areas to assist with the crisis.

Incidences of Covid-19 within the organisation were very limited, and well-controlled, and the transition to remote access to facilitate some staff to work from home also helped minimise the spread of infection. More importantly, was the successful move to providing remote services to patients through the introduction of tele-health, significantly assisted by 'Attend Anywhere', which OLH&CS adopted during the early stages of the pandemic.

Unfortunately, we had to make the difficult decision to ask our volunteers to stay away from the Hospice during the year due to the associated risks. We have always acknowledged the great contribution of our volunteers and their absence was felt by everyone throughout the organisation. Again, we look forward to 'normal' times when the volunteers will be able to return and enhance our services once again.

A role of the Mission Committee is to evaluate staff submissions for the annual Mission Heroes Awards. However, it was felt that 2020 had to be an exception, due to the amazing contribution of all staff. A magnolia tree was planted to honour all staff for their dedication and hard work during the year and will stand as a reminder to us all of the difficulties and personal challenges that were met with good humour, dedication, loyalty, whilst maintaining quality services for our service users.

Throughout the year, the Board monitored the progress and implementation of the organisation's Strategic Plan. Some of the planned service adjustments and model reviews were fast-tracked due to the pandemic and have been successfully implemented.

Financially there were major costs associated with the pandemic, relating to PPE supplies, protective screens, signage and reduction in bed numbers. There was also an impact on Fundraising activities, down 32% on the previous year. The HSE provided increased funding towards the Palliative Care Covid-19 costs, but there was a deficit in the Rheumatic & Musculoskeletal Disease (RMDU) income at the end of year.

Wicklow Hospice was officially opened by Minister for Health Simon Harris T.D. in January 2020 and open days were held for the community to visit the new facility in Magheramore. Following Covid-related delays, the team began moving in October. Minister for Health Mr Stephen Donnelly T.D. visited staff on-site in early November and the first in-patients were welcomed on December 8th. This is a great achievement for the organisation, and we look forward to getting the service fully up and running to maximise the delivery of palliative care services in the area.

We also submitted a planning application to Dun Laoghaire-Rathdown County Council for a substantial refurbishment of Blackrock Hospice as well as commencing planning for the reconfiguration of our out-patients services.

I am grateful to the Directors for their support and input during the year. I would particularly like to acknowledge the valuable contribution of Ms. Mary Rose Gearty, who resigned from the Board at the AGM (June 2020), having served on the Board since 2014. Mary Rose was replaced by Ms. Cathy Maguire, a practicing barrister of 25 years, who specialises in employment and trade union law.

I have been a member of the Board for 10 years and for the last number of years I have been Chair of the Board, so this is my last Annual Report as I will step down at the 2021 AGM. It has been my greatest honour and privilege to work with such caring and committed staff, volunteers, management and the Sisters of Charity and I wish all involved in the organisation the very best in the future.



CEO'S REPORT

Audrey Houlihan

Chief Executive Officer

2020 was an unprecedented and difficult year and I would like to thank all staff, volunteers and the Board of Directors for your efforts to weather this extraordinary crisis and continuing to provide person-centred, excellent and loving care.

In times of crisis we come together and I would like to thank each and every staff member and volunteer for their response to these challenges. Those working in healthcare continue to be the most innovative, determined and conscientious people, who protect the most vulnerable in our society.

Healthcare is always changing. Past changes have been driven by medical innovation, science, technology, demographics and demand. Last year's changes were brought upon us at a ferocious pace by a global pandemic that none could have predicted and it has impacted everyone, both personally and professionally.

As an organisation, we are resilient. We have continued to provide uninterrupted care for more than 140 years and will continue to do so throughout the pandemic.

The initial impact of Covid-19 was felt in March and immediate action was required, with the temporary closure of non-essential services, our Rheumatic & Musculoskeletal Disease Unit (RMDU) and the Community Reablement Unit (CRU). Visiting restrictions were applied to the Palliative Care Units and the Older Person's Residential Care Unit, in accordance with Department of Health and Health Service Executive (HSE) guidelines.

The team showed extraordinary flexibility and willingness to assist as many were redeployed across the organisation and worked with different cohorts of patients. Working remotely was quickly adopted, where feasible, and the ICT team was outstanding

in swiftly increasing our capacity to enable blended working.

A Covid-19 Taskforce was swiftly established to address all pandemic related issues. Community Palliative Care home visits were identified as a risk for patients, their families and staff, and 'virtual reviews' were offered, where possible and appropriate.

The next challenge was the supply of Personal Protection Equipment (PPE) to protect against the spread of infection and protect patients and staff. Difficulties were soon addressed and the HSE worked with the organisation to secure ongoing supplies.

As we came to terms with the pandemic, essential services were maintained. When Government restrictions relaxed, we reopened CRU, where patients were admitted to isolate in advance of their admission to the residential care unit, Anna Gaynor House. The RMDU reopened with a reduced number of beds to facilitate distancing measures.

Services and activity

There was a slight reduction in Palliative Care activity during the year. Patients were concerned about being admitted to our in-patient unit, mainly due to visiting restrictions. This resulted in a significant 25% increase in referrals to the Community Palliative Care Team (CPCT), who meet the needs of patients in their homes across Dublin and Wicklow.

Throughout 2020, staffing levels were continually impacted due to isolation requirements for those who contracted the virus and those identified to be close



The OLH&CS team demonstrated extraordinary flexibility and courage as we adapted to Covid-19

contacts. It was a very challenging time, particularly as infection control measures included restrictions on staff movement and therefore no access to agency staff to provide cover.

With a strong focus on infection control processes, we managed to avoid outbreaks during 2020.

The demand for RMDU remained high in 2020. Referrals, while slightly less than 2019, recovered strongly in the last quarter of the year. The RMDU was a HSE pilot site for its 'Attend Anywhere' secure web-based platform for virtual clinics, which were well received. The in-patient unit was quickly adapted to support St Vincent's University Hospital with a step-down facility. Other strategic changes demonstrated the Unit's adaptability to meet emerging needs and address the numbers on the waiting list. These included a redesigned out-patient services with face-to-face and virtual clinics for: complex cases; maternal medicine; gout clinic; Young Adult Rheumatic Disease; inflammatory arthritis; spondyloarthritis; fibromyalgia and infusion clinics.

Covid-19 also impacted on the Education Centre facilities on the Harold's' Cross campus with the cessation of commercial rentals on site.

Volunteers

Every year around 400 volunteers help us provide the special care for which we are renowned. In response to the pandemic, we had to suspend our volunteer service for the first time. Every day of the week they committed to helping out with a generous spirit and laughter. To say our volunteers were missed is an understatement. A limited number have returned, enabling us to provide a range of critical services and we thank them for their dedication and hard work. To those we haven't yet been able to welcome back on site, we miss you and look forward to your return when it is safe to do so.

Finances

An overview of finances of 2020 (below) is shown against the HSE Budget of €29.6m. A full finance report is detailed later in this document and the

The activity statistics for 2020 reveal the impact of the pandemic on operations:

SERVICE	'16	'17	'18	'19	'20	VARIANCE
RMDU (Harold's Cross)	772	851	806	799	363	-436 / 55%
Palliative Care (Harold's Cross)	618	603	596	621	543	-78 / 13%
Blackrock	165	198	204	238	217	-21 / 9%
Anna Gaynor House (Harold's Cross)	59	100	163	176	65	-111 / 63%
CRU (Harold's Cross)	332	353	356	330	219	-111 / 34%
Wicklow					2	
	1,946	2,105	2,125	2,164	1,409	-755 / 35%

HSE Funded Activities

	BUDGET	ACTUAL	VARIANCE	%
Gross Payroll	35,748,720	35,457,205	291,515	0.8
Contributions from fundraised income	(1,732,200)	(1,486,451)	(245,749)	(14.2)
Net Payroll	34,016,520	33,970,754	45,766	0.1
Non-Pay Expense	7,200,000	7,309,519	(109,519)	(1.5)
Total YTD Expense	41,216,520	41,280,272	(63,752)	(0.2)
Income	(11,572,552)	(12,964,746)	1,392,193	12.0
Net Requirement	29,643,968	28,315,527	1,328,441	4.5

audited accounts are available to view on our website olh.ie.

The overall positive variance arises from additional HSE funding towards Covid-19 costs of €3.73m, relating to Specialist Palliative Care (Harold's Cross, Blackrock and Wicklow). €1.742m of this is utilised against 2020 deficits while €1.988m is being carried forward to 2021. Adjusting for this, the total operational variance relating to 2020 is €0.8m negative.

Achievements

Despite the many challenges faced, there were many positive stories and goals achieved.

We successfully opened Wicklow Hospice, which welcomed its first in-patients on December 8th 2020 and is the first facility to provide specialist palliative care services for patients and their families in Wicklow. This state-of-the-art purpose-built hospice provides 15 in-patient public beds and a new base for the Wicklow Specialist Community Palliative Care team.

Its opening marks the culmination of over ten years of incredible fundraising by the Wicklow Hospice Foundation and the long-standing support of the local community. This was a major achievement under the circumstances, with challenges posed by Covid-19 and the recruitment of staff, as those in jobs elsewhere had difficulty being released to take up new posts.

In August, staff and volunteers completed a Great Place to Work survey. Despite taking

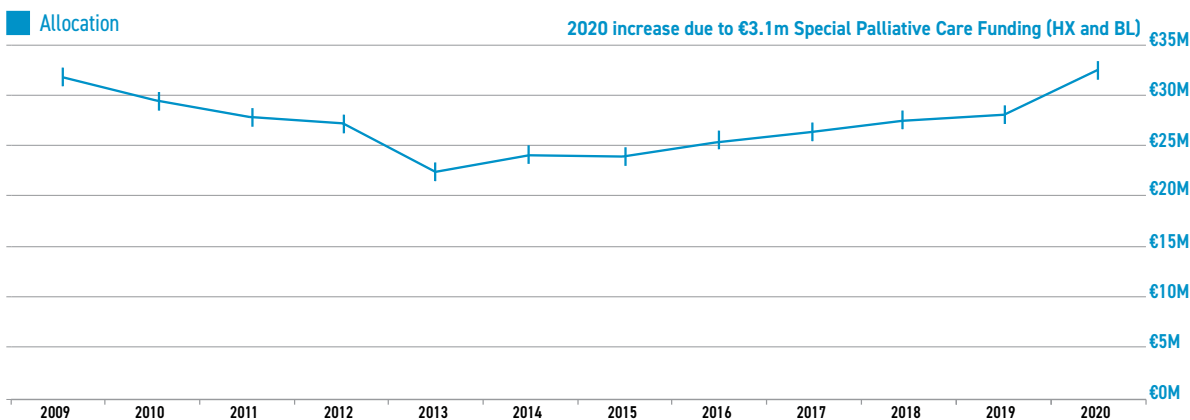
place at a time of such great uncertainty, we are delighted to have been officially certified as a 'Great Place To Work' for 2020/21. We achieved a 'core score' of 68%, which looked at five headings: Credibility, Respect, Fairness, Pride and Camaraderie.

This success is driven by staff dedication to the patients we serve and to each other and will help us to continue to grow as an organisation. During 2021 the data will be studied in depth with consultations to help us find out more about what we are doing very well and where we could make improvements. The survey will run every two years so we can continue to measure and benchmark our performance and improvements in comparison to other hospitals and other sectors.

A pleasant working environment is attributable to everybody's input, not just management, and the survey shows us that our core values – Compassion; Dignity; Justice; Quality; and Advocacy, are demonstrated by all staff with patients and residents, as well as with their colleagues.

The necessity for advancement of technology to safely meet service demands has enabled us to hasten our evolution to a mixed-service model of care, whereby we can carry out virtual assessments and provide support via tele-health technology, whilst also meeting the demands of required home visits or on-site clinics. This mixed model will continue and will help us meet increasing service demands. The closure of the RMDU in 2020

Core HSE Funding



increased our waiting lists for patients but this was quickly addressed with the introduction of virtual assessments and clinics, ensuring that all needs were met. Working from home will probably continue and it is a very suitable arrangement for some staff. Human Resources will work on facilitating this practice where feasible and with the correct structures in place to ensure staff welfare and the benefits for the organisation.

As with many organisations that rely heavily on fundraising, Covid-19 also had a sudden impact on our ability to raise funds as fundraising events and activities were cancelled or postponed. This proved challenging to raise vital income to support frontline services and in 2020, we raised €4,751,401 reflecting a 32% decrease on 2019. Whilst this is significantly lower than the previous year, we are grateful to all our donors and partners and would like to especially acknowledge the determination of those who got creative and supported us in many inventive ways throughout 2020 whilst adhering to changing restrictions. It is truly appreciated.

Preparatory work including design and consultation with staff continues on our Blackrock Hospice refurbishment project and this will become a key priority for 2021.

In December, a review of outpatient services and spaces on the Harold's Cross site commenced to improve patient experience; increase capacity/ number of patients seen and to enable us to expand our range of services.

During 2020 ten inspections were carried out across our sites including an unannounced Health Information and Quality Authority (HIQA) visit to Anna Gaynor House and an announced re-registration of Anna Gaynor House later in the year. No quality and safety investigations were opened during 2020. Advisory notices from the State Claims Agency and the Health and Safety Authority in response to the evolving pandemic were addressed with the necessary actions taken to respond.

Managing through a global pandemic in 2020 required the unprecedented efforts and commitment of all staff. Closures of schools and childcare, caring for vulnerable family members and work schedules were met by juggling and making personal sacrifices. The difficulties of having to enforce strict regulations around visiting went totally against the ethos of holistic care and the home-from-home atmosphere we take pride in, and was extremely challenging for the organisation..

Every staff member contributed their very best each day with good humour and amazing commitment. Once again, I thank each one sincerely for their huge efforts and dedication to Our Lady's Hospice & Care Services and I thank the Board of the Directors for their extraordinary support. I look forward to days when we can meet and greet each other without measuring the distance between us.



Ten inspections completed during 2020.



25% increase in referrals to the Community Palliative Care Team (CPCT)



Wicklow Hospice welcomed its first in-patients in December 2020.

Pictured is the Minister for Health Mr Stephen Donnelly T.D. with CEO Audrey Houlihan

COPING WITH COVID

Dr Stephen Higgins

Medical Director, Consultant in Palliative Medicine Our Lady's Hospice & Care Services and Tallaght University Hospital

Compassion, kindness and handshakes – reflecting on how Covid has changed how we work and shone a light on the importance of some of the smaller things.

In mid-January 2020 I attended a lengthy planning meeting where we laid out, in considerable detail, our objectives and plans for the year ahead. It's always good to be prepared and to forward-plan but we didn't know what was coming - we didn't know what we didn't know. The two-page summary of that meeting runs to 1,287 words; the words "covid" and "pandemic" don't appear at all.

It's funny what you miss. Sometimes I think the changes that Covid-19 brought were so overwhelming that it was only the small things you could really notice.

I miss handshakes. In almost 20 years of working in the Hospice as a doctor I can honestly say I've hardly ever (perhaps never) met a patient whose hand I didn't shake or, at least touch. Not shaking hands felt strange and awkward, it felt unfeeling and rude. But suddenly not shaking hands was the right thing to do – tradition had become treacherous.

Covid made me realise that often the small things are in fact big things. Almost overnight, we were no longer pulling up a chair and leaning in close to listen; our catering staff couldn't bring family members a cup of tea. The myriad of small details that make the Hospice what it is were altered, many of them just gone.

Of course, there were much bigger changes too - our physiotherapists couldn't run exercise groups; our social workers couldn't sit down face-to-face with a distraught family; our community team could only visit patients at home under stringent conditions, and our community and rheumatology rehabilitation units

had to completely close their doors for a short time. And our stalwart volunteers, normally so involved, had to withdraw.

Perhaps worst of all, we had to say no to visitors for months on end for our residents in Anna Gaynor House. Some things we can never go back and make right. For our sickest patients in our specialist palliative care units in Harold's Cross, Blackrock and Wicklow we could allow some visitors but, even then, it was very much restricted. This was counter to everything we had ever advocated. It was hard for patients, for families and for staff... but it worked. Our palliative units never closed to admissions and Covid-19 transmission rates were kept very, very low.

Whole wards changed specialty overnight as we responded to the new "normal" and found new ways to work with our local hospitals and GPs. We got used to making plans on a Monday, only to have to rewrite them on Tuesday and again the following week. Change became a constant.

We discovered how much we could do 'virtually'. That we could work and change more quickly than we could ever have imagined. We became adept at video calls with patients, we used the phone more, PPE became the norm and name badges got bigger and brighter. Our community team – masked, goggled and aproned – visited patients at home. And when it wasn't safe to do so, we found that video and phone calls were a way to bring support and expertise and even much of the warmth that was needed. People were afraid to be admitted, afraid of getting Covid, afraid of not having visitors so we cared for more people at home - 25% more patients than ever before.

We managed to set up out-patient clinics within days and learnt that, even in a pandemic, you could open a new Hospice – welcome to our colleagues in Magheramore, Co. Wicklow!

The Hospice has always been a special place where we are empowered to do important work, to do it well and to see – face-to-face – what our work means. We get to help and what we do is appreciated and supported by so many people. This is what drove our staff to be so resilient and responsive during the last year. It's true that Covid changed much of the detail of how we work, that it brought fear, stole warmth and forced isolation but maybe it has also highlighted what is special. Maybe it taught us again what we can do, how we can respond and adapt. And maybe it

has drawn our attention to some of the things we had long taken for granted.

We know that Covid will end but not everyone will see that time. For some, there isn't always a 'next year'. So, we have to make the very most of the 'now' and continue to find new ways to help. We must still leave space for compassion, for kindness, for the small things that make all the difference and yes, someday soon again, for handshakes.



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.

In 2020, despite the challenges posed by Covid-19, we made strong progress on the delivery of our objectives and the emergency measures taken during this time reflect the spirit and intention of the Strategic Plan. The following tables highlight some of our developments across 2020.

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	2020 KEY ACTIONS	2020 KEY OUTCOMES
Specialist Palliative Care	<ul style="list-style-type: none"> Review of services to ensure alignment with National Clinical Care Programme, HSE Development Framework and Commissioning Model and Sláintecare 	<ul style="list-style-type: none"> Wicklow Hospice in-patient to be opened. Wicklow community palliative care team to integrate into OLH&CS 	<ul style="list-style-type: none"> Community team moved on-site to Wicklow Hospice in October 2020 In-patient unit opened to patients in December 2020
Fundraising and Communications	<ul style="list-style-type: none"> Awareness and profile 	<ul style="list-style-type: none"> Continue to build upon our reputation and profile and position OLH&CS as a centre of excellence across our specialisms whilst raising awareness to support fundraising activities 	<ul style="list-style-type: none"> Media coverage achieved throughout 2020 continued to highlight OLH&CS' clinical expertise and support fundraising activities



Strategic Objective Two:

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

SERVICE AREA	2017-2022 PRIORITIES	2020 KEY ACTIONS	2020 KEY OUTCOMES
Specialist Palliative Care	<ul style="list-style-type: none"> Service review 	<ul style="list-style-type: none"> Undertake review of specialist palliative services Develop and implement Covid-19 response 	<ul style="list-style-type: none"> A national review of Day Hospice services, chaired by OLH&CS Assistant Director of Nursing, was completed. Establishment of a number of working groups to co-ordinate and oversee Covid-19 response
Human Resources	<ul style="list-style-type: none"> Review learning, training and development (LTD) opportunities within organisation 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 	<ul style="list-style-type: none"> Establish a learning culture that prioritises development to ensure staff are equipped to confidently deliver, problem solve and innovate safer better healthcare Conduct employee survey and take actions based on findings – ensuring staff continue to have their say via appropriate forums such as the Staff Council 	<ul style="list-style-type: none"> Advanced progress to shape our approach to LTD including developing relationships with third party training providers and providing opportunities to the wider healthcare system. Training Needs Analysis concluded for the organisation with an enhanced on-line platform including booking system planned. Achieved the Great Place to Work Award certification with significant levels of participation during a time of uncertainty (Covid-19) The Mission Committee ensured that the mission and core values permeate the organisation through groups such as the Staff Council, Employee Wellbeing Group, Diversity Group. Unfortunately, due to Covid-19 our Residents' Forum couldn't operate to full capacity.
Fundraising and Communications	<ul style="list-style-type: none"> Sustainability in fundraised income Integration with Wicklow Hospice 	<ul style="list-style-type: none"> Undertake fundraising review to ensure sustainability in fundraised income to support organisational current and future capital requirements Fundraising and Communications response to Covid-19 Oversee communications and media in relation to the addition of Wicklow Hospice to OLH&CS Integrate fundraising practice and procedures into Wicklow Hospice 	<ul style="list-style-type: none"> Commenced review to ensure sustainability in fundraised income. The case for support evolved with a renewed focus on updating our master development plan and the Blackrock Hospice refurbishment due to commence in 2021. By Y/E 2020, over €2 million raised to date for this project, 100% of which will be funded through fundraising. Following the comprehensive 2019 review of donor mapping, communications and analytics, a new donor journey framework was implemented Covid-19 resulted in the cancellation of many events and the delivery of an innovative digital response to traditional activities. E.g. the on-site flagship Christmas event, Light Up A Life, was cancelled and replaced with a virtual ceremony which was the most successful fundraising event in the organisation's history up 31% YOY Communications response to Covid-19 with changing restrictions and corresponding impacts on services Communications for the official opening of Wicklow Hospice with former Minister for Health, Simon Harris T.D. and the visit of Minister for Health Stephen Donnelly, T.D. welcoming staff to the site Wicklow Hospice Foundation fundraising representative transferred to OLH&CS in January and fundraising integration took place throughout 2020. The first OLH&CS three-site fundraising event took place in June with Little Flower of Life raising 106% more than 2019

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	2020 KEY ACTIONS	2020 KEY OUTCOMES
Specialist Palliative Care	<ul style="list-style-type: none"> Review of services ensuring alignment with National Clinical Care Programmes, HSE Development Framework and Commissioning Model and Sláintecare 	<ul style="list-style-type: none"> HSE-funded review of clinical and corporate governance to be established Review and revise regional medical on-call service in light of third site opening 	<ul style="list-style-type: none"> Review panel identified and scoping completed to commence Q1 2021 New medical consultant rota implemented
Older Persons Service - Anna Gaynor House Residential Unit	<ul style="list-style-type: none"> Review of services ensuring alignment with cost of care and the needs of the community 	<ul style="list-style-type: none"> Regular review of model of care Appropriate patient selection in line with dementia-focused vision 	<ul style="list-style-type: none"> Improved support of acute and community partners to facilitate avoidance of acute hospital admissions, early discharge, good advance care planning and palliative care for frail older people Particularly pertinent and challenging during Covid-19. Planning commenced to refurbish our residential unit to provide single rooms and increased privacy for residents, and to develop outpatient services for all our specialisms
Fundraising and Communications	<ul style="list-style-type: none"> Compliance with new Charities Regulation Code 	<ul style="list-style-type: none"> Continued compliance with Governance Code 	<ul style="list-style-type: none"> Annual review of Governance Code declarations completed and approved by Board of Directors during Q4
Finance	<ul style="list-style-type: none"> Model review Funding 	<ul style="list-style-type: none"> Support proposed service restructures, following model of care reviews across clinical specialities, incorporating cost of care and manpower planning Review the impact of private income as a source of funding, with particular review of Covid-19 impacts 	<ul style="list-style-type: none"> Continued progress made in value for money cost-containments and on-going structural reviews Funding received to assist palliative care private income deficits, with further funding committed in 2021. Covid-19 had a detrimental impact on private income. Discussions on-going in relation to the remaining private income deficits in order to help address remaining gaps in baseline funding

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	2020 KEY ACTIONS	2020 KEY OUTCOMES
Older Persons Service – Community Reablement Unit (CRU)	<ul style="list-style-type: none"> Review of services ensuring alignment with cost of care and needs of community 	<ul style="list-style-type: none"> Changed from a five-day service to a seven-day service to support acute hospital and community partners and ensure good infection control during Covid-19 	<ul style="list-style-type: none"> Services adapted to serve the needs of the community and acute hospital services during the extreme pressures of the pandemic Rehabilitation services continued with priority given to a frailer cohort who would otherwise be admitted to an acute hospital
Specialist Palliative Care	<ul style="list-style-type: none"> Review of services ensuring alignment with National Clinical Care Programme, HSE Development Framework and Commissioning Model and Sláintecare 	<ul style="list-style-type: none"> Exploration of working relationship with other regional specialist palliative care service providers 	<ul style="list-style-type: none"> To be included in regional governance review – Q1 2021
Rheumatic and Musculoskeletal Disease Unit (RMDU)	<ul style="list-style-type: none"> Review of services ensuring alignment with National Clinical Care Programme and Sláintecare 	<ul style="list-style-type: none"> Support step-down discharge rehabilitation programme for patients direct from acute hospital to home during lockdown Covid-19 Joint injection clinic to support acute patient care to patients in OLH&CS – acute hospital avoidance. Develop virtual platform to maintain healthcare professional and patient communication links Increase of delivery of IV infusions in OLH&CS site Review model of care for inpatient / out-patients programmes in line with Rheumatology Model of Care Support switch of biological infusion patients to biosimilar infusion to make cost savings and to avail of State's gain share incentive scheme. 	<ul style="list-style-type: none"> Implementation of safe patient-centred care out-patients delivery of care, including Registered Advanced Nurse Specialist / Clinical Nurse Specialist clinics, National Treatment Purchasing Fund clinics in collaboration with Children's Hospital Ireland, National Maternity Hospital, Rollout of Clinical Nurse Specialist Led Fibromyalgia Clinic <i>Attend Anywhere</i> platform protocols designed, developed and tested to maintain healthcare professional and patient communication and treatment of care Income from gain share switching project supported the upgrade of infusion chairs to enable delivery of infusions to patients.
Fundraising and Communications	<ul style="list-style-type: none"> Development of the national fundraising movement 	<ul style="list-style-type: none"> Development and launch of new nationwide umbrella brand to fundraise for local hospices 	<ul style="list-style-type: none"> Together for Hospice, The National Hospice Movement launched, along with a new website, in March 2020. Governance structures formalised including a Governance Group with representation from Hospice CEOs and an operational projects group responsible for rolling out national activities on behalf of participating hospices.

SERVICE AREA	2017-2022 PRIORITIES	2020 KEY ACTIONS	2020 KEY OUTCOMES
<p>Non-Clinical Services</p>	<ul style="list-style-type: none"> ▪ Service Integration ▪ Environmental 	<ul style="list-style-type: none"> ▪ Integrate new site of Wicklow Hospice into organisation ▪ Relocate main reception at Harold's Cross site to new and more appropriate, accessible central location to welcome patients, visitors and supporters ▪ Upgrade out-patient services ▪ Upgrade of offices/ departments ensuring Covid-19 compliance ▪ Reduce carbon footprint where possible ▪ Support local initiatives for environment / biodiversity ▪ Work on roll out International Dysphagia Diet Standardisation Initiative (IDDSI) 	<ul style="list-style-type: none"> ▪ Non-clinical services function established in Wicklow Hospice ▪ Reception move completed in May 2020 with upgraded telephony system roll-out ▪ Completion of multiple office / Department upgrades to facilitate social-distancing requirements ▪ Upgraded lighting and hydro-pool pumps in out-patient services ▪ Improvements in general household, green and food recycling in 2020. 80% recycling / recovery rate achieved ▪ Biodiversity wild flower meadow created on site. Supported local community-based project with environmental initiatives ▪ In November 2020, the next stage of IDDSI was rolled out with MDT
<p>ICT</p>	<ul style="list-style-type: none"> ▪ Telephony, IT integration and connectivity 	<ul style="list-style-type: none"> ▪ Email server replacement scoped ▪ Specify, build and deploy ICT infrastructure and systems for Wicklow Hospice ▪ Support organisational remote working as part of Covid-19 requirements ▪ Replace telephony infrastructure in Harold's Cross ▪ Improve ICT infrastructure and security across our three sites 	<ul style="list-style-type: none"> ▪ Office 365 deployed across all sites rolled including Microsoft Teams, One Drive & SharePoint. Staff Portal and on-site email migrated to cloud ▪ Wicklow Hospice ICT infrastructure deployed and fully operational. Fibre internet and mast system to enable mobile coverage established ▪ Remote access capacity greatly increased to support Covid-19 remote working practices ▪ New phone system installed in Harold's Cross Hospice. ▪ Conferencing facilities installed across all three sites. Mobile device management deployed to secure and administer approx. 300 devices. ICT learning hub, a website of information and tutorials established for all staff

NURSING, QUALITY AND CLINICAL SERVICES

Mary Flanagan

Director of Nursing, Quality and Clinical Services

We must acknowledge that the disruption caused by Covid-19 created a unique opportunity for the nursing and clinical teams to work together and create new ways of working that will exist beyond the pandemic.

This collective effort ensured that patients and their families remained at the forefront in all that we did during 2020. There are many joint successes based on that shared effort which can be summarised as follows:

Wicklow Hospice: the successful opening of Wicklow Hospice, the transition of the existing Community Palliative Care Team to our service, and the establishment of a multidisciplinary team is in line with our first strategic objective, to be a leader in providing quality and safe services, make a difference to patients and families and build upon our reputation for excellence.

Telehealth: the Advanced Nurse Practitioners in RMDU were early adopters in the use of the Attend Anywhere platform, which enables secure video calling with service users. This was quickly followed by the physiotherapy, occupational therapy and other nursing teams enabling them to deliver services in a safe way without compromising on quality aligning with our objective to provide a safe quality service.

Education: while the delivery of education was challenged by Covid-19, the nursing and clinical teams facilitated undergraduate, postgraduate, and oversea students where possible. Our education technologists ensured that we adapted to new ways of learning and staff were up to date with relevant knowledge and skills needed to perform our roles competently. This was supported by many of the clinical team members who were reassigned and assisted in putting the learning into practice. Despite the challenges student feedback remained very positive.

Our teams not only responded and innovated but their flexibility and ability to quickly adjust to a changed environment ensured that we continued to provide high quality safe services, making a difference to patients and families. I am profoundly grateful for all of the courageous and selfless contributions made by the team during such a challenging and unprecedented year.

Nursing

The Nursing team endeavours to provide efficient and effective quality nursing care to patients, residents and their families in line with the OLH&CS ethos and mission. The team includes nurses, clinical nurse specialists, advanced nurse practitioners, nurse educators and key leads with responsibility for infection control, haemovigilance, tissue viability, occupational health and quality and patient safety. The Healthcare Assistant team work closely with their nursing colleagues in providing the care and support for patients and residents.

Our care is patient-centered, with patients and residents encouraged to be involved in the development of a plan of care that is best suited to their particular needs. We empower our nurses to lead, innovate and develop change to improve the quality, timeliness and safety of patient care. We promote and facilitate optimum learning environments recognising the increasing specialisation and complexity of those who access our services.



Our teams not only responded and innovated but their flexibility and ability to quickly adjust to a changed environment ensured that we continued to provide high quality safe services, making a difference to patients and families

Throughout 2020, the Nursing team responded to the daily challenges with enthusiasm, demonstrated their ability to be agile, and supported each other. Many took on new roles and responsibilities, responded to service needs and supported changes in practice. Some wards transformed their core business from rehabilitation to step-down wards to alleviate pressure on the acute hospital services.

Despite the disruption of the year, many projects continued demonstrating our commitment to continuous quality improvement. These included the clinical handover project and associated education programme to implement best practice handover processes. Staff participated in further education opportunities to support both personal and professional development. The provision of Clinical Supervision for Advanced Nurse Practitioners / Clinical Nurse Specialists working in the community setting moved to a virtual platform, ensuring there was a process in place for continued professional support and learning. The reconfiguration of the patient services department was enabled by staff participation in a clerical and administration development programme in line with strategic objective two.

We collaborated with the All Ireland Institute of Hospice and Palliative Care to provide webinars to share our expertise with nursing homes during the first wave of the pandemic. Successful applications were made to support the development of an Advanced Practice Nursing role in Palliative Care (Blackrock Hospice) and to support scoping and developing a continence service on the Harold's Cross site in line with strategic objective four to work across systems to meet growing demand.

The multi-disciplinary team in Blackrock Hospice created and delivered a virtual *Carer's Support & Education Programme* to give practical advice on caring for a family member with Motor Neurone Disease with input from the Clinical Nurse Specialists, Medical Social Workers, Occupational Therapist, Physiotherapist, Psychologist, and the local Public Health Nurse

Under strategic objective three, a new commitment to excellence framework was established, building on our commitment to ensure strong clinical and corporate governance and deliver high quality, safe care and demonstrate effective stewardship of public funds. In addition, we invested in medical audits technology to support the ever-increasing demand for compliance and quality assurance, particularly in

infection control and patient safety. This project will roll out during 2021.

Clinical Services

Social Work

OLH&CS social workers use their unique skills, psychosocial expertise, and attention to social issues to contribute to high quality care. This is achieved by providing insight and assisting the team in understanding, and working with, the complexity of issues faced by patients and families during serious illness, at end of life and in bereavement. Our social workers help with individual and family challenges and /advocate on behalf of patients and residents to ensure their goals of care are achieved.

In 2020, the department's goals focused on promoting the importance of human relationships aligning with strategic objective one. With the restrictions imposed by Covid-19, this focus expanded to ensuring meaningful human connection while physically distancing.

Because each person and their situation is unique, social workers are required to be flexible and adaptable – never required more so than during the Covid-19 pandemic. The team continued its work at a time when it was most needed, adjusting to providing a service that has a positive impact on patients, residents and families within the restrictions and risks of the pandemic. The team's expertise in loss was drawn upon more than ever sharing this expertise widely colleagues as well as using it to benefit our clients.

Occupational Therapy

Occupational Therapy supports people with physical, psychological and social problems to enable them to live life to the fullest. 'Occupations' are the things we do to take care of ourselves and others; socialise and have fun; and work and contribute to our community/ society. These occupations fill up our days and give us meaning and a sense of purpose.

The goal of the occupational therapy team is to help people to do the everyday activities that they want to do and need to do when faced with illness, injury, and disability or challenging life events.

The main achievements of the team during 2020 revolve around using technology to bring people closer together.

The 'Stay Connected' project encouraged friends and family to keep in touch with residents and patients by emailing messages and photos or arranging phone or video calling.

In July 2020, Salesforce sponsored 20 'Grand Pad' tablets for residents. These simple, touch-screen devices are mostly used for video calls but also support meaningful occupations such as music, current affairs, internet use and playing games, which aligns with our first objective, to make a difference to patients and their families.

In June 2020, Occupational Therapy joined the Community Palliative Care Team in Harold's Cross so patients are now offered outpatient face-to-face/virtual non-pharmacological symptom management and rehabilitative palliative care in line with strategic objective four. The palliative care team also provided a workshop for colleagues in primary care aligning with objective one.

In the RMDU the team completed an outpatient referral pathway in line with strategic objective four.

In Older Persons Services, the Cognitive Stimulation Therapy group (CST) ceased face-to-face meetings in March Covid-19 and is now providing virtual meetings. OLH&CS is a part of a large-scale research project on virtual CST in collaboration with University College London, in line with strategic objective four. Since October 2020, the team has input into the new CRU Dementia Support Outpatient Service, also as part of objective four. The team also input into visiting programmes for Anna Gaynor House.

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 MDT.

The goal of physiotherapy is to improve mobility and overall function using a variety of approaches including: individual and group-based education that incorporates physical activity and lifestyle modification 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.

In response to Covid-19, we changed the delivery of our services to a more individualised basis, cognisant of infection prevention and control considerations in everything we do.

We were the first discipline to re-introduce student placements, which was very carefully managed and much appreciated by students and University College Dublin. A number of research projects had to be put on hold and will be resumed in due course.

In line with strategic objectives Wicklow Hospice opened with a new staff member inducted and taking part in the multi-disciplinary approach to patient care. Links were established with local community physiotherapy services in palliative care to promote education, pathways of care and quality initiatives on all sites.

Pharmacy

The pharmacy team worked hard to maintain a high-quality pharmacy service for patients and meet the challenges that 2020 brought. At a national level, the pandemic-related increase demand for medicines in palliative care was a concern and the team was involved in national medicines supply planning. An important focus in 2020 was planning for the new pharmacy service for Wicklow Hospice.

Services on all wards ensured inpatients had a regular review by a pharmacist as part of our focus on clinical governance in strategic objective three. In 2020, more than 5,500 clinical pharmacist reviews were carried out on wards. Medicines reconciliation is a global standard approach to ensure safety at admission and discharge, was conducted for over 1,100 newly admitted patients and residents) further development of multidisciplinary policies on medicines reconciliation at transitions of care is planned in 2021.

Sourcing and procurement of medicines was affected by national shortages and our processes for selecting alternatives ensured a safe and seamless supply. In addition, the team worked to ensure cost savings through generic medicine switches.

The national medicines information service for palliative care based at OLH&CS, Palliative Meds Info responded to over 500 specialist medicines queries from healthcare professionals in 2020. Updates to its webpages were completed and it now hosts over forty original guidance documents for medical professionals. This service supports objective four and our focus on a system-wide perspective.

Pharmacy research conducted in our Community Reablement Unit in 2019 was presented as a virtual poster at the European Union Geriatric Medicine Society. Entitled: *"A pharmacist's unique opportunity within a multidisciplinary team to review drug-related problems in older adults in an intermediate care setting"* demonstrated the clinical significance of the pharmacist's recommendations in older person's care.

At OLH&CS we believe that quality of life can be enhanced by mind and body therapies and we offer a range of services to patients in whatever way would suit them: including Speech and Language Therapy (SLT), Dietetics, Psychology, Pastoral Care, Phlebotomy and Complementary and Creative Arts Therapies.

Speech and Language Therapy (SLT)

This team work with patients who experiencing communication and swallowing disorders. They assess and manage speech, language, voice and swallow difficulties to improve communication and make eating and drinking safer for patients.

Dietetics

The Dietetic Department use their knowledge of nutrition, physiology and science to promote health and individually assess and treat disease-specific nutritional issues.

Complementary and Creative Arts Therapies

Qualified staff provide massage, reflexology and aromatherapy for the emotional, spiritual and physical benefit of patients and residents. They also support staff and families to incorporate touch into patient care and visiting. Music and art therapies are particularly valuable in providing non-verbal communication for those with communication difficulties.

Psychology

This service provides compassionate and effective support, recommending ways to alleviate patient's distress. It also provides a psychological perspective on the patient's experience of serious illness as part of the multidisciplinary team.

Pastoral Care

The team includes lay and religious healthcare chaplains who provide spiritual and emotional support to our patients, residents and their families.

2020 required many clinical services to quickly adapt in a fast-changing care provision environment due to the impact of the Covid-19 pandemic.

Periods of service cessation for services such as Complementary and Creative Arts Therapies (CCAT) and Phlebotomy meant redeployment to ensure essential services were maintained and quality care delivered.

Although uninterrupted, Speech and Language therapy (SLT), Dietetics, Psychology and Pastoral Care services made significant adaptations to ensure patient and residents' needs were met.

Virtual consultations, assessments and treatment have become part of the therapist's toolbox and adapting practices with agility has been central to continuing to provide responsive, timely person-

"You have shown me what it means to go above and beyond to make a person feel welcomed and part of a team, while providing countless new learning opportunities"

(Physiotherapy student)

centred care ensuring safe effective care in line with strategic objective three.

Aligning with the strategic objective one, to deliver best quality patient care, work continued for the roll out of phase two of the International Dysphagia Diet Standardisation Initiative (IDDSI) throughout 2020. This multidisciplinary initiative involved Speech and Language, Dietetics, Catering and Household Services, and Practice Development. It aims to improve the consistency and range of meals available for those with dysphagia, ensuring safe, appetising, and nutritious food. A new menu was launched across the Harold's Cross site in November with positive feedback being received from patients and residents and will be rolled out across sites next year.

Quality

Quality and Safety Committee

The work of the Quality & Safety Committee (Q&S) committee is strongly aligned with our strategic objectives to continually improve our clinical governance infrastructure and processes. It has oversight of local risk registers (updated to reflect Covid-19 as a biological hazard); healthcare associated infections and surveillance reports; incident analysis, mandatory training reports; and nursing quality care metrics. It met on nine occasions during 2020.

Nine subcommittees reported in to the Q&S committee during 2020: Haemovigilance; Health

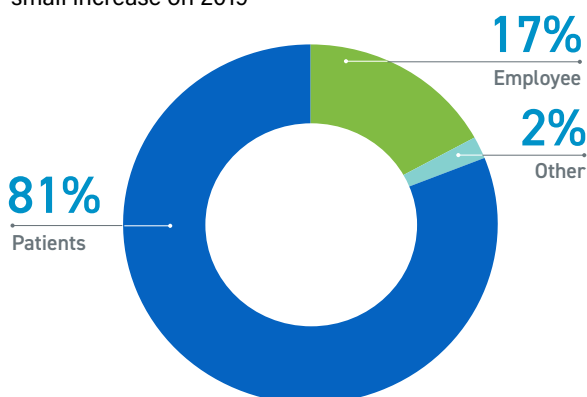
& Safety; Infection Control; Drugs & Therapeutics Committee (including Medicine Safety / MS-CIG); Radiation safety, Falls; Data protection / Information Governance; Clinical audit committee and Palliative Care Outcomes. Throughout the year several advisory notices were issued by the State Claims Agency and the Health and Safety Authority in response to the evolving pandemic. The committee ensured the necessary actions were taken to respond. Lessons learned were discussed and cascaded throughout the organisation e.g. complaints or after-action reviews. One external review into the care of a patient (commissioned in 2019) was received with four recommendations, which were actioned and closed out.

During 2020 ten inspections were carried out across our sites. This included an unannounced HIQA visit to Anna Gaynor House in February 2020 as part of its inspection programme for Rehabilitation and Community Inpatient Healthcare Services as well as an announced re-registration of Anna Gaynor House in October 2020.

'Making Every Contact Count' was one of the quality improvement initiatives led by the team in RMDU. Under this HSE programme, health professionals encourage patients to make healthier lifestyle choices during routine contacts to help prevent and manage chronic diseases to support the implementation of Healthy Ireland, a government initiative to improve the health and wellbeing of people in Ireland.

Incidents by groups of people 2020

706 incidents were reported in 2020 representing a small increase on 2019



'Just wanted to say a big thank you for being so kind, caring, cheerful and great fun under difficult times, you are brilliant at what you do'.

(Hydrotherapy patient)

PALLIATIVE CARE ✨

Dr Stephen Higgins

Medical Director, Consultant in Palliative Medicine Our Lady's Hospice & Care Services and Tallaght University Hospital

We provide specialist palliative care to a catchment area of just over one million people across South Dublin and Wicklow. Our focus is on improving 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 also have 36 in-patient beds in Harold's Cross, 12 in Blackrock Hospice and 15 in Wicklow Hospice.

Goals and objectives

2020 was going to be defined for OLH&CS as the year Wicklow Hospice opened its doors. We got there and it happened, but Covid-19 of course changed much of what happened, adding a myriad of new complications and delays. Other outcomes – such as planned reviews of the regional clinical and corporate governance structures for specialist palliative care, brought into focus by our move to being a multi-site organisation – got pushed in to 2021.

Our work and achievements

As with all parts of our clinical services, Covid-19 dominated 2020 and forced many changes.

Initial difficulties centred around the enormous uncertainty as to just what it was we were facing and what we needed to do. Language used to describe what was coming spoke of war-like situations. Thankfully the direst of predictions never came to pass but fear was everywhere in those early months.

As the first couple of weeks passed, the search for personal protective equipment (PPE) became

dominant. Without it how would we protect our patients and staff? Help came from all quarters and, while sometimes within just days of exhausting our supplies we never actually did. What is easy to forget just a year later, is how little we then knew about what we should be doing. It seems almost unbelievable now to reflect on last March and April's debate about whether healthcare staff on the wards needed to always wear masks. We were all learning at a speed like never before and this ceaseless learning and re-learning, this constant uncertainty was exhausting.

An early casualty of Covid-19 was our Day Hospice services. Suddenly a setting where the frail and unwell congregate and meet different staff and fellow patients over several hours was far too risky to countenance.

Another loss was our volunteers – the quiet presence that makes so much happen in the Hospice had to go overnight and it was many months before they could gradually return. Also gone overnight were our students. We are a teaching Hospice but all our students – medical, nursing, social work, physiotherapy and many more – could not come on site.

On-call rotas had to be completely reworked, our medical teams switched to working regionally rather than by site and every week brought new and often onerous infection control policies to be re-drafted and implemented.

Contributing to the stress for everyone was the high sick leave among staff – some were Covid-19 positive with more in isolation having been a “close contact”. Staff numbers were down significantly and changed rapidly; “planning ahead” referred to the next days, not weeks or months.

Some work can be done virtually, delivering nursing care is not one of those. Compounding our difficulties was a new problem – Covid-19 presenteeism. It became increasingly clear over time that staff with any symptoms should stay at home – Covid-19 didn’t always appear in “classical” form. But against this was what staff wanted to do – they knew the hospice was under severe pressure, they wanted to help, to support their colleagues, to do their bit. It was hard to realise that stepping back might be the best way to help. Again, Covid-19 was teaching us new things.

As Covid-19 spread and the hospital system saw more Covid-19 positive patients, other patients stayed at home. This meant our specialist palliative care in-patient units in both Harold’s and Blackrock became for a time less busy in terms of admissions.

While we admitted Covid-19 positive patients, the numbers were always small – this was a reflection of how this virus affected people; the trajectory of deterioration of those for whom it would be life-threatening.

Understandably many other patients were fearful of being admitted and of being in proximity to other people. Almost every single patient we cared for falls in to the “cocooner” category. For others, the knowledge that visitors would be restricted was too much to bear – they’d rather be at home. For some a “silver-lining” was that many family members were out of their workplaces and able to provide more support than in normal times.

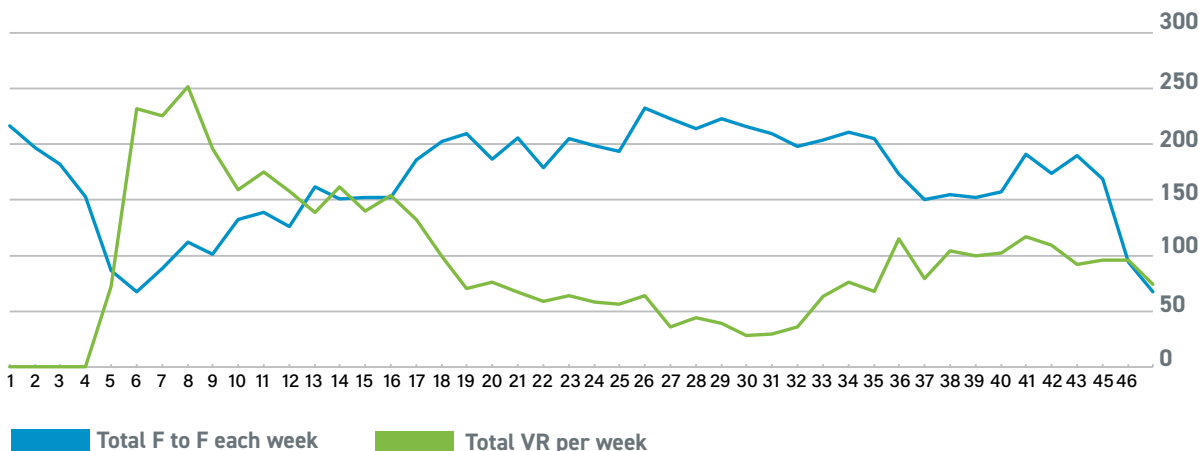
What all this meant was that our in-patient units saw a steep fall off in admissions in March and April before slowly rising again – that dip was replicated during further peaks of Covid-19 activity and year-end figures showed a 12% decrease in admissions.

For those who were admitted Covid-19 changed many of the hospice norms and their experience was different. There were new ways of working with PPE and social distancing. Endless Covid-19 testing became routine. Visitors and family, usually the backbone of support for our patients, were at a remove. Technology workarounds were great and softened the harshness but, for many, particularly our older patients or those with cognitive impairment, the isolation of Covid-19 was severe. We tried our best, but the humanity and warmth of the Hospice were lessened during this time.

Perhaps the most difficult issue faced by patients and staff was visiting. Balancing the real risks of spreading or acquiring Covid-19 against the harshness of a person approaching the end-of-life not seeing their family was difficult. We needed to consider what was safe, and safe had to encompass

Delivery of Specialist Community Palliative Care in Harold’s Cross & Blackrock 2020

This chart show week-by-week, the face-to-face and virtual reviews conducted as our teams adapted to Covid-19. Virtual Reviews are clinical interventions delivered by phone or video call.



the patient in question, other patients, visitors and our staff. Although we never closed to visitors, we did have restrictions. We tried many approaches and showed as much compassion and ingenuity as we could in trying to best meet the needs of our patients.

The reluctance of patients to be admitted to the Hospice or hospital along with the massive reduction in available healthcare services resulted in a big increase in referrals to our Community Palliative Care Team (the "Home Care" team). Referrals rose by 30% almost overnight. We simultaneously had to re-evaluate and restrict how much we actually visited patients at home for their safety and the safety of staff. However, we never stopped visiting patients at home and within days we developed our virtual service, initially by phone and increasingly by video. This was a huge change in practice for us, for our patients and their families. While it didn't suit everyone, it protected our patients and meant we could be more available. It protected our staff, enabling us to deal with the increase in demand and to carry out over 11,000 home visits alongside 4,600 virtual reviews. This included visits to nursing homes where, as we all now know, so many of the deaths caused by Covid-19 were to happen.

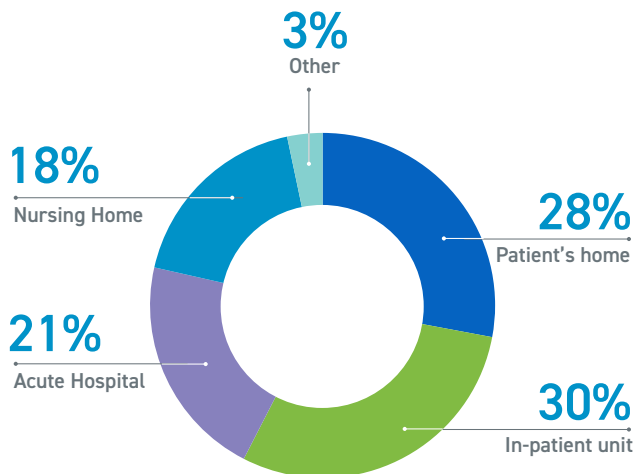
We also experienced a related large-scale change as regards where people chose to die, as illustrated in the table below. Patients were reluctant to go to hospitals and so more and more chose to die at home. Having more family at home helped make this possible for individuals but the fact that less community services were open and available made it more complex for those delivering the care.

Home visits were needed now more than ever. Choosing to pause or stop this service was never an option.

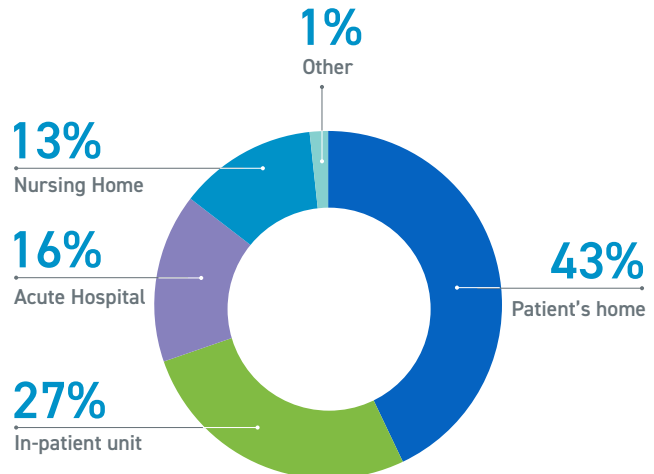
Many families of people who died in the months before Covid-19 reflected how "lucky" they felt; that they could be present when they wanted and that their loved one could have a normal funeral. We had never fully realised what a privilege that was.

Late in the year, and somewhat overshadowed by the year that it was, came the "Dying with Dignity Bill 2020". The changes it proposes will fundamentally alter healthcare in Ireland and particularly palliative care.

Where our patients died 2019



Where our patients died 2020



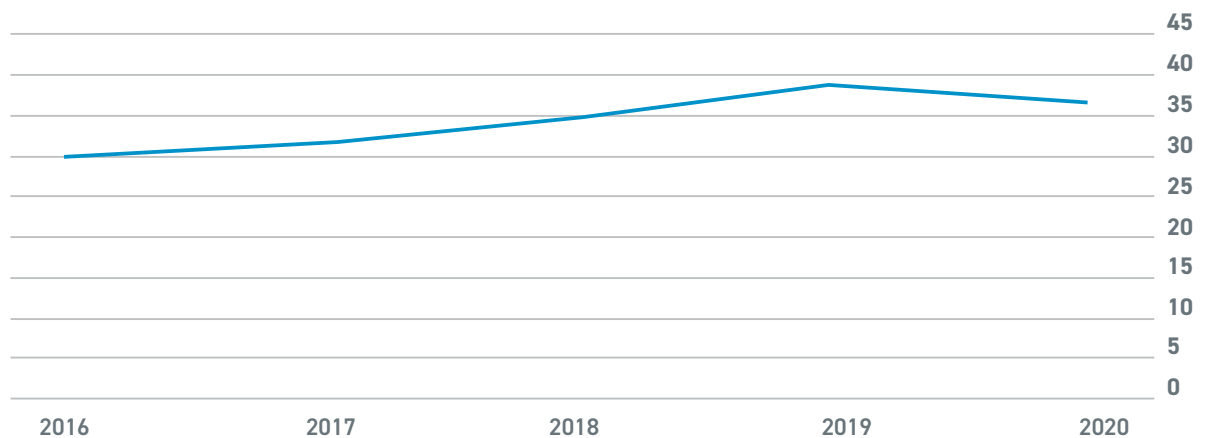
Views on this topic are strong, with powerful arguments on both sides, but the position of the OLH&CS is clear. After much deliberation and reflection and informed by more than 140 years of providing care for the sickest in our community, the Hospice prepared a submission for the Oireachtas Justice Committee explaining our opposition to the proposed Bill. Whatever may evolve, we regard a proper discussion and debate as critical and will continue to advocate for the best for current and future patients.

Covid-19 made lots of things more complicated and finishing the building and appointing new staff took much longer than we had anticipated but after many delays, we were delighted to admit our first patients in to the new purpose-built Wicklow Hospice in December 2020. It has been a long journey, but the perseverance and support of the community has been monumental. We are proud to operate this new fifteen-bedded specialist palliative care in-patient unit to meet the needs of those in Wicklow and beyond. Perhaps in time Covid-19 will be what we overcame and Wicklow Hospice what we achieved.

2020 truly was a year like no other. It was an especially difficult year for the patients and families we cared for as well as our own team and families. What keeps us going year after year is the patients and families we care for, knowing that we are helping, that we are part of a team doing something important. It remains a great honour for me to be part of that team.

“The atmosphere you have created in Blackrock Hospice as a team is a warm safe “hugging” place. To everyone involved your work has given us a new lease of life. Living well is so possible when symptoms are controlled.”

% of patients with non-cancer diagnosis in the care of the specialist community palliative care team (homecare)



RHEUMATIC AND MUSCULOSKELETAL DISEASE UNIT, HAROLD'S CROSS

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.

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 out-patients.

Goal and objectives

Our goal is to ensure that our services develop in line with the Government's Slàintecare policy roadmap and established clinical programme models of care. Our approach to the delivery of care for rheumatology patients is: 'Right Person, Right Place, Right time.'

Our objectives are:

1. Empower and enable individuals with rheumatic and musculoskeletal conditions to maintain and/or improve their quality of life
2. Provide specialist rheumatology interdisciplinary team care
3. Deliver the highest standards of care for in-patient stay and out-patient models.

Our work and achievements

Activity levels were severely impacted by the Covid-19 global pandemic, which caused disruption to routine services, in particular for in-patient admissions for RMDU.

The RMDU responded to the crisis by offering short-term convalescence admissions for patients transferred from general medical services in St. Vincent's and St. James's University Hospitals. This proved invaluable to the acute hospitals as they struggled to contain the high Covid-19 admission

rates through the first, second and third waves. The collaboration, flexibility, adaptability of all the ensured highest quality of care for all patients during Covid-19 transitions.

This crisis also presented an opportunity to develop the service virtually and the numbers of virtual reviews have increased exponentially over the last year. These include complex cases, young/adult service, maternal medicine service, Inflammatory Arthritis (IA Clinics) SPA Clinics, fibromyalgia clinics, gout clinics, joint injection clinics and infusions.

The nursing team supported Office of the Nursing and Midwifery Services Director's (ONMSD) national working group to design, develop and roll-out Attend Anywhere - the secure HSE-approved platform that links the multidisciplinary team (MDT) with patients. This steady increase in online virtual clinic at a time when the numbers of staff providing the service has not increased significantly demonstrates an increase in productivity and efficiency of the multidisciplinary team members. Virtual clinics were quickly adopted by other members of the MDT including Registered Advanced Nurse Practitioners, Occupational Therapy and Physiotherapy, enabling them to work with new and existing patients.

The number of referrals to the RMDU continued to increase in turn adding pressure to waiting lists. A change in delivery of service will aim to support increased waiting lists. The increasing demand is reflected by a number of developments in the RMDU, not least the increased demand for services,



RMDU's Wayne O'Sullivan, Household Assistant, and Christina Doyle, ADON, were up in lights in Smithfield Square in December 2020 as part of Dublin City Council's photography exhibition to celebrate and thank frontline for their contributing to keep the city running throughout the pandemic.

increased case complexity, expansion of the services offered and the increase in services offered on a day-case and out-patient basis.

The medical staff remained extremely busy managing increased activity in the out-patient service, in addition to the recommencement of a low level of admissions/discharges. providing assessments and the management of an increasingly complex case-mix.

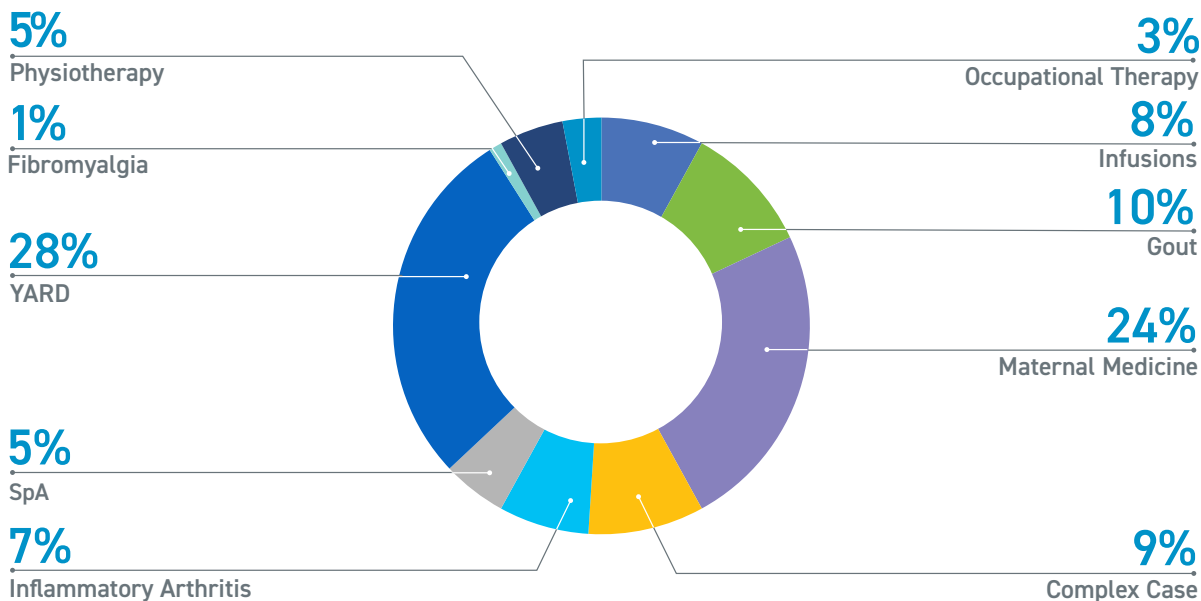
The Registered Advanced Nurse Practitioner programme continues to develop at a great pace, and the ANPs are leading many of the developments in the virtual and out-patient space, in close collaboration with the rheumatology unit at St. Vincent's University Hospital (SVUH). The Rheumatology Obstetric Service (ROSE) in the National Maternity Hospital continued its work and its expansion despite the pandemic. The Young Adult Clinics/Transition clinics, run in conjunction with Children's Hospital Ireland (YARD), continue to expand the overarching service. The two Clinical Nurse Specialists have supported the out-patient virtual & face-to-face clinics and have exciting specialist plans for the future

As part of its work under quality objective of the strategic plan, the Occupational therapy team established an outpatient referral pathway to improve efficiencies, support patient's quality of life, and improve patient outcomes. The Occupational therapy team continued to provide expertise via virtual platform during Covid pandemic and will utilise a blended approach to continue to deliver high quality of expertise to their patients.

Also in 2020 a research paper by the Lifestyle Management Arthritis Group on 'TITLE' was published by the British Journal of Occupational Therapy. Senior Occupational Therapist Emer Sheridan represented the World Federation of Occupational Therapy (WFOT) on a World Health Organisation (WHO) Development Group project to develop an evidenced-based package of interventions for individuals with Rheumatoid Arthritis that will be used globally to plan, budget and integrate rehabilitation interventions.

Despite the significant impact of Covid 19, the Medical Social Work Department continued to provide psychosocial support to the clients of the RMDU to ensure that patients were able to engage

RMDU Out-patient Clinics 2020



with the programme and optimise opportunities for the best possible outcomes. In response to the pandemic, the service adapted to support patients isolated from visitors due to restrictions and also focused on care planning to ensure the safe discharge home of this new client group.

As part of the organisation's Covid response, physiotherapy staff were redeployed to work in other areas of the organisation and provided general rehabilitation to patients transferred to the RMDU from acute hospitals. The aquatic physiotherapy service was initially closed but re-opened with a new approach in line with Covid-19 protocols. Undergraduate physiotherapy placements ceased but re-commenced in August and five students were facilitated to the end of the year.

In 2020, the pharmacy department supported the Rheumatology team to effect changes needed to our services as a result of the Covid-19 pandemic. A system of supply of intra-articular medicines for outpatient clinics was arranged and inpatient unit medicines stocks were rearranged to ward areas as required. The pharmacy team was also instrumental in the establishment and ongoing development of an

enhanced intravenous infusions service for patients of the rheumatology services. A biosimilar switching process for patients receiving infliximab infusions was successfully planned and carried out in 2020. In addition, the process of review and update of all rheumatology infusion protocols by the senior clinical pharmacist in rheumatology in collaboration with the medical and nursing teams was completed and these were approved at Drugs and Therapeutics Committee in 2020.

Plans to roll out the system of use of patient's own medicine in the inpatient unit were delayed due to unit closures and changes in referral sources in 2020. This project aims to improve efficiency in the use of medicines and to support education on medicines and self-care and it is one of the pharmacy team priorities for 2021 to establish this system on the inpatient unit.

In 2020 we saw 1,185 new referrals to our RMDU in-patient unit.

"To all the staff of St Theresa's ward (RMDU), thank you all for your wonderful care. You have changed my life for the better. You lifted me out of a horrible place physically and mentally. All I can say is this place is heaven on earth."

	2016	2017	2018	2019	'2020
In-patient admissions	772	851	806	799	363
Day case new patients	155	140	124	*	208
*Service restructured & replaced with new interdisciplinary clinic known as RIO					

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 Reablement Unit, CRU (Harold's Cross)

CRU admits older people with various conditions to optimise their function and help manage their disabilities to keep them living in their own homes. We also support people to prepare for their future care. These efforts help avoid crises and acute 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, 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 due to Ireland's ageing population.

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

Anna Gaynor House is a purpose-built eighty-nine bedded 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.

Our work and achievements

2020 was without doubt a very challenging year for all of us. Older people were particularly affected and are likely to suffer the consequences of lockdown and social isolation for quite a while to come.

The year started well. We were building on the progress that we had made in education and training, innovation and quality improvement.

February 2020 was a fantastic month and heralded a great future for the service with the Rheumatology and Gerontology Conference on-site where staff presented on Comprehensive Geriatric Assessment, Progressive Resistance training in older adults and Cognitive Stimulation Therapy in Dementia. It was a great day highlighting important areas and the potential for future developments within the service. External presenters included Professor Rose Ann Kenny from Trinity College Dublin who spoke about Health, Wellbeing and Multimorbidity in Adults over 50 years, and Professor Frances Dockery from

Beaumont Hospital spoke about Fracture Liaison Services.

Also, in February, our multidisciplinary frailty education team began the delivery of the National Frailty Education Programme to 10 OLH&CS clinical staff. Subsequently, due to Covid-19 restrictions, the team explored alternative ways to deliver the programme in small socially distant groups. By collaborating to meet the logistical challenges, two more programmes were delivered in September and December and 30 clinical staff completed the programme during 2020. Further groups are scheduled for 2021, using a blended learning format. Staff evaluations were consistently positive with feedback reflecting the value of frailty education to clinical practice e.g. "The course is very interesting with a lot of skills and knowledge to be learned".

Improving knowledge of frailty and how to prevent it is an important part of our strategy and these were important steps in achieving this.

HIQA inspected our rehabilitation services in February 2020 and we received very positive feedback, which was very satisfying given the hard work and service development over the last few years.

We made a significant contribution to the publication of the book *A Comprehensive Guide to the Rehabilitation of the Older Patient, 4th edition* by writing a chapter on muscle and joint problems.

In March 2020 many things changed and we had no choice but to adapt to the pandemic. This was an incredibly challenging period and our approach to the care of older people changed with restrictions in visiting, restrictions in interventions and admission pathways. There was real effort from so many to adjust their work practice to support patient care in what was a very difficult time for everyone. Although there was so much uncertainty, there was great dedication, camaraderie and determination from all the team. There were so many changes and everyone figured out ways to adapt and to support patients and their colleagues.

The Community Reablement Unit (CRU) changed from a five-day service to a seven-day service. We worked to support patients that were in acute hospitals given the prevalence of Covid-19 that was there and the concerns that the situation could escalate significantly. There were 219 patients admitted to CRU in 2020. These patients had a greater level of need than in previous years, requiring more complex care. The CRU team rose to this challenge caring for patients with advanced dementia and palliative care needs in addition to those with rehabilitation needs.

Despite the challenges that 2020 presented we continued to try to develop areas where a lot of ground work had been done and in line with our strategic objectives. For instance, CRU played an important role working with people with Parkinson's disease. We were referred patients from a number of sources but created a clear pathway with the St James's Hospital (SJH) Movement Disorder clinic. Many of the CRU team developed their skills in Parkinson's disease management by attending courses and training to further their knowledge.

We continued to collaborate with colleagues in SJH, Tallaght University Hospital, St Vincent's University Hospital and in the community to select the patients who would most benefit from the service and help to avoid acute hospital admissions or facilitate a timely discharge. This too is an important part of our strategy and in keeping with the vision of the national clinical programmes.

The Multidisciplinary CRU clinic was restricted in the number of assessments that it could do in 2020 and much of the work became virtual. 79 assessments were done in person, 301 assessments were done virtually in 2020.

We continued the strategic development of the Post-Diagnostic Support Service for people with Dementia. In September, we started an Advanced Nurse Practitioner led clinic to support people following a diagnosis of dementia. Twelve people were seen as part of a pilot for further development during 2021. This outpatient support service also included Cognitive Stimulation Therapy (CST) run by Occupational Therapists and a Carer Support Group run by Social Workers. There were limitations

Admissions to Anna Gaynor House

	2016	2017	2018	2019	2020
Nursing Home Support Scheme (Fair Deal)	25	29	19	21	3
Fast Track/Palliative care support pathway	28	46	63	66	48
Dementia Respite	-	29	82	89	14
Grand Total	57	100	164	179	65

given that groups could no longer come together and the area of virtual CST was explored. This was commenced as part of a research study with University College London.

The restrictions in visiting in our residential unit, Anna Gaynor House (AGH) since the start of the pandemic were extremely difficult for all, but particularly the residents. We also missed the valued support of our extraordinary volunteers. We worked hard to continue to provide a high standard of care to all residents. We realised the importance of maintaining social connections between our residents and their families and friends. This was severely affected by the public health restrictions. In the early stages of the pandemic, a specific email was set-up to allow messages to be emailed to the residents. The Occupational Therapy team, the nursing staff and health care assistant staff on the wards went to tremendous lengths to set up video calls, print out photos and messages of support and share these with the residents. Subsequently, in line with changes in restrictions, the Anna Gaynor House visiting team was established. This team worked hard to facilitate and co-ordinate window visits and socially-distant in-person visits as and when the public health guidance allowed. This has been of tremendous benefit in improving the well-being and quality of life of our vulnerable, older persons in residential care.

A HIQA inspection of Anna Gaynor House took place on 14th October 2020. The report was extremely positive as to the high standards of care being provided, the knowledge, training and development of staff, the cleanliness of the unit, the infection prevention and control procedures in place and the holistic, person-centred approach that allowed residents to be “empowered to live a fulfilling life within the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of Covid-19 Cases and Outbreaks in Residential Care Facilities” The inspector’s feedback was extremely encouraging. They commented on how well residents were cared for, how their spirits have been kept up, how well they have been supported through Covid-19 and how much they enjoyed living here.

It was disappointing that Covid-19 also prevented us from providing respite for people with dementia and their carers during most of 2020. In the previous two years, we had more than 80 admissions a year. We recognise that there is a growing critical need and we intend to recommence this services when it is safe to do so.

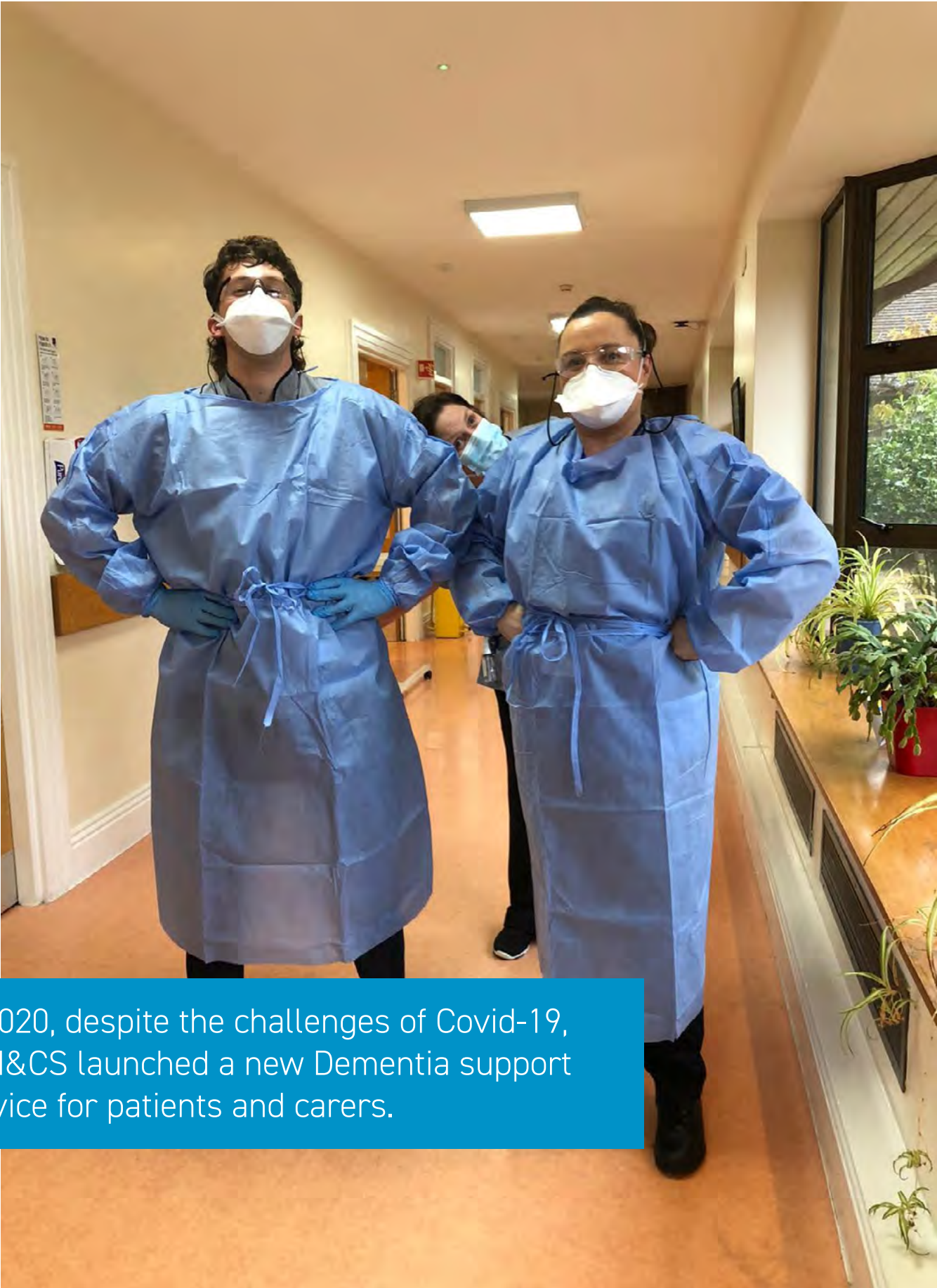
Many of the statistics and figures we normally share in these reports don’t reflect the amount of work that has been happening to provide the most optimal care during the most challenging and difficult time in the careers of many of us. It is difficult to describe the extraordinary lengths that staff went to for patients, residents and each other in 2020.

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 ward from the bottom of our hearts, thank you very much.”

“CRU has been the most valuable intervention in my husband’s quest to remain active and healthy. The staff are unquestionably the most diligent and caring I have ever come across. Thank you to all! “

CRU Admissions

	2016	2017	2018	2019	2020
CRU Admissions	332	353	356	330	219



In 2020, despite the challenges of Covid-19, OLH&CS launched a new Dementia support service for patients and carers.

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 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 across all disciplines within OLH&CS.

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 been revising our delivery model to ensure alignment with the organisation's mission and clinical specialisms. This is important as we want to ensure that we develop and grow our position as leader for all education, training and research activities within our three specialist areas. We are designing

programmes aligned under all four objectives of the strategic plan as we strive to integrate and continuously improve patient care

We are integrating research activity across the organisation; supporting staff development by increasing in-house programmes and identifying the best external training and education to benefit our staff.

This will lead us to becoming a practice-based learning organisation. A review of internal structures will reflect the impact of recent restrictions and the new service model. As well as appointing senior roles we are focusing on identifying priority activities. A new approach, including the preparation of a multiannual budget during 2020 reflects projected growth and activity. The team is also working to enhance opportunities to partner with academic and other relevant organisations.

During 2020, the advent of Covid-19 enabled the Management Team and the Board of Directors to review the programmes being offered and assess their fit-for-purpose and alignment with core values. To that end, some programmes ceased and new offerings are in development.

Face-to-face classroom learning ceased because of Covid-19. Programmes were paused and quickly altered by the team to facilitate and support online learning. Sincere thanks to our Nurse Tutors, our Educational Technologists and all the Education and Research Centre (ERC) team for facilitating these changes and supporting the ongoing learning and development of our staff and students.

Many staff from the ERC and were redeployed to support patient care, which impacted on research papers and presentations during 2020 as did changes to many national and international conferences. Our nurse tutors were redeployed onto the wards and our clerical staff redeployed into occupational health to support contact tracing and patient visiting. We thank them all and commend their flexibility and adaptability in supporting colleagues.

2020 saw mixed activity across our ETR headings as a result of Covid-19 from March onwards.

- On February 12th, we hosted our inaugural joint Rheumatology and Older Persons conference: *"Healthy Ageing for Bones Bodies and Minds"*, in line with strategic objective four. At OLH&CS, these specialities have a unique opportunity to work closely together and there has been a considerable amount of shared learning over the years. Both share the goals of enabling and empowering individuals with chronic disease to maintain or improve their quality of living by addressing their health needs through interdisciplinary team care.
- In-person education activity, within the Education Centre, ceased from March 13th through to year-end. Nursing and clinical tutors were redeployed to frontline roles during the first period of restrictions. Education staff responded to additional needs of staff regarding infection prevention and control and caring for those with

Covid-19, by designing and developing resources that were delivered online.

- OLIVE – OLH&CS' virtual learning hub was upgraded in 2020 as part of strategic objective two. Training programmes were redesigned for online delivery online to ensure staff continued to comply with mandatory training obligations as a direct impact of Covid-19.
- Covid-19 saw the cessation of commercial rentals of the Education Centre facilities on the Harold's Cross campus.
- Clinical skills and simulation laboratory works were completed providing a space to develop essential skills within a supportive environment in line with strategic objective two. Fortunately, during Covid-19, this valuable facility was quickly and readily converted into a Covid-19 Swab clinic.
- The library service continued to support education, training and research initiatives and to develop its extensive collection of print and electronic resources.
- During 2020, 36 papers were published in peer-reviewed journals and nine oral presentations, and 11 posters were delivered at national and international conferences by OLH&CS staff or joint appointment holders in line with strategic objective three.

62 staff participated in our QCI Team Leaders programme in partnership with the DDLETB Tallaght.



- Noreen Holland (Assistant Director Nursing in Palliative Care) and Anita Duffy (Nurse Tutor) published a book called '*Palliative Care Support*'. It is a valuable textbook for the Level 5 Palliative Care Support module, as part of Healthcare Support, Health Services Skills and Nursing Studies (Pre-Nursing) major awards.
- Dr. Róisín Purcell (Consultant Geriatrician) wrote a chapter on muscle and joint problems, in a book entitled, "*A comprehensive guide to rehabilitation of the older patient*" written by S. O'Hanlon and M Smith.
- During 2020 our partnership with Dublin & Dún Laoghaire Education & Training Board DDLETB Tallaght (Tallaght Training Centre) grew and we provided QQI Level 5 - Personal Effectiveness and Level 6 - Team Leadership programmes to staff. 62 staff across all disciplines have completed the Leadership programme in line with strategic objective one.
- Grand Rounds
 - Weekly Palliative Medicine Grand Rounds took place on site until March 2020 and were paused until October due to Covid-19. The remainder of the sessions for 2020 took place online with 40-65 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 2020. Our nurse tutors facilitated the examination process.
- 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. Following a pause due to Covid-19, it restarted online from September.
- Undergraduate and Post Graduate Students, supporting clinical placements in line with strategic objective four.
 - Undergraduate and postgraduate student activity is important to us. We provide clinical placements, education programmes and research opportunities for allied health professionals, nursing and medical students from University College Dublin and Trinity College Dublin.
 - OLH&CS facilitated placements for 100 third year medical undergraduate students from Trinity College across the organisation and our affiliated hospitals. Placements were discontinued in March due to Covid-19.
 - OLH&CS facilitated 240 medical undergraduate's participation in small group seminars as part of the General Practice and Professionalism (Undergraduate entry medical students, UEM) and Primary Care and Medical Practice (Graduate entry medical students, GEM).

Summary of OLH&CS Staff Publications & Presentations 2020

	Presented		Published		Total
	Oral	Poster	Journal	Other	
Palliative Care	6	6	9	1 Book	22
Rheumatology		1	22		23
Gerontology / Other	3	4	5	1 Book Chapter	20
Total 2020	20		38		65
Total 2019	50		58		108

- Undergraduate Research
 - The ADPM team supervised a group of third year TCD medical undergraduate students who undertook an evidence-based medicine project entitled "What is the evidence for pregabalin in the treatment of chemotherapy-induced peripheral neuropathy?"
- Postgraduate Research
 - Dr Niamh O'Donoghue (Medical Research Fellow) presented for viva voce examination on her PhD Thesis entitled "*Cancer Cachexia: Prevalence and Predictors in Treatment-naïve Patient*".
 - As many national and international conferences were either cancelled or facilitated online, several staff were prevented from presenting their learning and research activities.
- Research proposals approved in 2020
 - Dr Clodagh Power, Medical: Dementia and the community palliative care team: prevalence, clinical characteristics and service utilisation of people with dementia referred for specialist community palliative care.
 - Claire Rooney, Occupational Therapist: Virtual Cognitive Stimulation Therapy (vCST) – A collaborative proof of concept study with University College London (UCL) and 'FaceCog' University Hong Kong (UHK) in response to the Covid-19 pandemic.
 - Aidan O'Donoghue, Dietician: Symptom Experience of Early Satiety.

90 attendees at inaugural Rheumatology & Gerontology conference: "Healthy Ageing for Bones, Bodies and Minds".



PATIENT STORY

Mary Kelly

“Despite my lockdown hair, I think I look really well in this photo! That’s the weird part. Anyone who sees me wouldn’t think I was so ill. They certainly wouldn’t imagine I was a patient of Our Lady’s Hospice & Care Services.”

Eight years ago, when I’d just turned 50, I couldn’t have imagined it either. But I am, and I can tell you, they’ve made my life worth living, for as long as that may be. Even during this lockdown, when I was isolated from so many people because of the risk to me of catching Covid-19, they were always at the end of the phone for support so I never felt alone.

I was never sick a day in my life; I never had the time! I was enjoying life with my husband James, and helping my daughter Jamie with my gorgeous grandchildren. My son Gerard, an Irish actor was in New York working at the time.

But as we’ve all learned this year, life can change very quickly.

It began when I was diagnosed with COPD (Chronic obstructive pulmonary disease) which means my lungs are damaged and I find it difficult to breathe. Initially, I wasn’t too badly affected though, and managed the symptoms by using an inhaler. But then, it was just one thing after another. After battling TB for nine months, I was then diagnosed with Rheumatoid Arthritis, severe osteoporosis and fibromyalgia.

Then last year, I felt increasingly exhausted, getting out of breath with the slightest exertion. One day I was trying to walk up some steps with a friend and I just couldn’t breathe. My GP sent me straight to A&E where I was told I had advanced emphysema and a couple of days later I went on morphine. It got to the stage that one day my husband James had to physically push me up the stairs. When I got to the top, with tears streaming down my face, I turned to him and said “I don’t think I can live like this anymore.”

Then came the bombshell. My lungs were so badly damaged that I’ll need a double lung transplant to survive. I couldn’t really take it all in, naively thinking I’d have the operation immediately, and then get back on with my life. Of course it wouldn’t happen like that!

People wait years for a transplant, and even if lungs become available, they have to be a match.

It was devastating realising that I might not survive long enough to have the transplant, and in the meantime, I was going to be constantly struggling for breath. I didn’t want to die and was so scared.

Thankfully it was at that point I was put in touch with the Hospice palliative care team who have completely changed the quality of my life. I had no idea how much support they provide to patients living at home.

We mostly associate the Hospice with dying well, so the first time I arrived, I just kept thinking ‘I shouldn’t be here.’ However, as soon as I met Julie, my Advanced Nurse Practitioner, I realised how much they were going to help me live better.

She has been my constant support since. Over the following weeks I met an Occupational Therapist who taught me how to do simple things like picking something up or gardening without getting out of breath. A Physio showed me how to breathe more efficiently and deal with the panic of a coughing fit. I also have a Psychologist on my team, helping me learn how to stay calm. They have given me some control over my condition now which I never felt I had before.

I’ve gone from despairing I couldn’t go on, to feeling secure and safe knowing they are in this with me. Their support helps every day emotionally, physically and mentally.

Before I had their support, I was constantly terrified that every coughing fit would be my last. Some could last 12-15 minutes, and I'd be desperate for breath. If I was driving, I'd immediately pull over and jump out to where I could be seen so I wouldn't die alone in the car. If I was alone at home, I'd make it out the front door in case I collapsed. Now, I use all the exercises they've given me rather than panic, and I'm able to stay calm until it's over.

It would never have crossed my mind to give up on my life, but the night James pushed me up the stairs I told him I couldn't go on.

The Hospice changed my life. While the hospital is treating my condition, the Hospice is helping me live the best way I can with it.

I'm afraid of dying, I'm not going to lie. Because of the lockdown my daughter had to reschedule her wedding for next year and my goal is to be there. With the Hospice team on - and by - my side, I'm focused on living and enjoying every day.

I haven't asked how long I have left to live. I just want to know how to live the best way I can.

I've no idea what the future holds. I hope for a transplant, but know it might not happen. I have to live with my condition, rather than hope it will all go away. I simply couldn't do that without the support of the Hospice.

My husband, kids and gorgeous grandchildren, Hope and Cooper are my world. My life is worth living and the palliative care team did that.

I'm sharing my story so that people can see just how important the Hospice is. I cannot thank the Hospice team enough for what they've done, and that even in lockdown they were always still there for me. The Rheumatology team even helped me early on with my arthritis. In fact another family member is now availing of their services too so the Hospice has played such an important part in my life.



FUNDRAISING AND COMMUNICATIONS

Eleanor Flew

Director of Fundraising and Communications

The goal of the Fundraising Department at OLH&CS 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 through events, campaigns, regular giving, 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.

Their compassion and generosity, along with funding from the HSE, enables us to enhance our quality services for patients and families as well as continually improving and developing the environment at our three hospice facilities at Harold's Cross, Blackrock and Wicklow.

our other locations. Works include extending the 12 patient bedrooms and upgrades to clinical, patient, family and staff areas as well as landscaping. Estimated to cost c. €6 million, it will be paid for through fundraising.

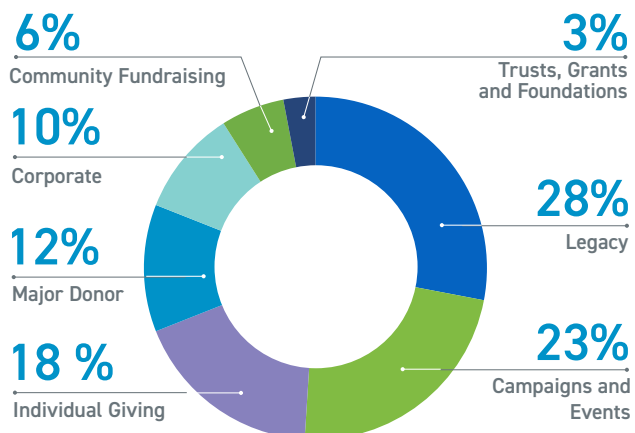
These progressive developments will form the basis of our specialist community services over the coming decades.

Goals and objectives

We are currently midway through the most ambitious multi-phase fundraising project in our organisation's history:

- In 2018, we opened our state-of-the-art 36 bed specialist palliative care unit. 100% of the building costs, or €13.6 million, was funded through the generosity of donors.
- In December 2020, we opened the new purpose-built Wicklow Hospice. Fundraising will fund the final build costs (€2.75 million) and as on-going enhancements for patients and families.
- For 2021/22 the priority is the complete refurbishment of Blackrock Hospice in line with

How we raised funds in 2020





€4,751,401 raised in 2020*
despite the challenges of Covid-19.
Thank you to all our supporters

*We raised €4,751,401 in 2020, a 32% decrease on the previous year. This income is in line with Charities Statement of Recommended Practice (SORP) financial statements, which includes accruals. In previous OLH&CS annual reports, our fundraised income was presented as funds which were actually received in the calendar year (Jan - Dec)

Our work and achievements

Adhering to standards

We remain 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 organisational third strategic objective to ensure strong clinical and corporate governance to deliver high quality, safe care and demonstrate effective stewardship of public funds.

Fundraising at a time of great uncertainty

As with many organisations that rely heavily on fundraising, Covid-19 had a sudden and devastating impact on our ability to raise funds as many fundraising events and activities were cancelled or postponed throughout 2020. This proved challenging to raise vital income to support frontline services and in 2020, we raised €4,751,401 reflecting a 32% decrease on 2019. We directly raised €3,446,488 whilst €1,304,913 was generated from those who kindly remembered us in their wills (legacies). Please note these figures represent income as per our financial statements in line with Charities SORP (Statement of Recommended Practice). Previously, fundraised income was presented here as funds received in the calendar year. This aligns with our strategic objective two as fundraising plays a vital role in supporting our capital goals and funding on-going patient enhancements.

Whilst this is significantly lower than the previous year, 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 2020 whilst adhering to changing restrictions. There are also many wonderful successes to celebrate from 2020 and we outline some key highlights in our fundraising gallery.

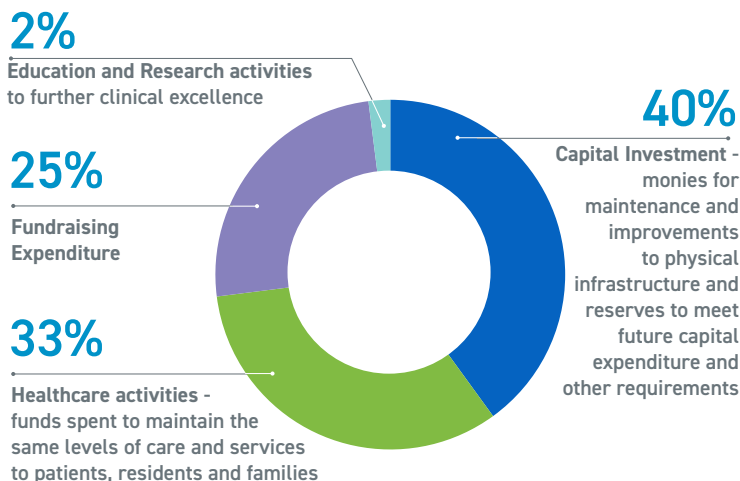
Volunteers

We would like to sincerely thank all our incredible fundraising volunteers who play a vital role in raising funds to support our work. Although our volunteer programme was not at capacity throughout 2020, we look forward to welcoming our volunteers fully back on site when safe to do so.

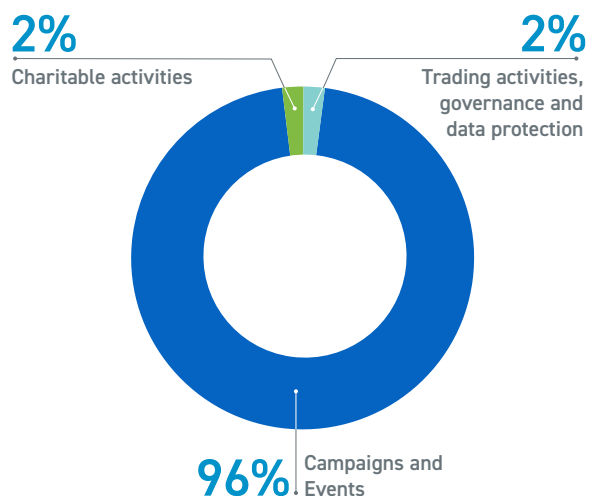
Communications

Our communications programme continued to raise awareness of hospice care, the services we provide, strategically supported our organisational priorities and celebrated the stories of our residents, patients, families, staff and volunteers. This aligns with our organisation's strategic objective to a leader in providing quality and safe services, make a difference to patients and families and build upon our reputation for excellence as communications plays a vital role in raising our awareness and profile.

How we spent fundraised income in 2020



Total organisational income vs expenditure in 2020





"I am so grateful and thankful that my dear Dad, Maurice got to spend his last precious days in November 2018 in the tender loving care of the wonderful team at Our Lady's Hospice Blackrock. The kindness shown to us as a family brought us through a very difficult time."

Nuala Carey, RTÉ Weather and National Lottery Presenter and supporter of OLV&CS

Focus on our supporters – You made it all possible!

Without the support of many individuals, community groups, volunteers and organisations, a small number of whom are recognised here, our work would not be possible and we would like to extend our most grateful thanks to everyone who supported us throughout a challenging year. It continues to make an incredible difference to so many and for that we are truly grateful.

Community Fundraising

Despite Covid-19, 154 community fundraisers took place in 2020 to support our work and over €275,000 was raised. This reflects a 26% decrease on the previous year



Mr. William Tilly's spectacular Christmas lights display raised over €19,000



The Tyner family Wicklow, raised over €60,000 in support of Wicklow Hospice and the Irish Cancer Society



Deirdre Bonar and her sisters, Mairin, Sinead & Carol raised almost €10,000 in memory of their Aunt Cecil



The Carty family raised over €18,000 in memory of their sister Sarah

Events and campaigns

Unfortunately, Covid-19 impacted on many of our events and campaigns across 2020, including the cancellation of our annual flag day, *Hospice Sunflower Days* as well as the ever-popular Women's Mini Marathon. However, other activities performed extremely well bringing in €1,088,878, which is on a par with 2019.



20 Hike for Hospice trekkers took to the slopes of Austria in February



Over €160,000 was raised through the Hospice Spring Raffle, a 12% uplift on 2019



Our annual *Little Flower of Life* campaign raised over €97,000 reflecting a 106% on 2019



Our Covid-19 emergency appeal raised over €160,000

Despite Covid-challenges, our annual *Hospice Coffee Morning Together with Bewley's* raised over €245,000. Although this is a 38% decrease on 2019, we acknowledge the determination of our wonderful hosts who hosted their coffee mornings in so many inventive ways whilst adhering to restrictions. Sincere thanks also to our long-standing sponsor Bewley's whose dedication, generosity and commitment over a 28 year partnership has raised over €40 million for hospice care nationwide.

We closed the year on a high with our annual flagship Christmas event *Light Up A Life* raising over €595,000 reflecting a 31% increase on the previous year. This is the most successful *Light Up A Life* in the history of the organisation and means that this event alone has raised over €10 million since it began in 1992. Over 30,000 lights were sponsored in memory of loved ones. Unfortunately, we were not able to host our much-loved remembrance ceremony and instead launched a virtual video featuring Christmas Ambassador Nathan Carter and MC Ian Dempsey.



Pictured supporting *Hospice Coffee Morning Together with Bewley's* are An Taoiseach Michael Martin with Nurse Jenny Powell



Pictured at the launch of *Light Up A Life* are Brian O'Neill, Head of Communications, Brand and Sponsorship at Aviva Ireland, Audrey Houlihan, CEO, OLH&CS with RMDU'S Mary Ruane and Gilda Jalop and four year old Doireann Brophy.



Special thanks to Carroll and Kinsella Blackrock for their continued support of a courtesy car for Blackrock Hospice.

Corporate Supporters

We are fortunate to have many corporate supporters who we thank for their great generosity throughout 2020. If you partnered with us for the first time or celebrated an anniversary of working with us, we are truly grateful for your support. Thanks to Aviva Ireland, Bewley's, Carroll and Kinsella Blackrock, Maples Group, Arachas, Clancy Construction, Salesforce, St Brigid's & All Saints' Church of Ireland parishes, SuperValu Blackrock and the Blackrock Business Network.

Special thanks to our Founding Partners Massey Bros. Funeral Directors who have committed to support the Hospice for a five-year period. We thank Robert Maguire and all the team at Massey Bros. Funeral Directors most sincerely for their dedication and tireless support of our work.



Thanks to the team in Arachas who raised over €9,000 as part of their 'Go Green Day' which was generously matched by their parent company Ardonagh Group, bringing the total to over €19,000.



Freddie and Aileen Maguire of Massey Bros. Funeral Directors are pictured at the *Light Up A Life* virtual ceremony

Regular Giving

Our regular giving programme raised over €165,000, slightly more than the previous year and we are very grateful to all who have committed to making a regular monthly gift. It is extremely important as it enables us to plan ahead and make long-term improvements to support our patients and their families. Donations by individuals and 'In Memory' donations raised over €570,000, down 9% on the previous year.

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: 'Hospice Coffee Morning Together with Bewley's' and 'Hospice Sunflower Days' to raise vital funds for specialist hospice services in communities across Ireland.

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

Goals and Objectives

The vision of Together for Hospice is to enable a future where everyone in Ireland can access the support and care needed when living with a life limiting illness. As our population ages, the demand for specialist hospice and palliative homecare services is increasing, this means that hospices have to do more with less and fundraising plays a vital role in the delivery of these specialist services. Together for Hospice exists to support and enable these frontline services to fundraise collectively at a national level. Despite the unprecedented fundraising challenges hospices and specialist palliative care providers faced in 2020, Together for Hospice made significant progress as we consolidated the recently-formalised partner movement.

Our work and achievements

We worked with revised targets in 2020 to reflect the environment while working through a global pandemic.

During the first half of 2020 Together for Hospice officially launched our new brand name and website www.togetherforhospice.ie with the support of RTÉ broadcaster Marty Morrissey as brand ambassador. The launch marks important progress for 26 independent hospice and specialist palliative homecare providers who have partnered together to fundraise collectively.

Hospice Sunflower Days, our annual national hospice flag day was directly impacted by Covid-19 due to the cancellation of the on-street collections. The campaign was adapted and became an emergency appeal for donations on national radio with long-term ambassador Mary Kennedy. It raised over €118,000 for frontline hospice services nationwide. While we are incredibly grateful to all who supported the campaign, the impact of Covid-19 restrictions was widely felt with a loss of -85% in funds raised in comparison to the previous year. We thank our long-term friend and ambassador, Mary Kennedy for her tremendous ongoing support of hospice care, and everyone who supported the campaign nationwide.



Together for Hospice, The National Hospice Movement, based at OLH&CS as host site, officially launched in 2020.

Pictured are Eileen Nolan, OLH&CS, Audrey Houlihan, CEO OLH&CS and Chair of the Together for Hospice Governance Group, and Eleanor Flew, OLH&CS

Hospice Coffee Morning Together with Bewley's reached an incredible milestone raising over €40 million since the campaign's inception in 1992. With the slight easing of restrictions in September, more than 1,600 socially distanced coffee mornings took place, raising over €1 million nationwide. A special highlight of the campaign was the support and dedication of each and every one of the coffee morning hosts who adapted to running socially distanced, outdoor and drive-through coffee mornings as well as take-away and virtual events throughout the country.

Special thanks to our ambassadors Domhnall Gleeson and Francis Brennan for generously giving their time to appear on RTÉ's Late Late Show promoting the work of hospices nationwide. We also sincerely thank and acknowledge Hozier for hosting a virtual coffee morning to raise funds the campaign. Competition entrants vied for the chance to win a virtual coffee with the musician! And finally, we are most grateful to our ambassador, RTÉ Journalist and broadcaster, Sharon Ní Bheoláin for her time and commitment to hospice care. On behalf of all specialist hospice and palliative homecare providers across Ireland, we thank our long-standing sponsor Bewley's for their generous and dedicated commitment to hospice care over 28 years of partnership.

Together for Hospice Profit and Loss Report for the period January to December 2020.

Expenditure		Income	
Creative/Digital	€29,369	Text to Donate	€3,041
Printing and Fulfilment	€72,390	Bewley's Sponsorship	€45,000
Media and PR	€102,028	Hospice Contributions	€197,052
Campaign Sundries	€753	Just Giving Income	€25,791
Campaign Management	€54,735	Total Income	€270,885
Professional Fees	€1,681		
Just Giving Funds Distributed	€7,645		
Text to Donate	€252		
Total Expenditure	€268,856		
Profit/Loss	€2,029		



Pictured at the launch of *Hospice Coffee Morning Together with Bewley's* are Jason Doyle, Managing Director at Bewley's Ireland & UK, and RTÉ Journalist and broadcaster and Ambassador Sharon Ní Bheoláin.

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.

VOLUNTEER SERVICES

Jimmy Scurry and Mary Brien
Volunteer Co-ordinators

Ann D'Arcy
Bereavement Co-ordinator

The volunteer programme has been running for 28 years and volunteers are active right across our services. There are three main groups of volunteers – those who work in patient care, 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.

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 compliment the services provided by staff. These roles vary from office administration to supporting patients and families.

Our work and achievements

2020 was unique and unprecedented. In our professional and personal lives we all had to make hard decisions and choices to protect those most at risk.

For us, one of the most difficult decisions was reached on 12th March 2020 when we suspended all volunteering activities across each of our sites. For the first time since 1992 there were no active volunteers in OLH&CS. This happened at a time when we needed support more than ever but for the safety of everyone – volunteers, residents, patients, visitors and staff – we knew it was the right decision.

We are very conscious of how much volunteering and the work of OLH&CS means to our dedicated volunteers and the role it plays in their lives. We

knew too that they would miss it terribly and looked forward to returning.

Some of the services, support and activities that were suspended had largely been facilitated by volunteers including many activities for residents in Anna Gaynor (SONAS, bingo and movie nights) as well as day hospice and religious activities.

Outreach projects such as the Transition Year Students Programmes and Gaisce Awards were suspended.

In line with the organisation's overall strategic objectives, we developed a pilot *Community Companionship* project with volunteers ready to commence visiting patients in the community who had little or no social engagement but this too has been paused.

We were delighted, with the support of our Infection Prevention & Control (IP&C) team, to set up Covid-19 'return to safer volunteering' training to enabled us to invite some of our volunteers back on site as we adapted to Covid-19.

The 30 patient care volunteers who returned played a significant role in enabling us to restore some of our services and social connections for residents and patients. They have worked as Visitor Liaisons - assisting palliative care unit visitors with temperature checks, facemasks, and hand-hygiene and supporting room and window visits at Anna Gaynor House. Other roles included assisting with reception



184 Hours

The number of bereavement telephone support hours provided by volunteers.

at weekends in Blackrock Hospice and administration tasks across all three sites. In addition, our volunteer drivers continue to respond to transport requests, which includes bringing residents and/or patients to medical visits, hospital appointments.

Prior to the suspension of volunteering there were 235 active patient care volunteers. Since Covid-19, there has been an 87% reduction. The biggest loss is the social engagement and connection that our volunteers have with our residents and patients. While it is very difficult to quantify this loss, we feel certain that it is evident.

Patient care volunteers 2020

Volunteer Role	Hours volunteering
Visitor Liaison	840
AGH Group Activity Sessions	12
Drivers	240
BRH Weekend Reception Cover	144
Admin Support	20
	1,256 Hrs

Bereavement Service Volunteers

The bereavement service offers a variety of services to meet the varying needs of bereaved people. In line with strategic objective one 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.

With 2020 came the cancellation of several activities. Our regular 'Evening of Remembrance'

programme ceased, with a video version of the ceremony and information provided on the grieving process. Although the annual weekend for bereaved children, supported by an annual grant from Tusla, was cancelled, we developed a video to share with families and provide them with advice and activities that could help. Our annual 'Blue Christmas', for the newly-bereaved, was also shared online to support people at a difficult time.

Some people benefit from having a space away from their social network to talk about how their grief is impacting on their lives. Following an assessment with the bereavement co-ordinator, they are offered in-person sessions with a trained bereavement support volunteer. If someone is experiencing a more complex response to their loss, a member of the social work team will work with them.

Since Covid-19 began, the social work service has provided telephone counselling. Initially, bereavement support volunteers offered a telephone service to those they met in-person before Covid-19. In the Autumn, the service was extended and newly-bereaved people were introduced to the volunteer telephone service. Between March and December 2020, volunteers provided 184 hours of telephone support and said the feedback from clients is positive. Providing telephone support demands a different skill set but the volunteers were willing to embrace this new approach. We commend their commitment to the families we care for, the bereavement service and OLH&CS. The volunteers are looking forward to an in-person service resuming when guidelines permit.

"The feedback is very positive. One client remarked that the weekly phone calls are making a 'real difference' to their ability to cope with their grief during Covid."

Bereavement service volunteer

Fundraising Volunteers

This team supports the roll-out of fundraising events and campaigns assisting with a variety of roles including administration, phone calls and posting out fundraising packs in line with our strategic objectives.

The never-ending commitment of our volunteers has a significant impact on our work. In normal times, approximately 85 volunteers are involved on an on-going basis with others joining in for big events. We are grateful for their willingness and support, even at the hardest of times.

Covid-19 presented a significant challenge to our volunteer group due to restrictions. During the summer, a small group of 20 volunteers underwent training to rejoin us from and were true warriors. Those that could not come in were continually cheering us by text or video messages and calls offering their thoughts and encouragement.

June's Hospice Sunflower Days, normally supported with around 300 volunteers collecting on streets and in shopping centres all over South Dublin and Wicklow, were cancelled due to restrictions.

Preparation for Hospice Coffee Morning Together with Bewley's kept volunteers busy for six weeks preparing 450 coffee packs and arranging their delivery to all our wonderful hosts.

The annual *Light Up A Life* event in Harold's Cross is a firm favourite with volunteers who would ordinarily be packing our merchandise, greeting people in our shop and taking phone calls for eight weeks leading up to Christmas. In addition, 150 volunteers normally join us on the day to ensure the event runs smoothly. However, with the pandemic, the public event was cancelled and the ceremony was shown on-line in December. Our volunteers worked tremendously hard to fulfil more than 10,000 orders as well as taking calls from supporters. The success of this campaign was in no small way thanks to their efforts.

Wicklow Hospice Gardening Volunteers

As work was finished on the new Wicklow Hospice site in Magheramore in 2020, our garden volunteers made great progress as the ground was levelled and prepared for planting. Native hedgerows were planted along the perimeter and work on herbaceous borders began in time for the Little Flower of Life fundraising celebration in July. Funding was granted to promote biodiversity, which has enabled the planting of many trees and shrubs that will attract good pollinators and contribute to achieving a natural garden that will be enjoyed by patients and their families.



Volunteers gave
1,700 hours
of their time to the
Light Up A Life campaign
with 10,000 orders
packed by 20 people!

HUMAN RESOURCES SERVICE

Mary Kirwan
Director of HR

The Human Resources Service contributes to the success of Our Lady's Hospice & Care Services and our employees by developing and facilitating an environment that values people, efficiency and that 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 2020, OLH&CS had 640 staff, 537 whole time equivalents (WTE) and 206 people receiving pensions.





Goals and objectives

The HR Strategy, aligned to the Organisation Strategy 2017 – 2022, continued to improve existing processes and encouraged new approaches to Partnership, Learning & Development, Performance, Staff Engagement, Workforce Planning, Leadership, Culture, and Evidence and Knowledge.

The HR Service supported the organisation in the management of the many challenging and unprecedented aspects of the Covid-19 pandemic. The HR Service managed and executed a multitude of HSE and Government directed programmes and

policies in relation to working safely during this time. We supported organisational decisions that affected our workforce and ensured the wellbeing of our staff was prioritised throughout. We transitioned smoothly from traditional methods of recruitment and training to virtual processes across many areas of our employment experience.

During this challenging time, many transformational projects were delivered aligning to our Organisation Strategy. We were honoured to receive the 'Great Place To Work' award in September 2020 and to continue advancing our work in becoming a practice-based learning organisation.

 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	

Our work and achievements

People join our organisation for a number of reasons; often due to the unique benefits we offer: our culture, career opportunities, benefits and work environment.

During 2020, we were delighted to welcome 130 staff on-board and 59 staff moved on. We continued to seek feedback using on-boarding and exit questionnaires, which helped inform changes in our practice in line with Strategic Objective 4.

33 staff were welcomed to Wicklow Hospice and availed of a unique induction programme delivered in line with Covid-19 measures. The purpose of induction is to ensure staff are clear about roles, responsibilities, reporting and professional responsibilities aligned to Strategic Objective 1.

Despite a moderate turnover of 9.2%, which includes medical staff, attracting and retaining talent during Covid-19 was challenging with 56 competitions managed through the year. In line with Strategic Objective 3, a continued emphasis was placed on digital networking, resulting in significant advertising cost savings. Work on succession planning continued in order to maximise the potential of our existing staff and to assist with identifying any training gaps.

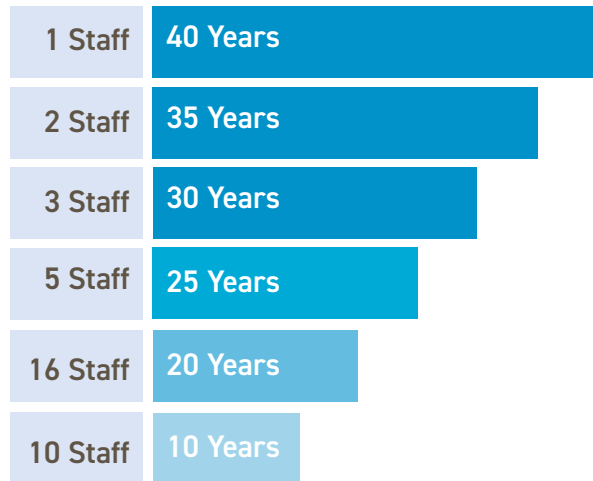
In line with Strategic Objective 1, the work of the multi-disciplinary group 'Learning, Training and Development' continued to make strides towards OLH&CS becoming a practice-based learning organisation. In collaboration with Tallaght Training Centre, we launched a virtual adaption of the QQI Level 6 leadership course. 30 people wishing to further their career or to enhance or refresh their existing leadership skills participated. We also facilitated 96 participants from other hospitals resulting in many cross-sectoral projects.

Aligned to Strategic Objectives 3 and 4, the HR team strived to adapt our regular training programmes to the demands of working in a pandemic. Six staff attended a virtual People Management training programme. We also hosted virtual orientation programmes for 75 staff.

In line with Strategic Objective 2, we continued to ensure that our mission and core values of human dignity, compassion, justice quality and advocacy translated into every aspect of our organisation via the work of our Mission Committee and underpinned by our Staff Council, Employee Wellbeing Group, Diversity Group and Resident's forum.

Every year, we celebrate our Mission Hero Awards to acknowledge individuals and teams who, in addition to doing an excellent job, demonstrate an exceptional commitment to our mission and core values. In 2020, in recognition of the commitment, adaptability and hard work demonstrated by all staff working during the Pandemic, every staff member was recognised as a Mission Hero and a tree was planted in their honour in Harold's Cross.

In 2020, a number of employees reached significant service milestones within the organisation.



Many other wonderful initiatives also took place to promote and integrate health and well-being, diversity, and the work of our Staff Council. The Employee Wellbeing Group focused on coping and thriving and provided innovative ways for staff to look after their physical and mental wellbeing during such challenging times. Our Employee Assistance Programme, a confidential counselling service that provides support to our employees and their families, supported 41 enquiries for staff providing support and information throughout 2020.

Our Staff Council played a key role in the promotion of our Staff Survey which was ran in collaboration with 'Great Place To Work' and aligned to Strategic Objective 2. Overall, we had 456 surveys completed by staff and volunteers which amounted to a 47% participation rate. A culture audit was completed by the HR team as part of the 'Great Place To Work' process. This comprehensive audit outlined our policies and practices under the headings 'Inspiring, Speaking, Listening, Thanking, Developing, Caring, Hiring, Celebrating & Sharing'. We were exceptionally proud to be awarded the Great Place to Work accreditation. Following on from our accreditation, staff focus groups took place to facilitate discussions

and a deeper analysis of the data, which will inform a robust implementation plan in 2021.

During 2020, 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 640 individuals (537 whole time equivalent staff) from 16 different countries each of whom brings with them a wealth of professional skills and experience.

We are committed to resolving workplace grievances in a timely manner. During 2020, three grievances were submitted and all were resolved locally. We are committed to building strong partnerships and to providing best practise advice and support to all in line with Strategic Objective 1.

We acknowledge and appreciate that all employees contribute directly to the success of our organisation and we are committed to ensuring that our staff have the best possible experience while working with OLH&CS.

“OLH&CS clearly respects its employees and wants everyone to have the best quality of life both inside and outside of work”.

(Great Place to Work Survey response 2020)

“Some of the organisation's characteristics stand out, in my opinion, such as the encouragement of work and personal life balance; recognition of employee's achievements; the management is pretty active, transparent and empathetic and the fact that the organisation allows employees to be themselves”.

(Great Place to Work Survey response 2020)

OUR PEOPLE

Our Lady's Hospice & Care Services acknowledges and is grateful for the diversity of cultures of our staff.

We employ 640 people each of whom brings with them a wealth of professional skills and experience.

We are honoured to have around 400 volunteers who generously give their time and energy to help us create a special experience for residents, patients and their families. They too bring a range of knowledge from occupations, different cultures and valuable life experience.



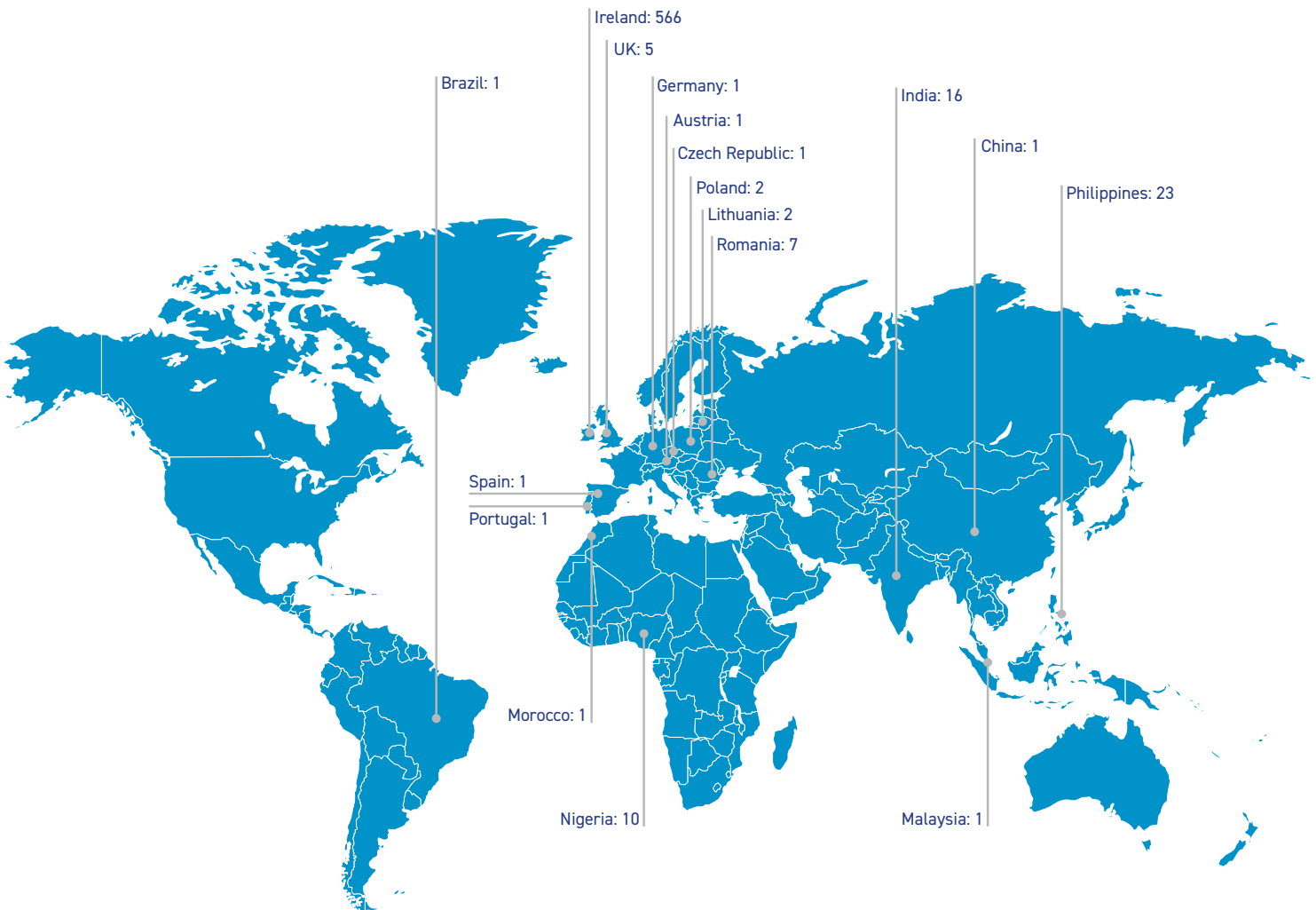
640
Employees



206
Pensioners



537
WTE



FINANCE

Simon Costello
Head of Finance

Results for the Financial Year

The directors are satisfied with the results for the financial year. Our Lady's Hospice & Care Services recorded an overall surplus of €6,586,878 in the year to 31st December 2020, compared to a surplus of €2,158,240 in the previous year. This surplus and increase 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.

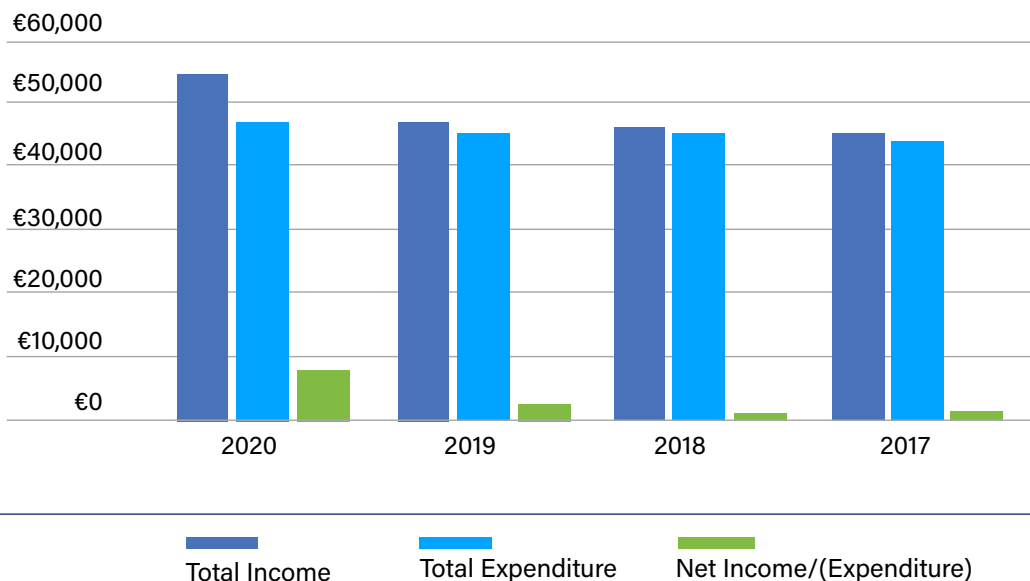
In 2020, additional Palliative Care funding of €3.73m (Harold's Cross, Blackrock and Wicklow) was received in order to address Covid-19 specialist palliative care related deficits. We are carrying forward almost €2.3m of these monies into 2021

to be utilised against 2021 Covid-19 palliative deficits. There was a reduction in both Rheumatic & Musculoskeletal Disease Unit (RMDU) and Palliative Care private health insurance income from the previous year of €2.1m due to closure of beds during 2020 as a result of Covid-19. We are carrying forward Covid-19 related deficits of €1.1m for 2020 primarily related to this reduction in RMDU private health insurance income.

The Statement of Financial Assets highlights the results between restricted and unrestricted activities. Restricted activities relate to all HSE-funded healthcare activities along with restricted income and expenditure from the public in line with donor wishes.

Fundraising activities generated income of €4.8m (down from €7m in 2019 primarily due to lower

Financial History, in €'000



legacy income) of which €1.5m 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.

As mentioned last year, at the end of 2019 the company provided a loan of €750k to Wicklow Hospice Foundation (WHF) to enable WHF achieve the completion of the new 15 bed Wicklow Hospice. Ownership of the Wicklow Hospice land and buildings transferred on 30th November 2020 from WHF to Our Lady's Hospice & Care Services and at the same time Our Lady's Hospice & Care Services took on a bank loan of €2.9m. The €750k outstanding loan balance, along with the €2.9m bank loan and retention monies owing on the build were offset against the value of the land and buildings resulting in the recognition of the €5m gift-in-kind income.

The majority of the remainder of monies raised went to cash reserves. The cash inflow from operating activities for the financial year was €5m.

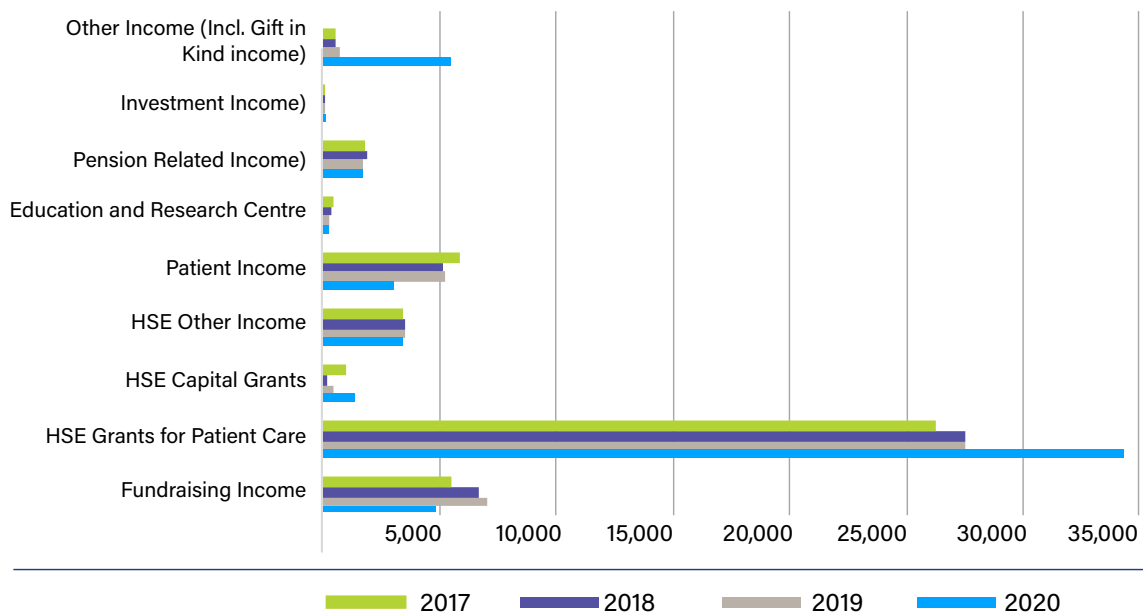
The company had €10.4m of cash at bank (excluding the third party funds) at the financial year end of which €233k related to investment cash. These cash balances together with the investment portfolio of €0.2m are available for the future development of the healthcare facilities in line with our master development plan and also for maintaining the level

of services at the current levels for the foreseeable future (at least twelve months).

Income Analysis

- HSE grants for patient care increased in line with pay restoration agreements for 2020 along with additional funding for additional Palliative Care funding of €3.73m (Harold's Cross, Blackrock and Wicklow) was received in order to address Covid-19 specialist palliative care related deficits.
- Patient income is primarily made up of patient private health insurance income, which has seen a strong downward trend since 2015. 2020 saw a further decrease of €2.1m from 2019 due to the impact of Covid-19.
- 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.
- Fundraising income saw a reduction in legacy income of €2.3m from the previous year while donations remained on a par with 2019.

Income split, in €'000



Expenditure

- Fundraising costs for 2020 remained at €1.2m but increased from 18% to 25% of the income raised from legacies and donations due to the significant decrease in legacy income.
- Expenditure on Charitable Activities for the year was €45.4m, being an increase from 2019 of €3.1m. There was an increase of €1.3m regarding the implementation of various national pay restoration agreements. Additional costs relating to Covid-19 came in at €1.1m. Wicklow Hospice costs (pre and post opening) which did not exist in 2019 were €0.7m. Depreciation increases had an impact of €0.3m while lump sum payments also increased by €0.2m on the prior year. These increases were offset by continued cost containment and savings made of €1.2m against budget. Charitable Activities represent specialist Palliative Care, Community Reablement Unit (CRU), Care of Older Persons, RMDU and Education & Research.
- Similar to last year, payroll costs accounted for 82% of total expenditure with Non-Pay expenditure at 18%.

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

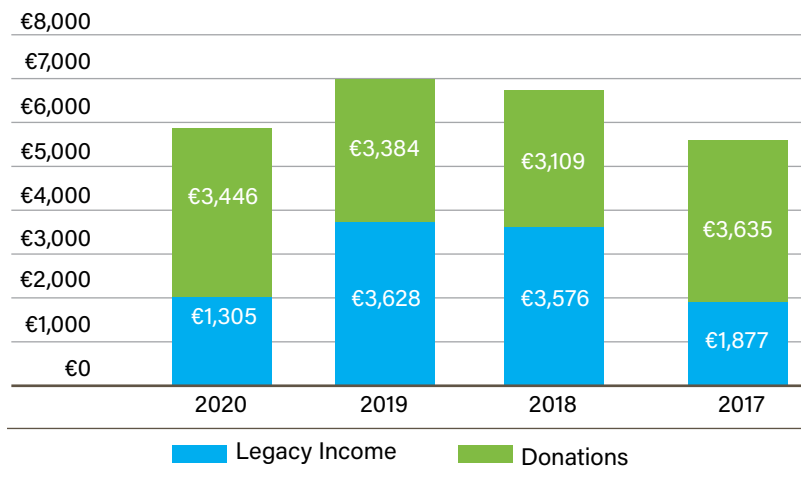
	2020	2019
€60,000 - €69,999	85	77
€70,000 - €79,999	24	9
€80,000 - €89,999	7	5
€90,000 - €99,999	3	2
€100,000 - €109,999	1	0
€110,000 - €119,999	1	1
€120,000 - €129,999	1	0
€150,000 - €159,999	0	1
€170,000 - €179,999	1	0
€180,000 - €189,999	1	0
€220,000 - €229,999	1	0
€230,000 - €239,999	0	1
€240,000 - €299,999	2	2
€250,000 - €259,999	0	1
€290,000 - €299,999	0	1
€300,000 - €309,999	1	0

Staff Numbers and Costs

There was an average of 531 whole time equivalents employed during the year. Total payroll costs were €36m for the year. The gross pay of the CEO for the year was €121,460.

All pay is aligned with the Department of Health Consolidated Pay Scales. During 2020 there were further pay increases in line with national pay agreements as reflected in the salary and wages bands above.

Fundraising Income Split, in €'000



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. In general, 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 2020 €	Total 2019 €
Share capital and premium	38,638,788	38,638,788
Restricted capital funds - HSE related	20,662,561	19,085,109
Restricted capital funds - Donor related	3,592,501	3,240,851
Restricted funds - HSE related	1,104,924	(191,526)
Restricted funds - Donor related	137,567	90,925
Unrestricted funds - OLH&CS	32,861,267	29,546,583
Total funds at end of financial year	96,997,608	90,410,730

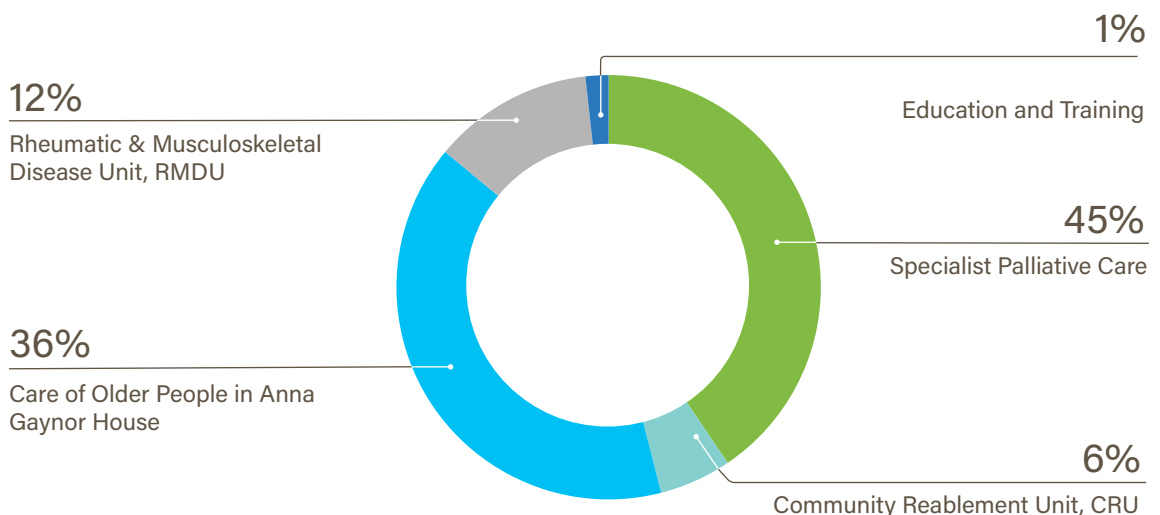
Principal risks and uncertainties

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 that the company faces are:

- Clinical risks to patients under our care, either as inpatients 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.

2020 Expenditure on Charitable Activities, in €'000



- **Failure to comply with Statutory/ Regulatory Requirements:** The company is subject to stringent regulations in areas such as staff competency, staffing levels, health & 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 ongoing support of the HSE for funding to deliver care services. Ongoing 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 ongoing 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:** Our Lady's Hospice & Care Services continue to implement GDPR regulations in an effort to achieve compliance. Risk assessments and risk minimization actions are put in place to minimise areas of non-compliance and the Board are 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 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 & malicious software protection; monitoring and restricting the unacceptable use of information technology resources.

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 2021. The HSE has indicated that funding

will be available during 2021 at a level similar to that of 2020.

During 2020 Ireland was 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 ongoing 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 2021 and into 2022. While OLH&CS will, when the economy recovers, have the opportunity to return to pre-Covid-19 levels of fundraised income, we will face an anticipated fall in fundraised income throughout 2021/22 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 fell by over €2m in 2020 from the prior year and with similar levels of reduced income expected in 2021. This is coupled with an increased demand for the company's services. Management have reviewed the level of activity and costs of the company and have drawn up plans to deal with the issues associated with the ongoing 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.

OUR LADY'S HOSPICE & CARE SERVICES

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

	Notes	Unrestricted € 2020	Restricted € 2020	Total € 2020	Unrestricted € 2019	Restricted € 2019	Total € 2019
INCOME FROM							
Donations and legacies	4	4,255,574	495,826	4,751,400	6,124,772	887,351	7,012,123
Charitable activities	5	3,895,456	44,992,937	48,888,393	347,526	38,571,694	38,919,220
Investment income	6	4,644	-	4,644	26,193	-	26,193
Other trading activities	7	320,111	-	320,111	628,606	-	628,606
TOTAL INCOME		8,475,785	45,488,763	53,964,548	7,127,097	39,459,045	46,586,142
EXPENDITURE ON							
Raising funds	8	1,511,437	405,512	1,916,949	1,867,378	245,546	2,112,924
Charitable activities	9	3,611,565	41,811,057	45,422,622	3,689,784	38,611,228	42,301,012
TOTAL EXPENDITURE		5,123,002	42,216,569	47,339,571	5,557,162	38,856,774	44,413,936
Net income before other recognised (loss)/gain		3,352,783	3,272,194	6,624,977	1,569,935	602,271	2,172,206
Loss on financial assets at fair value	11	(38,099)	-	(38,099)	(13,966)	-	(13,966)
Net income before taxation	11	3,314,684	3,272,194	6,586,878	1,555,969	602,271	2,158,240
Taxation	13	-	-	-	-	-	-
NET INCOME		3,314,684	3,272,194	6,586,878	1,555,969	602,271	2,158,240
Transfer between funds	14	-	-	-	30,711	(30,711)	-
Total funds at beginning of financial year		29,546,583	22,225,359	51,771,942	27,959,903	21,653,799	49,613,702
Total funds at end of financial year		32,861,267	25,497,553	58,358,820	29,546,583	22,225,359	51,771,942

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.

OUR LADY'S HOSPICE & CARE SERVICES

BALANCE SHEET
AS AT 31 DECEMBER 2020

	NOTES	2020 €	2019 €
Fixed Assets			
Tangible Assets	16	87,771,195	79,978,379
Financial Assets	17	170,226	231,471
		87,941,421	80,209,850
Current Assets			
Stocks	18	409,816	313,157
Debtors: amounts falling due within one year	19	6,161,465	7,324,868
Investment	20	233,073	207,840
Cash at bank and on hand	21	10,335,358	7,538,119
		17,139,712	15,383,984
Creditors: (Amounts falling due within one year)	22	(5,469,957)	(5,183,104)
Net Current Assets		11,669,755	10,200,880
Total assets less current liabilities		99,611,176	90,410,730
Creditors: (Amounts falling after more than one year)	23	(2,613,568)	-
NET ASSETS		96,997,608	90,410,730
Capital and Charity Funds			
Called up share capital	24	2	2
Share premium	24	38,638,786	38,638,786
Restricted Capital Funds	29	24,255,062	22,325,960
Restricted Funds	29	1,242,491	(100,601)
Unrestricted Funds	29	32,861,267	29,546,583
Charity Funds		96,997,608	90,410,730

NON-CLINICAL SUPPORT SERVICES

Tommy Beatty

Capital Projects and Interim Head 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

2020 was a very different year due to the impact of Covid-19; every aspect of our Non-Clinical Services was impacted.

In terms of the strategic plan, most of the initiatives undertaken, come under objective Four: Embrace a system-wide perspective, working closely with partners, patients/residents and healthcare staff to help meet growing demand encompassing service integration and environmental actions and priorities.

Internal Environment

On 12th May 2020 the main reception team in Harold's Cross moved from the old Hospice building to Anna Gaynor House. The reception is much bigger, brighter, more welcoming and more accessible space. It provides a central point of contact for all clients and visitors to the site, which has been a valuable focal point for visitors dropping off and collecting service users during the level 5 restrictions. On 1st July the new telephone system went live and has improved the quality and service across the organisation.

2020 proved to be a very challenging year for Building Services. Throughout 2020 a range of improvements and upgrades took place including works to outpatient clinic rooms, meeting rooms and office upgrades. As well as this, an upgraded call bell system in RMDU has enhanced patient safety.

Improvements were made in general household, green and food recycling across the organisation, however waste volumes were up as a result of Covid-19 measures.

As part of our sustainability and carbon neutral drive, and with the help of funding from the HSE Energy Bureau, we carried out projects to upgrade lighting and heat pumps in the hydro pool and Anna Gaynor House. The various room refurbishments across the Harold's Cross campus included LED lighting helping to further reduce carbon emissions and energy



80%
Waste recycling/
recovery rate.

consumption.

As part of the 'The Public Sector Energy Efficiency Strategy', OLH&CS is working to cut our energy consumption. Since our base-line of 2009 we have reduced our gas consumption by 538,550Kwh and power consumption has been reduced by 424,151Kwh up to the year 2020, this converts to 682 tons of co2 or enough energy to power 124 homes for one year.

External Environment

With movements restricted in the past year, we are very fortunate to have such expansive grounds. This has been a valuable resource for staff wellbeing. We know that access to the outdoors through a window can calm stress and have a restorative effect.

As part of its work to increase biodiversity on-site, the grounds team created a wildflower meadow. A beehive was added and is managed by a skilled volunteer.

The team is involved with the Harold's Cross Grow initiative, a community-based project that has held many socially distant seed sowing events and exchanges over the past year. It encourages people to grow at home and exchange and swap what they grow with others and links in businesses, schools and other organisations in the area.

The Materials Management Department is responsible for the procurement of goods and services in line with national and European procurement guidelines. Working with the OGP [Organisation of Government Procurement], HBS [Health Business Services] and other HSE groups, it ensures we leverage our purchasing power.

It goes without saying that 2020 was a hugely challenging and very busy year in every way. The outbreak of Covid-19 saw us scrambling to get



424,151 Kwh
Power consumption
reduction

essential PPE into the organisation to protect our staff, residents and patients. Sourcing PPE very difficult but we ensured that the organisation was equipped appropriately. We worked closely with the HSE to ensure a smooth supply chain going forward. To support Wicklow Hospice, the department was engaged in sourcing and providing all stock and equipment.

During 2020 the Hotel Service partnered with Bidvest Noonan and Q Café in Wicklow Hospice, to provide a range of services including cleaning, catering, security, portering and other facility services.

In November 2020, our catering and household team worked with the rest of the multi-disciplinary team to roll out the next stage of the International Dysphagia Standardisation Initiative (IDDSI). This included a new fully-tested menu for patients and residents.

Information and Communication Technology (ICT)

Many significant ICT programmes were progressed during 2020 under objective four of the Strategic Plan and to meet the needs of the organisation in response to Covid-19. There were significant upgrades and improvements to ICT infrastructure and security across our three sites. ICT systems for Wicklow Hospice were delivered and the telephony infrastructure in Harold's Cross was replaced. Increased remote working access was provided in line with Covid-19 working practices. Operating systems were moved to the cloud for greater efficiencies. Conferencing facilities were installed across all three sites and mobile device management was deployed to improve security and manage staff devices.

Data Protection

In March 2020. Unfortunately, due to Covid-19, they have only been able to conduct a desk-top review of compliance, mainly focussed on documentation such as policies, SOPs, contracts and processes.

Audits were paused pending participation of DPO and then followed by the Covid-19 pandemic, however, these were recommenced internally in Q4 2020, with restricted auditing in clinical areas.

A number of new policies have been drafted, along with Standard Operating Procedures related to specific areas (waste disposal; private health insurance data collection; volunteers emergency contacts), and updates applied to existing policies.

Subject Access Requests

There were six subject access requests in 2020. Five were completed and one (received in December) remained outstanding. The majority of requests still come under Freedom of Information (23 in 2020).

Breaches / Investigations

There have been five Data Protection investigations, four of which required breach reporting to the Data Protection Commissioner (DPC). Two are ongoing

investigations. Each of the completed investigations resulted in process changes, which were implemented immediately.

Data Agreements / Data Sharing

Progress has been made on completion of Data Protection Agreements with contractors and contracted services, and these have now been completed.

The Voluntary Hospitals Association Risk Management Forum (VHARM), in conjunction with Mason Hayes & Curran Solicitors drafted a framework for data sharing between healthcare services, which was ratified at year end. Each individual organisation can now progress with data sharing agreements based on the framework.

Freedom of Information

During 2020 there were a total of 26 FOI requests. 23 related to clients; two were from Journalists; and one from staff.

There were no requests under Environment (AIE) for 2020.

COUNTING COVID-19 COSTS

Clinical waste expenditure

was up

80%

to €42,194 and domestic

waste was up 15%

to €53,929

PPE expenditure

was up

828%

from €43,978

to €407,994



Main reception in Harold's Cross moves to Anna Gaynor House.

COMPLAINTS & FEEDBACK

Patricia Pierce

Complaints Officer

Under Our Lady's Hospice & Care Services' Quality Framework, feedback from service users, their families and friends are a valuable source of information. It gives the organisation the opportunity to evaluate what is working well and is an opportunity to learn and review issues, large or small, that can be improved to enhance service users' experience.

While we conduct numerous audits and measures and have key performance indicators (KPIs), feedback from residents, patients and their families tells us directly if things have gone well and gives reasons and ideas for improvements. As an organisation, we welcome the opportunity to review practices and processes in response to observations and comments from our service users.

2020 was one of the most challenging years, globally and nationally for healthcare, and Covid-19 had a significant impact on the services delivered by Our Lady's Hospice & Care Services.

Over 2020 the complaints categories and numbers were as follows:

- Dignity and Respect: 3
- Safe and Effective Care: 2
- Communications and Information: 2
- Privacy: 1
- Accountability: 1
- Vexatious: 3

All the above were dealt with in a timely manner and to the satisfaction of the complainants.

Several the complaints received in 2020 were related to the restrictions applied to limit the spread of Covid-19. Restrictions around visiting to the Residential Care and Palliative Care Units was one of the main themes and was very difficult for patients and their families. The required enforcement of the regulations also impacted on staff during the pandemic. Where possible, every effort was made to facilitate 'safe' visiting, by restricting times and numbers. However, this was far from the 'normal' service and interaction we usually provide to patients and families.

26 compliments were received during the year. These reassure staff and management that we are getting a lot right. Successful practices can be shared and adopted in other areas.

We 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 tell us what they think.

Complaints Statistics 2020

Category / Definition	2016	2017	2018	2019	2020
Access Accessibility /delays / facilities / parking / transfer issues /transport/ visiting times/other access issues	1	0	5	1	0
Dignity & Respect Alleged inappropriate behaviour / care delivery / discrimination / ethnicity / end-of-life care / other dignity and respect	2	2	3	1	3
Safe & Effective Care 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	1	4	7	2
Communication & Information Communication skills / delay and failure to communicate / diverse needs / information / telephone calls / other communication and information.	3	3	2	0	2
Participation Consent / parental access and consent / patients/ family/relatives/other participation	0	0	0	0	0
Privacy Confidentiality / hospital facilities (privacy) / other privacy	6	0	0	0	1
Improving Health Empowerment / holistic care / catering /smoking policy / other improving health	1	3	0	2	0
Accountability Patient feedback / finance / other accountability	0	0	0	0	1
Other	1	0	1	0	3
Clinical Judgement	0	1	3	0	
Complaints Withdrawn	0	0	1	1	0

STRUCTURE, MANAGEMENT AND ADMINISTRATION

Registration, Constitution and Structure

Our Lady's Hospice & Care Services 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 is Ireland's largest hospice and provides specialist care in the areas of Palliative Care, Rheumatic and Musculoskeletal Disease, and both Community Reablement and Residential care for Older Persons. Palliative Care is provided from two hospice sites; Harold's Cross established in 1879 and Blackrock Hospice, established in 2003. A third site, Wicklow Hospice, in Magheramore, opened under the governance of OLH&CS in December 2020.

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.
- Oversee and Monitor Performance - Approve, monitor and review 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 there are no employee representatives on the Board.

Directors and Company Secretary

Brian Murray has been Chair of the Board of Directors since 2018. 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.*

Those who served as Board Directors at any period during the 2020 financial year are listed as below:

Brian Murray

Chairman of the Board since 28/05/2018.

A former Chief Executive Officer of the Dublin Dental University Hospital, member of the Postgraduate Medical and Dental Board and member and Vice President of the Dental Council of Ireland, Brian Murray is presently a board member of St James's Hospital and Treasurer of the Association for Dental Education in Europe.

Stephen Walsh

Stephen Walsh, who was a career banker for 40 years, retired from Bank of Ireland Private Banking in 2006. He is a consultant to a small number of high profile clients and serves as a non-executive director on a number of private and family Boards, where he also acts as Trustee. Stephen is currently Chair of the City of Dublin Skin and Cancer Hospital Charity Board and a member of the Board of Directors of The Charles Institute of Dermatology, at UCD. He also continues to play an active role on a number of finance and investment committees in the not-for-profit sector.

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.

Kay Connolly

Kay Connolly, RGN, MSc, Chief Operating Officer, St. Vincent's University Hospital. As COO, she

is responsible for strategic management and operational performance across the organisation. Ms. Connolly is accountable for the organisational performance of the hospital and ensuring the objectives of her role and vision for success are aligned to international and national best practice and guidelines. She provides leadership, management, clinical expertise and support across the organisation and works collaboratively, constructively and respectfully with the CEO and the executive management team in implementing the hospitals strategic and operational objectives.

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.

Helen Nolan

Company Secretary since 2017.

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.

Board of Directors Skills Matrix and Inventory

Business/Management					Communications			Finance		Political			Clinical			Education		Community Development				
Business Mgmt	Human Resources Mgmt	Construction & Project	Strategic Planning	Board & Governance	Quality Standards	Information Technology	Public Affairs & Communications	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

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. He joined a practice in Sundrive Road in 1985.

Lorcan Birthistle

Mr Birthistle is 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.

Cathy Maguire

Cathy Maguire is a practising barrister of 25 years standing, specializing 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.

The below table shows attendance at Board meetings in 2020:

Name	Appointed	Retiring	Eligible for Reappointment	Board Attendance
Brian Murray	2011*	2021	No	8/8
Stephen Walsh	2013*	2021	No	7/8
Cathy Maguire	2020	2026	Yes	4/4
Terry McWade	2017	2022	Yes	8/8
Kay Connolly	2017	2022	Yes	6/8
Sean Dorgan	2017	2022	Yes	8/8
Helen Nolan	2017	2022	Yes	8/8
Eugene Murray	2017	2022	Yes	7/8
Carole Pollard	2018	2023	Yes	5/8
Pat Costello	2018	2023	Yes	5/8
Dr. Philip Wiehe	November 2019	2024	Yes	6/8
Lorcan Birthistle	November 2019	2024	Yes	7/8

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. In 2019, in-house training was also delivered in relation to the Governance Code developed by the Charities Regulatory Authority.

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 (indicated with an * as below) 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.

The sub-committees of the Board are as follows:

Committee Name	No. of meetings in 2019	Chaired by board member (attendance shown in brackets)
Mission	3	Kay Connolly, Chair (3) Mary Sheridan, Service User Rep Carolyn Roe, Residents' Committee Rep OLH&CS staff
Education and Research	3	Terry McWade, Chair (3) OLH&CS staff
Audit & Finance	4	Helen Nolan, (Chair) (4) Stephen Walsh (4) Pat Costello (4) Hilary Coates (4) Aisling Fitzgerald (4) OLH&CS staff
Clinical Governance	4	Eugene Murray, Chair (4) Aidan Mahony* (4) Cathy Doyle* (4) Pauline Newnham* (2) Mary Connolly / Peter Mansfield (AON) (4) OLH&CS staff
Fundraising	5	Stephen Walsh, Chair (5) David Strahan (5) Cathy Maguire (4/4) OLH&CS staff
Capital	5	Carole Pollard, Chair (5) Sean Benton* (5) OLH&CS staff
Nominations	2	Brian Murray, Chair (2) All Board of Directors are members
Remuneration	0	Sean Dorgan (Chair) Ian Maguire* OLH&CS staff

Decision-making

The Board of Directors approve strategy, structure, annual plans and budgets to ensure the organisation is effective, transparent, accountable and achieving its organisational goals.

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.

Regular progress reports are provided by the Senior Management Team to Board Sub-Committees and at Board meetings.

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 & Interim 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.

OLH&CS is also committed to the Governance Code of the Charities Regulatory Authority. Throughout 2020, the organisation worked towards compliance with this code, which was achieved by year end and approved by the Board.

Furthermore, OLH&CS is committed to the Charities Regulator's 'Guidelines for Charitable Organisations

on Fundraising from the Public'. There is accountability and transparency to ensure that all donors have full confidence in the manner in which organisation and fundraising practices are managed. The Donor Charter, featured in this report, and on our website, details this commitment.

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 updated in March 2020.

Risk management and internal control

There is a three line approach to internal control at OLH&CS. The first line is represented 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 2020, OLH&CS underwent a number of internal audits, as follows:

- Compliance against the HSE Service Level Agreement
- Payroll

Progress on completion of recommendations resulting from the Internal Audits are monitored and overseen by the Audit & Finance Committee.

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

MESSAGES OF SUPPORT AND THANKS DURING COVID-19



"Having lost a family member during the early stages of lockdown @ourladyshospice were super at the final stages, and now with bereavement support. Thank you."



I cannot thank you enough for your support and kindness to my relative and his family over the past months. I pray for each and every one of you. You are a lifeline for families.



...a simply wonderful place filled with lots of dedicated staff caring for very special people, it's a little piece of heaven on earth...



Thank you to all the hospice staff who are taking care of the most vulnerable.



Such lovely people doing a tremendous job & such a lovely happy peaceful calm there. Great respect for you. Take care.



I respect & love what you do. Stay safe - it can't be easy being on the front-line. You looked after my Mother so well.



Thank you to all the hospice staff. Each and every one of you are angels on earth. Stay safe and take care.



Thank you for keeping our loved ones safe. My parent is in Anna Gaynor house and as hard as it will be not to see them, the right decision has been made to lockdown. Well done!



Harold's Cross

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