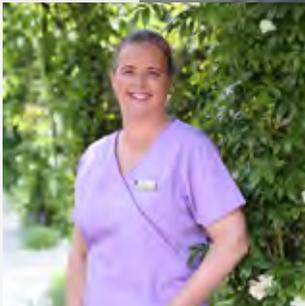




Respite Harold's Cross  
Rehabilitation Blackrock  
Reassurance Wicklow

# 2022

## ANNUAL REPORT AND ACCOUNTS



Improving and Enhancing Care



*"The feeling of peace always greets me every time I enter the buildings. The staff have a unique way of greeting you. You feel special and they have time to listen to you."*

# CONTENTS

<b>Section 1: Our Year at a Glance</b>	<b>3</b>
Our impact in 2022 - a brief overview of how we've made a difference in the past year	4
Our work – who we are and what we do	6
A message from our Chair	10
A message from our Chief Executive	12
<b>Section 2: Improving and Enhancing Care - Our Impact Report</b>	<b>17</b>
Our strategic actions and outcomes – how we're aligning with our strategic priorities	18
Our commitment to delivering quality services and safe care	28
Our Palliative Care Services	34
Our Rheumatic and Musculoskeletal Disease Unit (RMDU, Harold's Cross)	38
Our Older People's Services (Harold's Cross)	42
Our Nursing and Clinical Services	45
Our Education, Research and Training	58
<b>Section 3: Our People</b>	<b>63</b>
Our patients and families	64
Our volunteers	66
Our staff	72
Non-Clinical Services	76
Information and Communications Technology	80
Our fundraisers and advocates	81
<b>Section 4: Our Structure, Governance and Management</b>	<b>89</b>
Our structure, governance, and management	90
Our data protection	101
Our directors and other information	102
<b>Section 5: Our Financial Statements and Accounts</b>	<b>105</b>
Our financial statements	106
Our accounts	111



# 1

## SECTION 1: OUR YEAR AT A GLANCE

# OUR YEAR AT A GLANCE

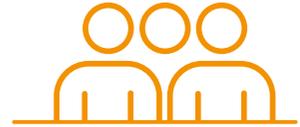
**3 Locations**

Harold's Cross – 1879  
Blackrock – 2003  
Wicklow – 2020



**693**

employees from  
20 countries



**4,867**

patients cared for in  
2022



**Over 330**

amazing volunteers  
support our services



**1m+**

people in our  
catchment of South  
Dublin and Wicklow



**12,110**

visits to patients  
homes by specialist  
community palliative  
care nurses



**€5.5m+**

needed to support our  
services and shortfall  
in state funding



**85**

people supported with  
Dementia Respite.



**184**

infusions administered  
by RMDU



**30% Reduction**

in our energy  
consumption (carbon  
footprint) in 2022



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

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**Our Values:** Everyday our work is inspired, motivated, and guided by the following core values:



**Human Dignity:**

We will respect the unique worth of every individual.



**Compassion:**

We will empathise with those who are in discomfort or suffering and to strive to understand their experience.



**Justice:**

We will consistently act with integrity, honesty, commitment and accountability.



**Quality:**

We will strive for excellence in all aspects of our work.



**Advocacy:**

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

# OUR WORK: WHO WE ARE

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

Over 690 medical and general staff and over 330 incredible volunteers provide world class person-centred care to help 4,867 patients and residents achieve their best quality of life and support to their families.

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 such, our core values of human dignity, compassion, justice, quality, and advocacy are at the heart of everything we do.

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.

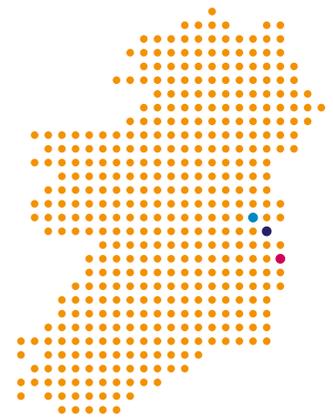
OLH&CS is funded by the HSE to provide a defined level of service on its behalf and is a section 38 provider with a voluntary Board of Directors. In addition, OLH&CS relies on fundraising to enhance patient services and to continue developing its sites.

## What we want to achieve:

Our 2017-22 Strategic Plan outlines plans to improve and enhance our care by building capacity, reconfiguring, and integrating our services and workforce based on best practice, evidence-based models of care and anticipated future needs.

Between 2017 and 2022, we are committed to delivering the following five-year strategic objectives:

1. Be a leader in providing quality and safe services, make a difference to patients and families and build upon 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.



Harold's Cross



Blackrock



Wicklow

*'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.'*

We will meet these objectives by applying the following principles:

- **Excellence in care** – across all our services

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- **Integration** – to bring our services to a wider cohort of patients and residents.

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- **Innovation** – dynamic and efficient approach to the delivery of service.

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- **Leadership** – making a difference to patients, residents, and families.

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

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## What we do

Responding to the needs of patients, the Hospice provides three core services – specialist palliative care, Rheumatic & Musculoskeletal Disease Unit and Care of the Older Person Service. As the bedrock of quality healthcare, all three services are supported by education and research.

In each service area, our multidisciplinary teams work to provide patients and their families with loving care, comfort, and dignity. We understand that our patients' needs are physical, emotional, and psychosocial, and we aim to fulfil each of these areas.

### Specialist Palliative care

With a focus on improving the quality of life for those with a life-limiting illness, our specialist palliative care is provided across our three locations and over a catchment area of over a million people across South Dublin and Wicklow, making us the largest provider in Ireland. As well as in and out-patient services, we have community palliative care teams who had over 18,000 patient interactions (including visits to patients' homes) across South Dublin and Wicklow during 2022.

We help patients to live with comfort, dignity, and peace of mind, taking a holistic approach to meet the needs of patients and their families. Palliative care involves treating symptoms and providing psychological, social, and spiritual support. Most of our work involves caring for people in their own homes through our Community Palliative Care Teams or attendance at out-patient services. We have 36 inpatient beds in Harold's Cross, 12 in Blackrock Hospice and 15 in Wicklow Hospice.

As part of our specialist palliative care support, we provide a Bereavement Service across all three sites. Our Bereavement Service supports 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. An annual grant from TUSLA supports some of the work we do with children and young people. We also offer information evenings, non-denominational remembrance services. 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.

### Rheumatic & Musculoskeletal Disease Unit (RMDU)

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

Our expert team works closely with patients to manage pain and symptoms and help them to achieve their best

quality of life. The service includes in-patients, infusion services and out-patient services. The RMDU is also a teaching centre for all disciplines with close links to several acute hospitals and University College Dublin and Trinity College Dublin.

### Care of the Older Person Service

Our Care of the Older Person service in Harold's Cross comprises our Community Rehabilitation Unit (CRU) and a residential centre – Anna Gaynor House.

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

CRU provides in-patient care for frail people aged 65 years and older who can benefit from a personalised rehabilitation programme. As such, the CRU 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, in which 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 and continues to grow each year.

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

The residential centre, Anna Gaynor House (AGH), is a safe comfortable home for older people with high dependencies. The centre is a purpose-built 89 bedded HIQA-registered residential unit providing a safe and comfortable living environment to those with high dependencies who require 24-hour nursing care.

Residents are encouraged to participate in whatever way they can to optimise their comfort, function, and independence. Our volunteers provide a great deal of valuable support with activities and entertainment programmes.

The core services are supported by education, research and training:

### Education, Research and Training

Provided across all three sites, our 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 and online.

Research is carried out across the organisation and is essential to ensure we provide the best care possible. Our Academic Department of Palliative Medicine has close links to Trinity College Dublin and University College Dublin and includes personnel with shared appointments. Its research themes include symptom control, oral problems, sleep/circadian rhythm disorders, remote monitoring, prognostication, and end-of-life care.

Providing ongoing support and further service development is our fundraising function. The function is based across all three sites.





# A MESSAGE FROM OUR CHAIR

## Mr. Lorcan Birthistle

Chair of the Board of Directors

2022 finally saw an easing of the harshest restrictions associated with the Covid-19 pandemic. Though our vigilance regarding Covid has continued we are all delighted that visiting restrictions were lifted, our invaluable volunteers are able to return on-site, and staff are able to socialise together, though still maintaining effective infection control precautions. Of course, where outbreaks occur, full restrictions must be put in place, but we are progressing to a new 'normal' service.

The pandemic was extremely challenging for patients and their families, staff, and volunteers, and we acknowledge the sacrifices made by so many people to ensure that we successfully controlled the spread of Covid and continued to provide the safest possible quality care.

The Board of Directors, and the Board Sub-Committees continued to meet, and it was wonderful to resume our meetings in person after the long period of meeting via video conferencing. The Board's business continued and there were developments and initiatives progressed during the year, which you can read about in the report.

A full renovation project took place at Blackrock Hospice, with a focus on expanding the size of patients' rooms, which now meet the standards set in our Harolds Cross and Wicklow palliative care facilities. Very importantly this includes enabling a family member to stay in the room overnight. The work was completed at year-end, and a reopening is planned for January 2023. For the duration of the works the Blackrock Hospice in-patient service was transferred to Harold's Cross, and the Community Palliative Care Team worked from Merrion, which was very kindly lent to us by the Religious Sisters of Charity.

On behalf of the Board of Directors, I would like to acknowledge the work of our CEO, Audrey Houlihan, and her Executive Team, who collectively continue to do their utmost to maintain service levels and service quality. I would like to thank all the staff and volunteers who have continued to demonstrate the values of the organisation day in and day out over the past two years, despite the many personal and work challenges they experienced. It is with great relief that we are seeing such a significant reduction in the challenges of the pandemic and the resumption of a more sociable and interactive service for patients and their families.

I would like to thank all the public representatives who have continued to demonstrate their interest in and support for all the services we provide to the communities we are privileged to serve.

I would like to thank the HSE for funding Our Lady's Hospice & Care Services (OLH&CS), and for their recognition of the need for service developments and funding. The Hospice now has Service Level Arrangements with two different Community Health Offices – CHO6, Blackrock and Wicklow, and CHO7, covering Harold's Cross, and we continue to have a positive working relationship with the HSE.

Our Lady's Hospice & Care Services has always been rooted in responding proactively and compassionately to the needs of the community we serve. We rely on the support and trust of the community to deliver the standard of care to which we aspire, and we are truly appreciative of the strong support provided over the past number of years during the pandemic.

I would like to thank the members of the Board for their support throughout 2022 and for their ongoing commitment. The Board members and members of our sub-committees provide their outstanding collective expertise and experience on a purely voluntary basis to support and continuously develop the services provided to our patients and their families.

As Chair of the Board, I remain enormously impressed but not at all surprised by the great regard and affection in which OLHCS is held. This is a direct result of the culture of caring and service which has continuously developed for over 140 years. I know this culture will continue to be embodied in the dedication of our excellent staff and volunteers every day.

**Lorcan Birthistle**

Chairperson



*"The pandemic was extremely challenging for patients and their families, staff, and volunteers, and we acknowledge the sacrifices made by so many people to ensure that we successfully controlled the spread of Covid and continued to provide the safest possible quality care".*

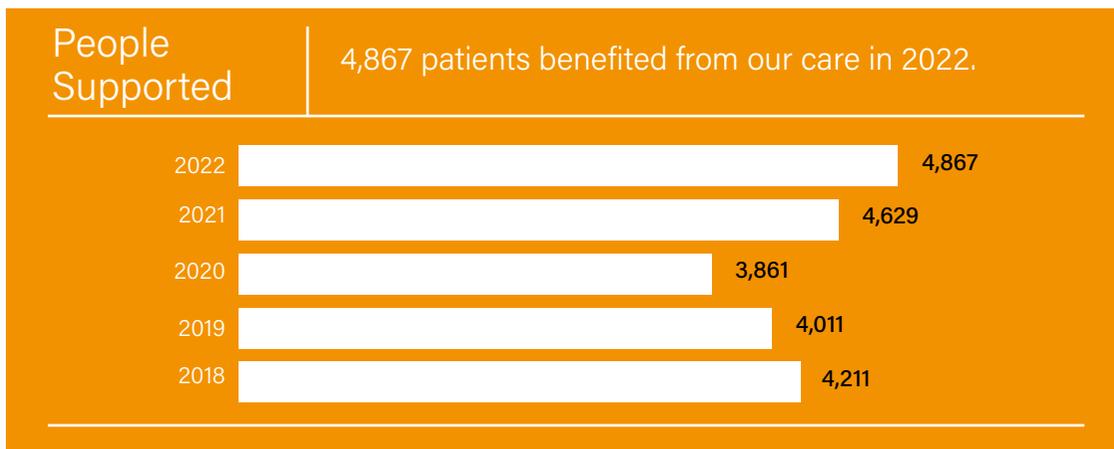
# A MESSAGE FROM OUR INTERIM CHIEF EXECUTIVE

## Mary Flanagan

Interim Chief Executive Officer

2022 was a year of optimism – a relaxation of Covid restrictions enhanced the atmosphere of the organisation. It was also a huge relief for families and patients to resume contact visits, though non-contact visits were necessary in areas where Covid outbreaks occurred, and all areas were closely monitored to always ensure maximum safety for patients and staff.

As with the previous two years, there were fluctuations in activity related to the pandemic, however 4,867 patients benefited from our care in 2022. This represents a 5% increase year on year.



Outlined below is a breakdown of the key figures that help to demonstrate our continued focus on improving and enhancing services to meet the community's needs as we strive to provide the right care, in the right place, at the right time and by the right team.

### Our activities and achievements:

#### In 2022:

- **2,377** patients supported through our Specialist Community Palliative Care (in patient and homecare across all three sites)
- **1,520** inpatients admissions (across all three sites)
- **12,110** face to face specialist palliative care visits took place (across all three sites)
- **5,925** additional clinical interventions in specialist palliative care took place either by phone or video
- **1,652** patients were seen in the Rheumatic and Musculoskeletal Disease Unit (at Harold's Cross)
- **141** new admissions to our Care of the Older Person Service
- **243** admissions to our Community Rehabilitation Unit

*“As an organisation we continue to drive our quality agenda to ensure that we are making real and sustained improvements and take on our responsibility to promote positive action on climate change”.*

Over the year we saw an ever-increasing demand across all our services and responded by increasing the access to our outpatient services, increasing our dementia respite services, and creating defined care pathways for areas such as our supportive care beds and new programmes such as the development of an out patients' aquatic aerobics class. The palliative care services adapted a new approach to the triage processes, with more patients streamed to onsite, coupled with increased Initial Nursing Assessment positively impacted the achievement of our targets or Key Performance Indicators (KPIs).

We are very pleased, with the generous support of our donors and HSE funding, to have completed a substantial renovation project in Blackrock Hospice during the year. The Unit is now of similar standard to the new Palliative Care Units in both Harold's Cross

and Wicklow Hospices. The Blackrock Hospice will reopen in January 2023, and we look forward to having services back on site.

We continued to develop our volunteer community companionship programme – a programme that has been designed to provide companionship support to patients in their own homes. The feedback, experience and evidence to date is extremely positive and it supports further promotion and extension of the programme across all our sites.

As an organisation we continue to drive our quality agenda to ensure that we are making real and sustained improvements and take on our responsibility to promote positive action on climate change. We also feel incredibly privileged that despite competing demands in the sector, including the Ukraine War and



the cost-of-living crisis that we received over €4.2M in donations from the general public and corporate supporters.

On behalf of the Executive Team, we extend our gratitude for the vigilance, dedication and consistency of care provided by all staff. We hope that conditions will continue to improve to enhance the care provided to all our patients and residents.

**A heartfelt thanks:**

I am very proud of the committed staff in the organisation, across our three sites. In addition, the support of our volunteers is invaluable to our services. I would also like to express my deepest gratitude to our Board of Directors for their continued dedication in 2022. With the benefit of their guidance, experience, and expertise, they have helped to lead us through the third year of a global pandemic.

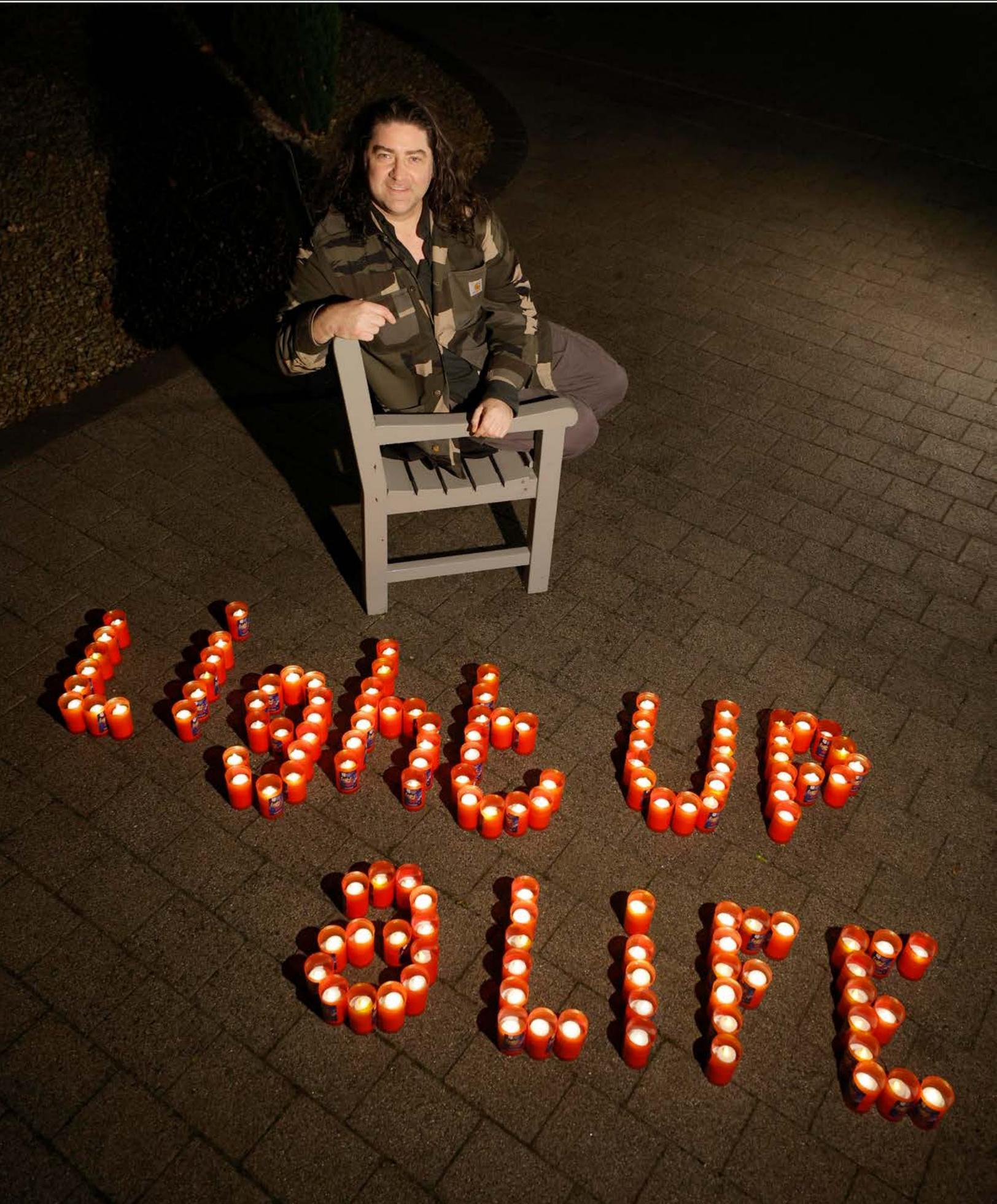
Finally, I would also like to acknowledge the amazing support of the public and local community that enables all of us to provide enhanced services in a high-quality environment, for which we are very grateful. Your long-standing support has led to a stellar partnership between the Hospice and community that makes an incredible difference to all who need our care.

**Mary Flanagan**

Interim Chief Executive Officer







# 2

## SECTION 2: IMPROVING AND ENHANCING CARE – OUR IMPACT REPORT

# OUR STRATEGIC ACTIONS AND OUTCOMES

Our ambitious and progressive five-year strategic plan strives to provide the best quality of life for our patients and residents. This strategic framework aims to integrate our approach to the delivery of care across our three specialisms:

- Specialist Palliative Care
- Rheumatic & Musculoskeletal Disease Service
- Care of Older People Service

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

We continued to make good progress on the delivery of the organisation's strategic objectives during 2022 while continuing to adapt to and manage the various challenges of the pandemic. Outlined below is a brief overview of some of the key successes achieved in each strategic area:

# BIG MOMENTS IN 2022

In 2022, our work across Harold's Cross, Blackrock, and Wicklow has improved and enhanced care for 4,867 patients and residents. Outlined below are a few of our big moments over the year:

## Strategic Objective 1:

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

### **Key successes:**

- We carried out an outpatient care model review which will help provide early access to specialist multidisciplinary services and assist teams to manage increased demand. Successfully secured funding for proposed Integrated Care Programme for Older People beds and these beds will open in September 2023.
- OLH&CS has been officially selected as a pilot site for the 'Virtual Reality (VR) in Healthcare' project approved by SOLAS. This will allow for clinical safe learning environment for prospective health care assistant.
- Completion of an extensive renovation of Blackrock Hospice.

## Strategic Objective 3:

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

### **Key successes:**

- A Quality Improvement (QI) Hub has been developed which showcases all QI initiatives available.
- We continue to strive to strengthen the patient's voice and have drafted a Patient Involvement Strategy and are developing a Patient Experience Framework.
- Wicklow CPCT commenced a 7 – Day Service from November.
- 95.5% of patients admitted to Harold's Cross and Wicklow Hospices were admitted within 7-days. (\*please note Blackrock was closed for refurbishment)
- We supported 21% more patients through our inpatient admission to RMDU and there was a 36% increase in nurse-led infusions.

## Strategic Objective 2:

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

### **Key successes:**

- Held a celebration to mark 30 years of volunteering.
- A full information and technology security review was conducted, and a vulnerability management system implemented to provide a secure environment both on site and when working remotely.

## Strategic Objective 4:

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

### **Key successes:**

- We repurposed the Palliative Care Day Hospice space to support our outpatients' services.
- Working in partnership with Alzheimer's Society we established the Harold's Cross Dementia Café.
- We recruited an amazing 495 donors through our new Door to Door donor acquisition activity.
- Our winter fundraising campaign - Light Up A Life raised €544,000 an increase on the previous year.



The tables below provide a more detailed breakdown of both our progress by department and area in each strategic objective and our plans for 2023:

## Strategic Objective 1:

**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	2022 KEY ACTIONS	2022 KEY OUTCOMES
Specialist Palliative Care	<ul style="list-style-type: none"> <li>Review Specialist Palliative Care (SPC) community model to meet growing demand.</li> <li>Consider recommendations from the Palliative care regional review, commissioned by the HSE National Lead for Palliative Care, when completed</li> </ul>	<ul style="list-style-type: none"> <li>Review Model of Care of Community Palliative Care Teams (CPCT) in light of ongoing increases in referrals.</li> <li>Consider synergies with emerging community structures.</li> <li>Await completion of Regional Governance review</li> </ul>	<ul style="list-style-type: none"> <li>The Cross site SPC Community Strategy working group met quarterly.</li> <li>Geo-alignment of community palliative care has been completed in Harold's Cross area and other sites will be reviewed next.</li> <li>The Outpatient model has been reviewed with a focus on rehabilitative approach, support &amp; wellbeing.</li> <li>There has been an education focus on continuing professional development for all team members.</li> <li>Candidate Advanced Nurse Practitioner's (ANPs) progressing through training and development of how roles will enhance community service.</li> <li>OLH&amp;CS continues to support authors as and when needed for the ongoing Regional Governance Review.</li> </ul>
Older Persons Service	<ul style="list-style-type: none"> <li>Continue working with HSE partners to review regional governance and to promote integration of older persons, palliative care.</li> </ul>	<ul style="list-style-type: none"> <li>Explore synergies with Integrated Care Programme Older Persons (ICPOP) and enhance our older person's model.</li> </ul>	<ul style="list-style-type: none"> <li>Planning for Older Person Service / ICPOP integration commenced.</li> <li>Funding has been granted in December for proposed ICPOP beds and planning has been commenced. ICPOP bed expected to open September 2023.</li> </ul>
Rheumatology Services	<ul style="list-style-type: none"> <li>Continue working with HSE partners to review regional governance and to promote integration of RMDU services</li> </ul>	<ul style="list-style-type: none"> <li>Deliver on RMDU acute service level agreement and engage regarding service developments.</li> </ul>	<ul style="list-style-type: none"> <li>Service Level Agreement (SLA) with Acute Division did not progress in 2022 and RMDU services were put back into CHO 7 Primary Care SLA, as this was the primary source of funding allocation for 2022.</li> </ul>
Fundraising and Communications	<ul style="list-style-type: none"> <li>Raise profile of OLH&amp;CS by completing consultative branding project including website update to reflect breadth of OLH&amp;CS services and scope documentary series to highlight patient experience in our palliative care unit.</li> </ul>	<ul style="list-style-type: none"> <li>Identify OLH&amp;CS current brand to ensure increased public awareness.</li> <li>Launch new patient centric OLH&amp;CS website.</li> <li>Scope specialist palliative care documentary in 2022 to prepare for 2023 launch and increased profile of services.</li> </ul>	<ul style="list-style-type: none"> <li>Branding project was undertaken and was provisionally paused - allowing for HSE Regional Health Area (RHA) work to be completed.</li> <li>Worked on the development of a new website for OLH&amp;CS. The website is expected to go live in May 2023 and user training will commence mid-February 2023.</li> <li>Secured and supporting the filming of a documentary filmed over autumn/winter 2022. The film is scheduled to air May 2023 and fundraising are planning income generation activity to capitalise on impact.</li> </ul>

<p>Non-Clinical Services</p>	<ul style="list-style-type: none"> <li>· Renew master capital plan to ensure that we have the highest standard environment to deliver care.</li> </ul>	<ul style="list-style-type: none"> <li>· Complete Blackrock refurbishment project.</li> <li>· Prepare case for support and secure funding/major gift support for AGH.</li> <li>· Develop updated master development plan and conduct Board capital project prioritisation exercise.</li> <li>· Explore sustainability/green initiatives aligned to all capital projects and minor works.</li> </ul>	<ul style="list-style-type: none"> <li>· Scott, Tallon, Walker have been appointed consultant architects on the Master Development Plan. A workshop to be held with Senior Management in January 2023.</li> <li>· Blackrock refurb –completed on time and on target. Community and Inpatient services recommenced on site in February 2023.</li> <li>· Rolling closures continue into 2023 for the AGH refurb. This work is to allow for refurbishment to achieve HIQA compliance.</li> <li>· Re-established the Green Committee and have driven forward green initiatives.</li> </ul>
<p>Education &amp; Research</p>	<ul style="list-style-type: none"> <li>· Revised delivery model in our Education and Research Centre (ERC) aligned to our organization mission and clinical specialisms.</li> </ul>	<ul style="list-style-type: none"> <li>· Implement education and research strategies.</li> <li>· Provide innovation funding and support service-related initiatives.</li> <li>· Enhance partner opportunities with academic and other relevant organisations.</li> <li>· Enhance learning training and development internally while developing menu of external healthcare organisation options.</li> </ul>	<ul style="list-style-type: none"> <li>· ERC Dublin Cert in Palliative Care completed successfully towards the end of November 2022, the team look forward to a 2<sup>nd</sup> intake of students from January 31<sup>st</sup>.</li> <li>· 22<sup>nd</sup> March, the Moving Points in Palliative Care conference returned and was held in the face-to-face setting of the Hyatt Centric Hotel.</li> <li>· Dublin Pain Conference in partnership with Guildford Advanced Courses will progress in December.</li> <li>· We supported 4 current PhD students with a further 2 closing out in 2023.</li> <li>· 11 staff were awarded funding under the Bursary Award scheme towards the cost of further education relevant to the delivery of our service.</li> <li>· OLH&amp;CS has been officially selected as a pilot site for the 'Virtual Reality (VR) in Healthcare' project approved by SOLAS. The project aims to introduce a virtual reality simulation package on the Activities of Living Patient Care Course QQI level 5 module.</li> </ul>

We plan to build on this strategic objective in 2023 by taking forward the following key priorities:

- **Branding:** Develop a new logo for OLH&CS.
- **Care environment:** Ensure that our environment is fit for purpose and future proofed.
- Ensure our **education and research strategies are aligned with our objectives** and consistent with best practice.
- **Provide innovative digital and data solutions** to significantly improve efficiency by eliminating paper-based interactions.
- **Promote a work environment that upholds values of Diversity, Equality, and Inclusion (DEI).**

## Strategic Objective 2:

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

SERVICE AREA	2017-2022 PRIORITIES	2022 KEY ACTIONS	2022 KEY OUTCOMES
Human Resources	<ul style="list-style-type: none"> <li>Improve our staff and volunteer experience and increase engagement and trust in the organization.</li> </ul>	<ul style="list-style-type: none"> <li>Implement great places to work action plan for all staff and volunteers.</li> <li>Implement pillars of revised collaborative model of working with volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>Volunteer office piloted revised Transition Year student programme with positive feedback.</li> <li>New volunteer roles identified for Wicklow Hospice.</li> <li>Celebration of 30 Years of Volunteers and a welcome back on site.</li> <li>Piloting expanded volunteer role into community.</li> <li>We have assessed and progressed the actions identified from the Great Place To Work (GPTW) staff survey.</li> </ul>
Information & Communication Technology (ICT)	<ul style="list-style-type: none"> <li>Explore ICT enabled work practices and improve on technology to support our services</li> </ul>	<ul style="list-style-type: none"> <li>Commence preparation for pilot Electronic Patient Record (EPR) project.</li> <li>Execute data sharing agreement with healthcare providers and enhance access to patient information to support clinical decision making.</li> <li>Embed secure tele support and remote working technical solutions.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Management Business Case transformed to have a National Palliative Care focus with the teams from OLH&amp;CS, Milford Care Centre (MCC) and the National Clinical Care Programme for Palliative Care progressing with a national business case.</li> <li>Several initiatives to enhance staff support took place, including creating and rolling out Security Awareness Training. ICT clinics were launched to address staff queries/developments. These clinics take place on a weekly basis.</li> <li>Office 365 rolled out and available for Remote Access solutions to all staff.</li> <li>A full security review took place and a vulnerability management system implemented to provide a secure environment both on site and when working remotely.</li> <li>Robust Remote Access solution in place, supporting more than 100+ staff at any one time if/when required.</li> <li>Digital Capability audit being undertaken with Nursing in initial stages.</li> <li>The ICT Audit final report completed and recommendations in progress.</li> </ul>

We plan to build on this strategic objective in 2023 by taking forward the following key priorities:

- Develop a case for support and **secure funding/support for Anna Gaynor House.**
- Establish a **sustainability roadmap** setting out how sustainability will be incorporated in the work of OLH&CS.
- Foster a culture of partnership** to maximise positive patient experiences and outcomes and minimise the risk of error and harm.
- Review our systems and processes** to ensure they are aligned to the HSE Enterprise Risk Management Policy (ERM).
- Review our performance management systems** to ensure it is fit for purpose.

### Strategic Objective 3:

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

SERVICE AREA	2017-2022 PRIORITIES	2022 KEY ACTIONS	2022 KEY OUTCOMES
<b>Specialist Palliative Care</b>	<ul style="list-style-type: none"> <li>Implement quality framework that embraces a culture of continuous quality improvements.</li> </ul>	<ul style="list-style-type: none"> <li>Utilise performance monitoring, patient and carer voices and increased audit and data analysis to drive service improvement.</li> <li>Advance implementation of outcome measures and benchmarking across palliative care services including use of improvement measures and outcomes/ performance measures.</li> </ul>	<ul style="list-style-type: none"> <li>Self-Assessment completed on Person and Family Engagement to assist developing a strategy.</li> <li>The Department of Nursing has commenced a Quality Improvement (QI) project to enhance service delivery; this includes multi-disciplinary teams completing audits and case reviews.</li> <li>QI Hub developed showcasing all QI initiatives available.</li> <li>An Audit Tracker has been established, including Quality Assurance progress.</li> <li>A Patient Involvement Strategy has been drafted and a Patient Experience Framework is at an advanced stage.</li> <li>Outcome Measures advancing across all sites as a quality improvement tool. Department of Health (DOH) policy revision will consider performance measurement framework. Local and National structures are in progress to establish benchmarking options.</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Fully integrate robust corporate and clinical governance across all OLH&amp;CS</li> </ul>	<ul style="list-style-type: none"> <li>Work with partner healthcare providers to raise awareness about palliative community services.</li> <li>Fully integrate fundraising and ensure consistency with charity regulations across all OLH&amp;CS services.</li> <li>Continue to develop partnership with GP and acute hospital referrers to increase patient flow.</li> <li>Develop multidisciplinary community teams and address recruitment challenges to expand to 7-day service and to meet growing demand.</li> <li>Align older persons and RMDU services with relevant clinical care programme and funding model.</li> </ul>	<ul style="list-style-type: none"> <li>Wicklow CPCT team commenced a 7-Day service from early November 2022.</li> <li>Older Persons SLA for 2022 signed and now includes CRU but not Supportive Care Beds which will remain with primary care.</li> <li>Wicklow Hospice representation on OLH&amp;CS Board.</li> <li>Wicklow CPCT will commence a 7 – Day Service from November.</li> </ul>

<b>Finance</b>	<ul style="list-style-type: none"> <li>Update high level information reporting to detail variances and to highlight exceptions to all governance oversight forums</li> </ul>	<ul style="list-style-type: none"> <li>Develop action plans to address variations and non-achievement of KPI's and any budget exceptions.</li> <li>Review committee / reporting structure to ensure adequate oversight of organisation performance and compliance.</li> </ul>	<ul style="list-style-type: none"> <li>Governance Dashboard and Exceptions report presented in advance of each BOD meeting.</li> <li>Revised organisation chart developed to reflect Board subcommittee representation and reporting changes.</li> <li>ERC leaders continue to meet frequently and report into Senior Management Team.</li> <li>Fundraising expenditure committee meeting frequently and reporting to SMT and the Board.</li> <li>Wider management team meeting quarterly to reflect input from Senior leads not on executive team.</li> <li>Remuneration Committee has assumed oversight of key HR policy development and revisions.</li> <li>Project to split all costs (IMR's) appropriately across all Business Units and new reporting approach to HSE.</li> </ul>
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We plan to build on this strategic objective in 2023 by taking forward the following key priorities:

- **Review the regional governance review** and consider impact of the HSE Adult Palliative Care Policy Revision and new HSE regional structures.
- **Achieve a strong clinical governance framework** for integrated working across CHO7, St. James Hospital (SJH), IGPOP.
- **Advance OLH&CS 2023 Procurement plan.**
- **Prepare to split all costs (IMR's) appropriately** across all Business Units and new reporting approach to HSE.
- **Ensure that our data is robust and highlights key trends to inform our focus.**
- **Quantify Learning Training Development (LTD) spend**, evaluate, and measure outcomes to ensure organisational relevance and return on investment.

### Strategic Objective 4:

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

SERVICE AREA	2017-2022 PRIORITIES	2022 KEY ACTIONS	2022 KEY OUTCOMES
<b>Human Resources</b>	<ul style="list-style-type: none"> <li>Increase our focus on employee volunteer and service user support and develop a wellness center for internal and external wellness initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Wellness programs developed and engagement initiated with external health and third level education partners.</li> <li>Consolidate menu of wellbeing options and expand to include onsite initiatives for patients, volunteers and relatives.</li> </ul>	<ul style="list-style-type: none"> <li>Palliative Care Day Hospice space has been redesigned to support the implementation of out patients.</li> <li>Membership of the Employee Wellbeing Group has been reviewed and expanded to incorporate additional relevant expertise.</li> <li>Employee Assistance Programme (EAP) was reviewed, and the annual contract renewed.</li> <li>Harold's Cross Dementia Café established in partnership with the Alzheimer's Society.</li> </ul>
<b>Fundraising and Communications</b>	<ul style="list-style-type: none"> <li>Explore innovative approaches and grow current fundraising model to ensure income sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>Commence launch of individual giving (door-to-door) campaign to recruit new donors and secure a regular source of funding.</li> <li>Adapt enhanced approaches to rebuild fundraising streams post pandemic including promotion of existing events and celebration of 30th year anniversary of LUAL and Coffee Morning.</li> </ul>	<ul style="list-style-type: none"> <li>The total 2022 income was just 3.7% below target, a positive outcome given the challenges this year with the outpouring of public generosity in response to fundraising around the war in Ukraine and the cost-of-living crisis.</li> <li>Our new Door to Door donor acquisition activity was a success with 495 donors recruited with an average gift of €16.81.</li> <li>We had a strong recovery of fundraising events as we began to come out of the pandemic.</li> <li>The 30th anniversary celebrations for both Coffee Morning raising €353,000 and LUAL raised €544,000 an increase on the previous year.</li> </ul>

We plan to build on this strategic objective in 2023 by taking forward the following key priorities:

- Strengthen and modernize the community palliative care model** to meet growing demand.
- Establish links with emerging community teams.**
- Optimise pathways across the health landscape** (acute/community) to achieve the right care, in the right place at the right time for the right patient.
- Support the expansion of the community volunteer programme.**
- Ensure that the wellbeing of all our staff and volunteers** is prioritised.
- Explore innovative approaches and grow the current fundraising model** to ensure income sustainability.



# OUR COMMITMENT TO DELIVERING QUALITY SERVICES AND SAFE CARE

## Libby McGrane

Quality & Patient Safety Lead

At OLH&CS, we are constantly seeking to improve the quality of our services. To achieve this, all our work is underpinned by our 'Commitment to Excellence Framework'. Adherence to this framework helps our teams to achieve our priority of delivering the best possible outcomes for patients, residents, and their families through providing the safest most effective and efficient care.

Our framework describes how we will continuously improve the quality of our services through our commitment to six quality drivers underpinned by the HSE Framework for Improving Quality (as outlined below).

Our staff and volunteers share an interest in providing safe, high-quality care and an exceptional service for every patient and resident. The framework supports the development of local quality improvement (QI) and operational plans across our services and provides opportunities for service enhancement and delivering on our continuous quality improvement agenda. We constantly look for ways to enhance the care delivered and aim to provide a rich patient and family experience from beginning to end. Feedback from those who interact with our services informs QI opportunities.

Our quality and patient safety program starts with clearly defined desired goals. From there, we work in teams to build the processes and structures to achieve those goals. We use data to help us measure and evaluate our outcomes and support decision making. This allows us to rapidly adjust, to gain understanding and to continuously improve.

The establishment of our Quality and Patient Safety Team (QPST) is a key enabler for future development of quality improvement. Our QPST work to support, enable, and empower teams to continuously improve the quality of care provided across our three sites. The team provides expert quality improvement advice, coaching and support to organisational wide projects, and facilitates a mentoring support service for clinical and non-clinical staff to support staff with the knowledge and resources to run their own improvement projects.

The Quality and Safety Committee monitor the delivery of QI and operational plans to provide assurance that service quality is proactively delivered. Our summary of improvement projects is monitored through our Quality Improvement Register. This year's report highlights several essential projects that, through hard work and dedicated effort, produced outcomes that often met and sometimes exceeded our expectations. Please find outline below some of the important improvement initiatives below:



**Key initiatives during the year:**

- The Occupational Therapy team completed a clinical audit on the Management of Fatigue in a Specialist Palliative Care Inpatient Unit using PCOC (Palliative Care Outcome Collaboration) Symptom Assessment Scale with the PCOC facilitator.
- Service evaluations were conducted on the classes offered to patients in Community Rehabilitation Unit, the RMDU physiotherapy outpatient service and patient stories.
- Engaging with the National Palliative Care Quality Assurance + Improvement (QA+I) Enablement Committee with a view to developing a palliative care specific falls rate benchmark.
- European Week for Safety was marked by the Manual Handling Instructors staff and physiotherapy students who promoted Manual Handling Awareness and good back care.
- In September, pharmacy collaborated with nursing and medical colleagues to mark World Patient Safety Week, this year themed: "Medication without Harm". Staff hosted stands across both sites, highlighting various medication safety resources.

- Anna Gaynor House is a registered centre under the Health Act 20027 and had two unannounced visits by the regulator during the year. Overall, there was a high level of compliance and residents expressed high levels of satisfaction with the care provided to them by staff when they met the inspectors. The inspectors noted the "premises" as an area of noncompliance and we are in the process of addressing this.

Underpinning the delivery of all our services is the commitment to ensuring high quality and safety which is overseen by the Quality and Safety Committee which met eleven times during the year, the committee also plays a role in safety and surveillance. By overseeing and identifying trends the committee proactively approaches risk management and ensuring policies procedures, protocols and guidelines are in place. There are a range of initiatives and services available to support our staff in the provision of a high-quality services and one of the roles of this committee is to ensure mandatory staff training is up to date and identify areas that need to be addressed such as preparing for the Assisted Decision Making (Capacity) Act.

Recorded incidents in 2022:

**Incidents by Type Overview**

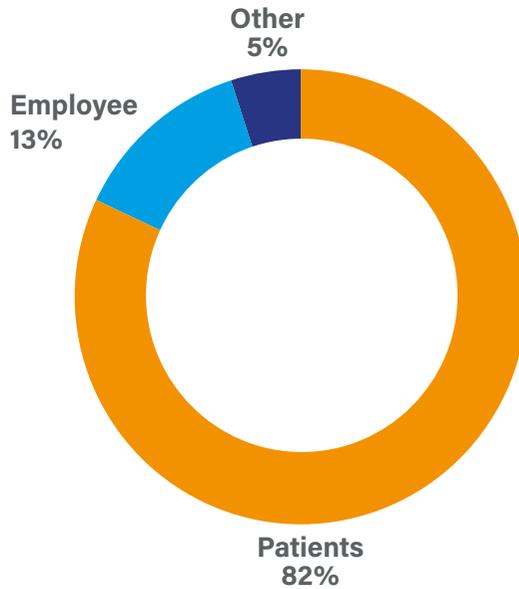
2022	TOTAL	TOTAL %	LOW/MINOR %	'21	'20
Slips/Trips/Falls	287	49%	98%	410	357
Exposure to Physical Hazard	68	12%	96%	99	91
Clinical Care	23	4%	100%	67	36
Exposure to Behavioural Hazard	79	14%	99%	129	147
Exposure to Biological Hazard	72	12%	100%	146	33
Crash/Collision	4	1%	0%	3	1
Exposure to Chemical Hazard	0	0%	0%	2	1
Exposure to Psychological Hazard	0	0%	0%	7	1
Other	47	8%	0%	55	33
	<b>580</b>			<b>918</b>	<b>700</b>

(Excluding Medication Incidents)

In addition to introducing all our key initiatives, we resumed in person Schwartz Rounds in 2022. This initiative is part of the organisation's strategy to support staff and volunteers and improve care quality. Schwartz Rounds offers a unique, safe, reflective space for staff and volunteers to share stories with their peers about their work and its impact on them. It contributes to promoting a culture of openness and supporting staff in the difficult work that they do to improve compassionate care and empathy.

Furthermore, we utilised the Patient Experience Improvement Framework starting with the Self-Assessment (2022). It assists OLH&CS to focus on both the key factors (including the underlying factors) that need to be present as a service provider as well as focusing on the needs of its patients.

### Incidents by People Type 2022 YTD





*"That day I visited my friend in the Hospice something stayed with me for life. As I walked through the doors of the amazing place an unexplained peace cast its shadow over me and seemed to absorb my spirit with a striking force. I remember saying to my self, there's something very special here that even I cannot explain."*

# TELL US WHAT YOU THINK ... COMPLAINTS AND FEEDBACK

## Patricia Pierce

Complaints Officer

Under our Quality Framework, feedback from service users, provides valuable information about what service users think about the services offered. Examining such feedback gives direct insight into what is working well and what needs further improvement in the way care is delivered.

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

## Compliments, Comments and Complaints ...

2022 saw a relaxation of Covid-related restrictions and a near return to normal interaction between service users, staff, and families. In particular, the lifting of visiting restrictions, when and where possible, had a very positive impact on all. As such, there were 48 compliments received during the year, and these were greatly appreciated in the local areas as affirmation of good service delivery during a very challenging year.

General comments were submitted on areas which can be improved. These related to a wide range of facilities, such as catering, parking to treatment areas. All of these are considered and addressed where feasible.

In 2022 there were 9 registered complaints. All complaints were dealt with in a timely manner, and every effort was made to reach a satisfactory conclusion. There were no appeals to the HSE Customer Services or to the Ombudsman in 2022. Outlined below is a breakdown of the number of complaints by category. We have provided a short description to help provide further clarity on the type of complaints received:

### Communications and Information: 5

Complaints were on varied aspects of communication – i.e., timing of staff communication with family queries; understanding of services – failure to communicate clearly / failure to understand service scope. All complaints were closed out with the understanding of complainants.

### Dignity and Respect: 1

Loss of property – apology extended, and the matter was closed.

We are committed through our complaints policy to actively seek resident/patient feedback to assist in the ongoing improvement of the care and service provided. All complaints are received, documented, rectified, reviewed, and appropriately communicated. The policy is complying of Health Act 2004 (Complaints) Regulations 2006.

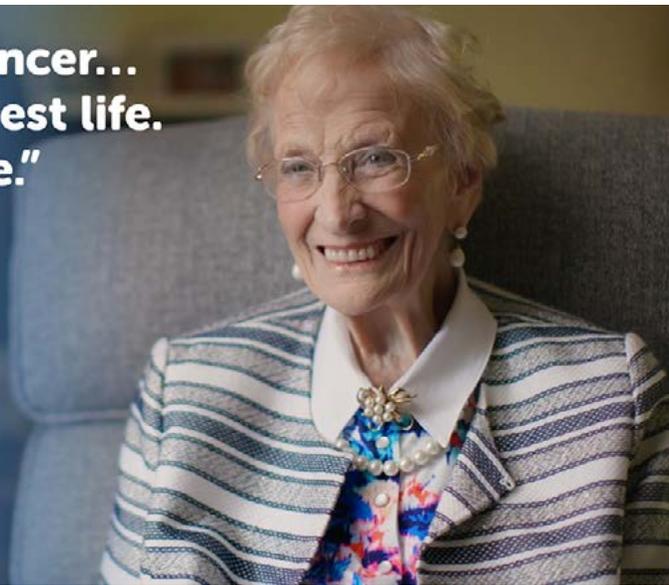
Our Lady's Hospice & Care Services will continue our commitment to improve the quality of our services at every opportunity, and we are very grateful to those who have taken the time to advise us of any issues they have encountered so that we can continue to review, learn, and improve.

**"I have the worst cancer...  
and I'm living the best life.  
All through hospice."**

*Joan O'Kelly, hospice patient.*



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



**"No matter what stage  
you're at, they will  
do so much."**

*Paddy Quinn, hospice patient.*



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



**"If I have a concern,  
I jump on the phone  
and they reassure me,  
and that's all I need."**

*Orlagh Reynolds,  
wife of patient Fraser Holden*



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



# OUR PALLIATIVE CARE SERVICES

## Dr Lucy Balding

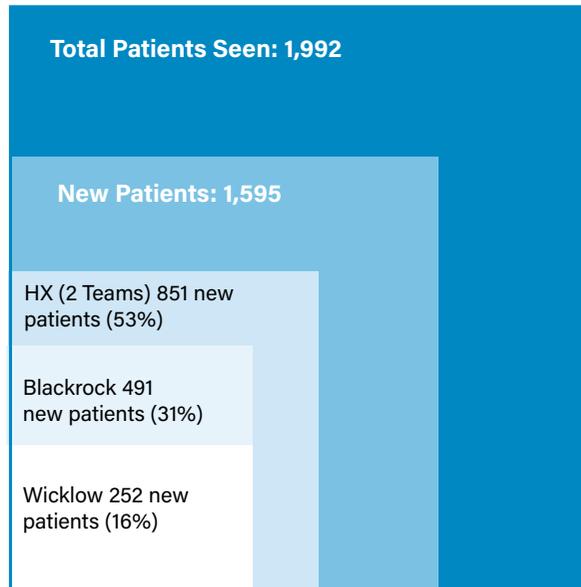
Medical Director

We provide specialist palliative care across South Dublin and Wicklow, to a catchment of over a million people. This makes us the largest provider of palliative care services in Ireland. Our priority is always to provide the highest quality person centred care to those with life limiting illness, supporting them to live with comfort, dignity, and peace of mind.

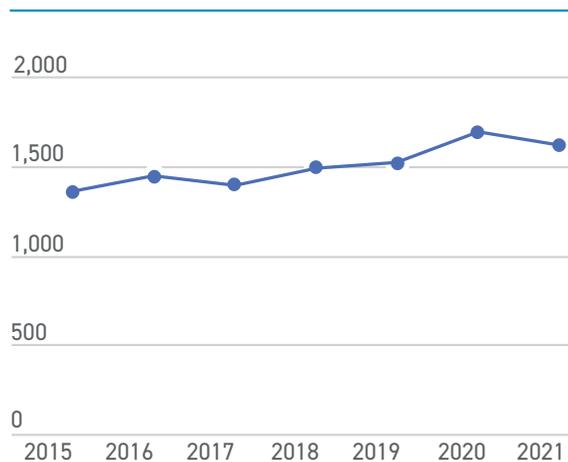
Most of our work takes place in the community, caring for people in their own homes, or through attendance at our outpatient services. We also have a total of 63 inpatient beds across our three sites - with 36 beds in Harold's Cross, 12 beds in Blackrock Hospice and 15 beds in Wicklow Hospice. We support over 4,000 patients and their families every year.

2022 was the turn of Blackrock Hospice to welcome the workmen, as its refurbishment commenced. Blackrock Hospice moved onsite to Harold's Cross as 'Blackrock ward' in a reconfiguration which saw a merging of the two units, offering admission to patients from the whole of South Dublin. The Blackrock community team relocated to offices in Merrion. Consequentially, much of our activity data from 2022, is not directly comparable to previous years. What it does display however, is the flexibility, generosity, and professionalism of the healthcare professional staff in adapting to altered work practices yet maintaining the highest quality of patient care.

## Community palliative care



## CPCT Patients Seen



During 2020 and 2021, our in-patient units were quieter due to impact of the pandemic, but our community teams were much busier, as patients chose to stay at home, and to die at home. Largely this trend was maintained in 2022. During 2022, the Specialist Community Palliative Care teams made 12,110 face

to face visits, up from 6,731 in 2021. This increase also includes 1,801 visits made by the team based in Wicklow Hospice, who expanded to a 7-day service in November 2022.

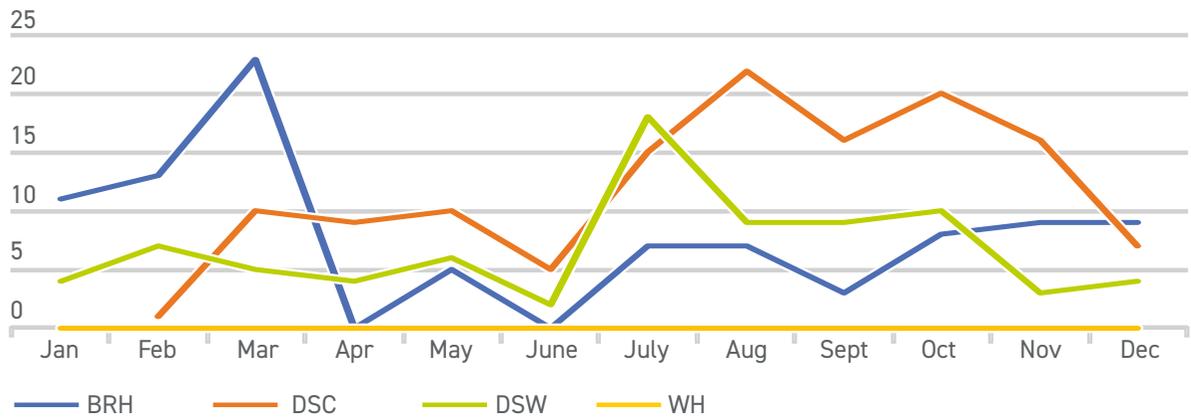
With representation from across all three sites, a Community Strategy Working Group was established to review our approach to care in the community. This group’s primary aim is to review the community model to ensure it meets growing demand and be more strategic in how staff work within the teams. This includes a focus on experience, knowledge; and how we collaborate, integrate and partner with other specialties to mutually learn and provide care.

In parallel, several key leadership role changes in medical and nursing roles, provided both challenge and opportunity for fresh growth and new practice. An essential part of this review is to delineate fresh aspects and qualities for health and social care professional (HSCP) roles, and Advanced Nurse Practitioner (ANP) roles.

In addition to the Community Strategy Working Group activity, it is important to mention the following significant activity that took place during 2022:

- Alignment mapping commenced on how OLH&CS will align with the future HSE Palliative Care Policy revision due to be published in 2023 and with the new Slaintecare regional structures.
- The Volunteer Service established a Community Companionship Volunteer Programme which is a support service which is led by a Volunteer Co-ordinator and provided by volunteers to patients attending OLH&CS.
- In starting Outpatients at Harold’s Cross, we saw a shift to greater onsite reviews, which were mostly medical, nursing, or joint interventions. Triage processes were adjusted so more patients were streamed to onsite, coupled with increased initial nursing assessment. This fell off in later 2022, when work began on the refurbishment of the old Palliative Care Day Hospice space. In Q1 2023, we will welcome ambulatory patients to a freshly upgraded and bright space, where they can access outpatient clinical and therapy appointments, and, in time, group sessions. At a similar time, Blackrock Hospice will reopen with a reimagined outpatient space as part of its refurbishment.

### Community Patients Seen by Clinic Over All Sites in 2022



- Work commenced on ANP alignment with Older Person Services.
- In Wicklow, the CPCT team moved to a 7-Day service from early November 2022, a huge and much welcomed milestone for the service.

During 2022, our community services saw an average of 36% non-malignant (non-cancer) cases, highest in Wicklow and Blackrock. Many of these patients have respiratory illnesses (many specifically cared for in the Breathlessness Management Clinic in HX), followed by neurological and cardiac disease.

**Specialist Palliative Care Units (SPCUs)**

Patients are generally admitted to the SPCU for symptom management (to manage pain, fatigue, nausea, breathlessness, distress, bowel issues or

mobility problems for instance), end of life care (by which we mean treatment, care and support for people who are nearing the end of their life – perhaps with just days or weeks to live) or respite care.

As Blackrock Hospice's SPCU was closed for refurb during 2022, collectively 95.5% of patients admitted to either Harold's Cross or Wicklow Hospices were admitted within 7 days.

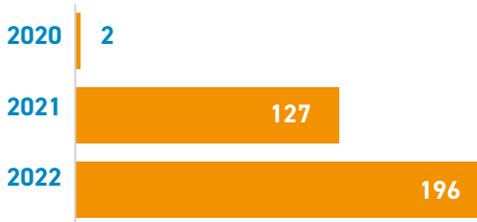
**Wicklow:**

In Wicklow Hospice, the team continues to grow from strength to strength, as the service embeds in the local community. Admissions to the 15-bed unit were ahead of target at 196, however a fall in median length of stay resulted in a comparatively low occupancy over the year of 62%.

**A brief overview of our community palliative care service impact in 2022:**

	Harold's Cross	Wicklow	Blackrock
<b>Specialist community palliative home care face to face visits.</b>	6,768	1,801	3,541
<b>Specialist community palliative care virtual interventions (either over the phone or video).</b>	3,471	1,484	970
<b>Specialist community palliative home care patients.</b>	851	342	609
<b>Teams out on the road delivering support in the community.</b>	2		
<b>In total, we have an average of 18.75 nurse (WTE) operating across the two teams.</b>	18.75	8.75	7.5
<b>Each nurse (WTE) supports (on average) visits and virtual clinical interventions.</b>	546	375	601

## Admissions

**Harold's Cross:**

In Harold's Cross Hospice, hosting both Harold's Cross and Blackrock units, 550 patients were admitted over the year with an occupancy of 88% on average. Across all inpatient beds, 77% of those admitted died during their admission.

- 93% of Admissions were 1st admissions.
- 92% of patients were admitted within 7 days of referral.
- 84% had a cancer diagnosis.

It is frequently hard to explain to people just what hospice care is. There is a curiosity and fear in the public around what we do; and a keen desire in us to be open about the benefits of palliative care, and the supports we can offer. First mentioned 5 years ago

and, following an award of funding by the Broadcasting Authority of Ireland, August 2022 saw filming begin on a documentary 'Inside the Hospice'. Many of our staff, our patients, their families, and our volunteers have given generously of their time to speak with the producer about their role and experience. The documentary airs in 2023.

Using our experience and unique understanding to improve and enhance palliative care.

With over 140 years experience providing end of life care and support to thousands of patients and their families, we have a unique understanding and learning of what people, need, want, and fear. We passionately believe in using this experience to inform future government policy in all areas of palliative care.

We acknowledge that the Department of Health is expected to launch the new Palliative Care Policy in the second half of 2023. We look forward to working closely with our colleagues within the Department and across HSE on how best to implement to ensure our patients continue to receive with loving care, high quality, person-centred health and social care services.



## OUR RHEUMATIC AND MUSCULOSKELETAL DISEASE UNIT (RMDU)

### Stefan Weimer

Assistant Director of Nursing

The Rheumatic and Musculoskeletal Disease Unit (RMDU) aims to deliver a quality, state of the art service to our patients. Within the Irish Healthcare system, we are a unique unit, with in-patient and out-patient services to empower and enable individual with rheumatic and musculoskeletal conditions to maintain or improve their quality of life.

Since the opening of the RMDU in 1961, our mission has been providing multi-disciplinary specialist evidence-based treatment, care, rehabilitation, and education to a wide variety of patients from many parts of the country.

Throughout 2022, the unit has continued to expand and develop further, despite the many impacts the global Covid-19 pandemic. The unit continues to build upon existing healthcare partnerships with the Rheumatology Department at St Vincent's University Hospital. Close working relationships continue with Arthritis Ireland to support patients in the areas of gout, fibromyalgia, reproductive health and newly diagnosed inflammatory arthritis. Furthermore, we continued to measure patient

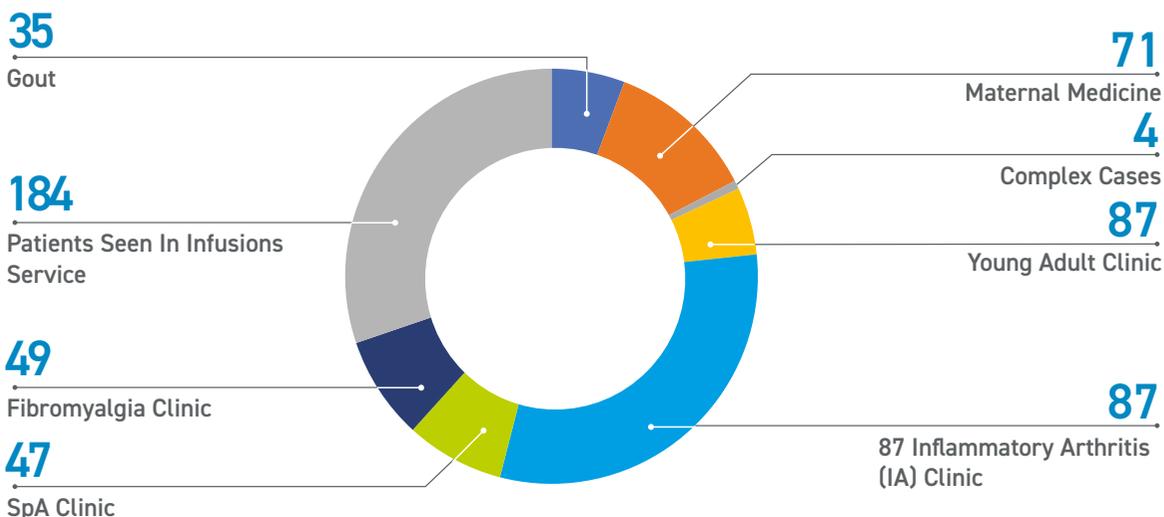
experience in both our in-patient and out-patient services.

Feedback from patients remained very positive and play a vital role in shaping the future of the unit.

As we strived to address waiting lists, our core clinics for new and return patients continued to take place four days a week alongside a range of specialised clinics. Our clinics specialised in bone health; general and maternal medicine (incorporating reproductive health (in collaboration with the National Maternity Hospital); spondyloarthritis clinics, adolescent, and young adult services in collaboration with Children's Health Ireland, Crumlin. In addition, our care pathways for patients with gout and fibromyalgia continued to evolve, aligned to Sláintecare.

We continued to operate a 16-bedded in-patient unit which runs from Mondays-Fridays. In total, we saw 390 inpatient admissions despite Covid-19 related closures of the unit. This represents a 21 % increase in admissions compared to the previous year and is also

### RMDU Out-patient Clinics 2022



## An overview of our impact in 2022:

**1,652**

patients were seen in the RMDU

**390**

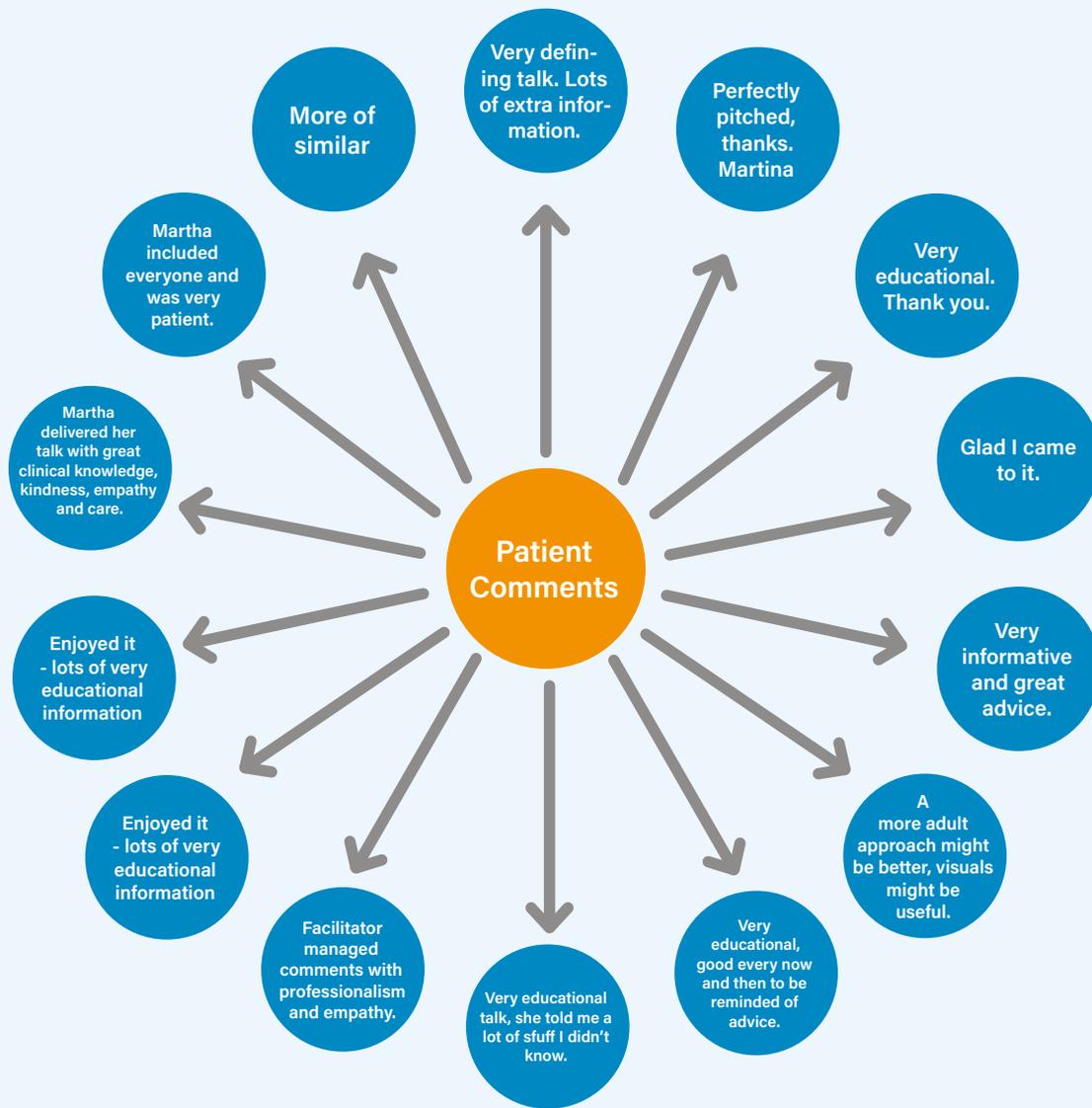
Admissions into the IPU (In patients Unit)

**1,078**

patients seen in Outpatients

**425**

RMDU Outpatient new patients



reflective of the increase in patient referrals received in 2022. Similarly, in our out-patient department, we have seen a rise in activity. The nurse-led infusion service which operates 3 days per week saw an increase of 36% more target specific intravenous treatments administered compared to the previous year.

We work as a team comprising of several healthcare professionals. In the Occupational Therapy Team, the Vocational Rehabilitation has seen great successes. Medical Social workers continued to provide psychosocial support to patients and families living with chronic illness. Physiotherapy expanded their outpatient service and saw a great demand for aquatic therapy for both in-patients and out-patients including the development of an outpatient aqua-aerobics class.

Our pharmacists and pharmacy technicians continued to work closely with the inpatient and outpatient teams to ensure accurate medication reconciliation and provided supportive education on medicines and self-care to our patients.

Our expert team of clinical colleagues could not use their well-established expertise to provide specialist services on an inpatient and outpatient basis without the support of the patient Services team.

**Patient admissions to RMDU in 2022**

	2022
RMDU	490
OPD	1,078



## OUR OLDER PEOPLE'S SERVICES (HAROLD'S CROSS)

### Lisa Murphy

Assistant Director of Nursing

Our Care of the Older Person service in Harold's Cross comprises our Community Rehabilitation Unit (CRU) and a residential centre – Anna Gaynor House.

#### Over 2022, we admitted and supported:

- **243 residents**
- **141 residents to the Care of the Older People Unit (AGH). This is a 60% increase on 2021.**
  - » **52 residents admitted into Supportive Care**
  - » **3 residents were Fair Deal**
  - » **85 Dementia Respite admissions**

#### Enhancing and improving the patient's experience

In 2022, we enhanced our Older Persons Service model. The transformation included an 89-bed Residential Care facility (AGH) that provides care for long term residents, supportive palliative patients care and respite for people with dementia. It also encompassed an 18-bed Community Rehabilitation Unit (CRU) that provides short stay rehabilitation beds

for the frail older population in our catchment area. Our patients complete a person-centred rehabilitation programme to improve their confidence and ability to live independently at home post discharge.

In addition, the Advanced Nurse Practitioner (ANP) Outpatient service has flourished, providing support and guidance for patients with dementia and their families through an Advanced Nurse Practice clinic, Cognitive Stimulation Therapy and Carer Support Group. The establishment of the Harold's Cross Dementia Café providing a safe and relaxed place where everyone impacted by dementia can come along is an additional support provided by the team.

With the lifting of Covid restrictions in early 2022 there was a return of normal visiting hours which was welcomed by all the residents and their families. Residents and their families took part in a research study that explored 'Covid pandemic restrictions: the lived experience of residents, their families and healthcare staff in an Irish Residential Care Centre.' The study highlighted the negative impacts of visiting



*"We love the Hollywood glamour photos that adorn the walls in the salon and enjoy the retro music that plays while we are having our hair done. It's like a day out and a step back in time and we always enjoy the pamper session."*

*"We feel pampered and fresh after our experience in the salon."*

restrictions on staff, residents and their family members during the Covid-19 lockdown. The report is available to read at: <https://www.mdpi.com/1660-4601/19/21/14002>

The Older Persons Journal Club was established in Anna Gaynor House. The sessions have been well attended by the full multi-disciplinary team. We also re-established the Older Persons Service Forum post Covid. The group was changed to an Older Persons Service Strategy Group and new terms of reference were drafted. The group aims to create a cohesive integrated Older Persons Service that can meet the patients' needs and requirements at all parts of their journey.

In June 2022 we increased in the number of Dementia Respite beds from 2 to 3 beds so we can facilitate respite admissions for more people with dementia and support their carers.

A new unisex salon style room was opened in September 2022 (the Groom room) that residents can visit to get their hair done with the onsite hairdresser.

There has been wonderful feedback from the residents since it opened of the relaxing atmosphere and pampering experience.

#### **Engaging with our residents:**

A new facilitator took over the Residents Forum in AGH and is supported by volunteers. Several important discussions have occurred at this forum and highlighted to management for action. The forum has reengaged with the residents and individual ward sessions are held as residents due to Covid restrictions were not socialising between wards. In conjunction with these meetings a resident satisfaction survey was also carried out and has assisted in some areas for improvements and it also highlighted the high standard of care that residents have received.

During the year we continued to include our AGH residents in National Celebrations. The highlight for the year is our Bealtaine Festival where we relived the happiest, proud moments of our participating residents, their life experiences with a photo in their prime by putting up a display called 'A Trip Down Memory Lane'



## STAFF STORY

**Tanya Kelly**  
Clinical Nurse Manager 1 (CNM1) for CRU

*'Our compassion, collaboration and commitment help improve the patient and family experience.'*

Meet Tanya Kelly. Tanya has worked in various roles since 2000 and is currently the CNM1 or Clinical Nurse Manager 1 for the Community Rehabilitation Unit (CRU). With over 20 years experience working in many roles Tanya understands the importance of how compassionate leadership and committed staff and volunteers combined with open and honest communication and collaboration improves the patient's and family's experience. Here's Tanya's story.

I started as a Health Care Assistant in 2000 and then left to go back to university to train as a nurse. I qualified and returned to work at OLH&CS as a Staff Nurse in 2010 and am now the CNM1 for CRU.

I've worked in OLH&CS for over 20 years, and I still start every day with the same positive sense of energy and enthusiasm. I love my job. I love working with a great team as well as talking to patients and their families. There is no better feeling than seeing a person walk and able to go home feeling stronger and more confident. It's the best job in the world!

I worked alongside my colleague Jennifer Kinsella. We work extremely well together, so much so colleagues referred to us as 'Tannifer'. We have different skillsets and

look at problems in a different way, but that's what makes it work. No problem is unsolvable when we put our heads together and we take this approach when supporting patients, families, staff, and volunteers.

During 2022 we recognised the impact of the pandemic had made some of our patients more fearful of using care

services, especially if they could not see their loved ones or did not know what was happening. We wanted to alleviate any fears they might have. We spoke to colleagues in other teams around the Hospice and they suggested that we create an allocation and responsibilities list for staff. By doing this, patients and their families would have one member of staff as the main point of contact. As a result, it created a sense of ease and built confidence for patients and their loved ones.

As 2023 approaches, I feel a sense of excitement. Our

work is so rewarding, and everyone is so professional. However, it's the compassion, collaboration, and commitment of everyone that helps improve the patient and family experience. It is truly a great place to work and a great way to make a difference in this world.



*Tanya*

*"The cafe is a welcoming, friendly, and safe place for people with dementia and their families to attend. They tell me when I meet them in OPD or at the CST that they look forward to the evening out and enjoy the piano playing, the cup of tea, the presentations but most importantly the connections and the chats."*

with an old music playing in the background from a record player. We were involved in Positive Ageing week focusing on the theme Challenging Ageism – Reframing How We Think, Feel & Act towards Ageing and Older Persons. During this time, we facilitated more sessions of physical activities such as seated exercises, parachute games, bowling and balloon tennis.

## OUR NURSING AND CLINICAL SERVICES

This report serves as a summary of some of the activities and achievements of nursing quality & clinical services in 2022 and it demonstrates the role they collectively continue to play in supporting excellence in patient / resident care. Like many organisations, we faced continual challenges balancing delivery of high-quality care with rising demand, the rising acuity of our patients and residents and the challenges of recruitment. As the impact of the pandemic eased, it has left unique operational and strategic opportunities for the services and the nursing and clinical services team.

There are several common themes and areas to celebrate across all disciplines in 2022 and these include:

### Education and training:

We strived to recruit and retain the best staff recognising that the dedication and skill of our employees are what make our services successful. It is important to recognise the contribution that a well-educated progressive workforce can make. Supporting undergraduate and post graduate programmes has been a key priority for all the disciplines. This is a vital aspect of our role in ensuring we transmit the ethos of hospice care to future generations and to the wider community. Many of the staff in these teams

have been supported to complete further education and training in areas related to their specialist work, quality improvement such as lean methodologies and leadership.

We collectively supported the OLH&CS Transition Year (TY) student programme and offered observational experiences within the services. As the Dublin based Certificate in Evidence Based Palliative Care evolved the teams played a key role and developed content for the programme which they presented on and on the National Dementia Programme training held in OLH&CS. Many staff provided lectures in the external universities such as the Dietetic Department who provided lectures to the UCD Masters in Clinical Nutrition and Dietetics course and UL Masters in Human Nutrition and Dietetics in 2022. The Nursing and Clinical Services Team regularly presented at grand rounds.

### Integrated and effective interdisciplinary work

In 2022 we laid the foundation for further partnership working in the new Integrated Care System by engaging in communities of practice supported by the All-Ireland Institute for Hospice and Palliative Care (AIHPC). We prioritised networking opportunities with managers and staff from our acute partners and community partners. This has helped to build relationships and strengthens alliances with our service. We were well represented on the relevant national clinical programmes and on the steering group reviewing the National Adult Palliative Care Policy.

Furthermore, local primary care teams in Wicklow and Wexford visited the Wicklow Hospice to enhance awareness of services provided and improve networking. A rheumatology half day education in-service alongside rheumatology OTs from Naas and Tallaght hospital for primary care occupational therapists in CHO 7 was facilitated.

This vital work could not have been achieved without the dedication and commitment of our staff who have continued to ensure the best possible quality of care and experience for our patients throughout the year. The way our staff have continued to respond and step up therefore remains a source of huge inspiration, and we are extremely proud of their resilience and determination to provide the best possible care for our patients and residents.

Looking ahead to 2023, we welcome the opportunity to work collaboratively with our colleagues in the new Integrated Care Systems as we seek to tackle these challenges together and to improve care for the communities we serve.

### **Nursing Services**

Over the year, the Nursing Team continued 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 (CNS), advanced nurse practitioners (ANP), nurse educators and key leads with responsibility for infection control, haemovigilance, tissue viability, occupational health and quality and patient safety. The Care Assistant Team has continued to work closely with their nursing colleagues providing the nursing care and support for patients and residents.

At the core is our drive for ongoing development of the capacity and capability of the nursing workforce.



## STAFF STORY

### Jennifer Kinsella Clinical Nurse Manager 2 (CNM2) for CRU

*'We're more than a hospice, our service is unique, flexible and compassionate.'*

**Meet Jennifer Kinsella.** Jennifer has been working in various roles in OLH&CS since 1998 and is currently the CNM2 or Clinical Nurse Manager 2 for the Community Rehabilitation Unit (CRU). Jennifer has over 24 years of experience and knows the secret to why our service stand outs. Here's Jennifer's story.

I started as a Health Care Assistant in Extended care located on St Mary's Ward in 1998. I loved the organisation and the work and through the HSE sponsorship scheme I qualified as a nurse in 2012 and worked at Mary Mount Ward as a Staff Nurse in Extended Care. An opportunity to work in CRU came up and I grabbed it with both hands. I joined the CRU team in 2013 and progressed and took up my first management post in 2014 and I've been there ever since.

As a Ward Manager on CRU, I oversee the running of everything on the ward. Everything from assisting with bed management and overseeing staff to liaising with senior management as well as supporting and communicating with families.

Opened in 2003, CRU is described as a step-up rather than a step-down facility. CRU offers short-term accommodation to older people who need support to continue living in their own homes. Each patient receives a tailor-made programme, and we work with them on areas of concern, areas such as pain management,

improving balance, reducing falls, optimising medication, improving function, and building their confidence.

As such, there's no such thing as a typical day and that's what makes us unique. However, during the pandemic we had to re-invent or redesign the service. We had to be as flexible as possible as we managed any outbreaks as well as providing high quality care for patients as well as keeping patients and staff safe.



I am proud of what we did over the pandemic. We all supported one another, and it has made us even stronger. I've also learned a lot of things as well. I've learned that our uniqueness, our flexibility, and our compassion is what makes the difference."

*Jennifer*

We continued to source funding and support for the continuous professional development and innovation. This included funding to support a nursing lead for outcome measures (Palliative Care Outcome Collaboration (PCOC) program). Opportunities to support role enhancement saw some of the team undertake nurses prescribing which, while enhancing job satisfaction also improves the patient experience.

We collaborated with the AIIHPC and supported the role out of Caru AIIHPC Project ECHO Nursing Home Knowledge Networks which aims to develop the knowledge, skills, and confidence of nursing home staff in caring for residents with life-limiting conditions.

The year saw recruitment challenges for the Nursing Team and with support from the Human Resource Team several strategies were deployed to promote OLH&CS as an organisation and employer of choice.

The team attended jobs fairs, participated in social media promotions, and used their networks to promote the benefits, opportunities, and career development pathways within the services.

In July 2022 the Nursing Management Team had to review rosters and risk assess the impact of the reversal of Haddington Road Agreement (HRA) to ensure it did not compromise patient care. The nursing team co-ordinated the roll out of COVID vaccinations for residents and staff and responded to the many outbreaks in their units with resilience and professionalism.

The team continued to drive research and audit activity including a re-audit of care plan metrics was carried out within Anna Gaynor House, to both establish current compliance in nationally standardised quality care metrics, and to guide future staff education. An



*“At time of meeting I was feeling overwhelmed with ‘caring’. I looked forward to meetings to share experiences and realised things were not so bad. I felt empowered to continue.” Carer*

audit was also completed to monitor the adherence and compliance with OLH CL-007 Management and Use of Restraint policy and national standards and to measure current practices against those standards.

We made a successful application to the office of the Nursing and Midwifery Services Director in the HSE to the Advanced Nurse and Midwife Practice Funding 2022 and received approval for 3 new candidate ANP posts in palliative care. These additional posts offer an opportunity to respond in an innovative way to the needs (clinical, educational, research and development) of patients and staff within OLH&CS.

During the year the team continued to focus on building best practice using the nursing metrics to identify areas where practice is good and must be recognised and celebrated, as well as those that need improvement. Together we will continue to develop our energetic and exciting workforce and with the Nursing Executive team once again I look forward to working with you all so that we can achieve our goals.

### Clinical Services

The clinical services division is made up of professional disciplines who actively contribute to the quality and safety agenda across the organisation – these include:

- Speech & Language Therapy
- Dietetics
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Psychology
- Social Work
- Pastoral care
- Complementary Therapy

It was a dynamic year for several of the Health & Social Care Professional (HSCP) disciplines. The temporary location of the Blackrock service to the Harold Cross site in 2022 enabled strong integration

and standardization of Speech and Language, Pastoral Care, Dietetics and Complementary Therapy services for patients and their families across the in-patient Palliative Care Unit.

Outlined below is an update across each of our clinical services as we strived to reach the objectives outlined within our Strategic Objective 4: Embrace a system-wide perspective, working closely with partners, patients/residents, and healthcare staff to help meet growing demand.

### Speech & Language

In conjunction with Catering and Household Departments, the Speech and Language Department completed an audit that assessed whether the texture modified diets available for patients with swallowing difficulties in the Palliative Care Unit are in accordance with international standards. Findings and recommendations from this audit were reported and an action plan initiated to be followed by a re-audit.

A service evaluation project was completed ‘A retrospective Five-Year Review of Referrals to the Speech and Language Therapy Department in Harold’s Cross which concluded that 46% of patients admitted to Palliative Care Unit annually may benefit from referral to Speech and Language Therapy. This evaluation was presented at Grand Rounds.

### Dietetics

The Anna Gaynor Nutrition and Hydration policy was finalised to reflect the broad scope of nutrition and hydration needs of our residents. This demonstrated the huge collaborative approach in providing adequate nutrition and hydration from the whole team.

A service evaluation of the dietetic service provided to the Palliative Care Inpatient Unit in Harold’s Cross between November 2020 and November 2021 was completed. 41% of admissions were referred to Dietetics. It highlights the complex dietetic needs of the

patients admitted. This was presented at the Moving Points in Palliative Care conference (March 2022) and the Irish Nutrition and Dietetic Institute Research symposium (April 2022).

During the year a dietetic staff member was awarded the OLH&CS Scholarship to pursue a Doctoral Degree in University College Dublin under the Academic Department of Palliative Medicine, OLH&CS, investigating taste problems in patients with advanced cancer.

### **Occupational Therapy**

Our Occupational Therapy (OT) service supports patients and residents to maximise their potential to participate in everyday activities and to continue living well at home, in the community and here in Anna Gaynor House. OT can enhance independence and quality of life through assessment, goal setting and intervention responsive to changing individual needs. OT input is delivered through a variety of approaches including individual and group-based education.

Outlined below are several of our key areas of work in 2022:

#### **Supporting the Care of Older Persons**

In line with Strategic Objective 4, 30 people attended four face to face Cognitive Stimulation Therapy (CST) programmes were facilitated during 2022. This OT led group programme was established in 2019 for individuals with a diagnosis of moderate dementia with the aim of better meeting the growing needs of people with dementia living in our community. This nine-week programme strives to actively stimulate and engage people with dementia, whilst providing an optimal learning environment and the social benefits of a group.

The carers support group also ran alongside the CST programme and was facilitated by a Senior Medical

Social Worker and ANP. Participants highlighted that the service improved their mood, communication, and interaction skills.

Due to positive impact of this work, and passionate about sharing our learnings, a member of the team participated on an international research piece on Virtual CST Data. Data from OLH&CS virtual CST (delivered in 2021 during the pandemic) was included in the published research entitled: 'Delivering Cognitive Stimulation Therapy (CST) Virtually: Developing and Field-Testing a New Framework' (Perkins L, Fisher E, Felstead C, Rooney C, Wong GHY, Dai R, Vaitheswaran S, Natarajan N, Mograbi DC, Ferri CP, Stott J, Spector A. Delivering Cognitive Stimulation Therapy (CST) Virtually: Developing and Field-Testing a New Framework. Clin Interv Aging. 2022 Feb 9;17:97-116.)

Occupational therapy is offered to all patients attending on an individual or group basis the Community Rehabilitation Unit. During the year we introduced standardisation of practice for working with people with Parkinson's Disease. This involved liaison with Clinical Specialist OT in the St James's Hospital movement disorder clinic to integrate our services for best patient outcomes.

Based on a referral system, OT is also offered to residents in AGH. Residents are offered sessions that encourage them to construct daily routines to help maintain or improve their mental and physical wellbeing. In 2022, a new e-referral system was introduced, and this new system assists with streamlining and prioritising referrals in a timely manner.

We also conducted a review of our Grandpad Project in March 2022. This project provided age friendly devices to help older adults to connect virtually with their loved ones. The review findings indicated very positive outcomes.

### **Supporting our Palliative Care Service**

As championed in Strategic Objective 4, OT is offered to patients attending the inpatient unit on all three sites and to our outpatient services in Blackrock and Harold's Cross. In 2022, a team member initiated and led on a Delphi Study, which aimed to develop a position statement on occupational therapy in palliative care in Ireland in conjunction with the AOTI Palliative Care and Oncology Advisory Group and Dr Michael Connolly. The study is nearly ready to launch soon and we will have outcomes to share in 2023.

### **Supporting Rheumatology**

Occupational therapy continues to support all inpatients and outpatients within our RMDU. In terms of highlights across 2022, OT developed and expanded the OT outpatient pathway in line with consultant and ANP led clinics and in November 2022, the OT team presented at the OLH&CS Rheumatology CPD module on the topic of 'Vocational Rehabilitation'.

### **Pharmacy**

The Pharmacy Team worked across Harold's Cross and Wicklow sites, and the Merrion Road site throughout 2022, providing medicines supply services, clinical pharmacy, and medicines information. This year was challenging for pharmacy service provision due to medicine shortages nationally and internationally.

Despite medicine shortages and reduced staffing levels throughout the year, our clinical activities continued to play a vital role in improving and enhancing care. Over 2022, pharmacy actively participated in multidisciplinary team meetings and conducted reviews of prescriptions as well as on admission and discharge. The pharmacy team also carried out reviews of medicines information and advice for inpatients, residents, and outpatients.

Pharmacy remained extremely proactive prioritising Strategic Objective 4's focus on quality and safety

initiatives. This work included Senior pharmacist involvement in medication safety monitoring and incident review continued throughout 2022. Furthermore, pharmacy finally implemented (after some delay, due in part to the pandemic) a system of using patients' own medicines in the RMDU inpatient ward in 2022.

There was a continued focus on medicines reconciliation – an internationally recognised process to ensure safety of medicines at admission and discharge. This year, a discharge prescription reconciliation service was implemented on RMDU, a service already in place on most other wards. A review highlighted that these checks capture important quality issues with the patient's planned treatment and helped to ensure seamless care after discharge.

In further support of Rheumatology, a senior pharmacy technician with training and expertise in preparation of intravenous medicines was recruited to facilitate a service development in the Rheumatology Infusion suite, allowing preparation of infusions in-house in future. This innovative approach as it will help develop the expertise of the nursing and pharmacy teams and enhance multidisciplinary collaboration. In addition, it will have a positive impact on resources as well as reduce reliance on external medicine providers due to reduced production times.

Further work in enhancing and improving our quality and safety saw our senior pharmacist lead in palliative meds info (the national medicines information service for palliative care based in pharmacy at OLH&CS) complete a large piece of work on the Palliative Meds Info website, in line with the organisational website update.

Pharmacy continues to strengthen its focus on Education and Research in 2022, as the chief pharmacist provided lectures and a workshop

on palliative care for undergraduate pharmacy students at Trinity College Dublin. Furthermore, one of our senior pharmacists rewrote and taught the Musculoskeletal Diseases module for the UCC Masters in Clinical Pharmacy. In addition, a senior pharmacist is undertaking a Masters in Clinical Pharmacy at University College Cork and applied for research (to be undertaken in 2023) on deprescribing opportunities in palliative care.

### 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 team.

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 2022, we returned to our physiotherapy services. This included the celebration of World Physiotherapy Day. The awareness theme for this year focused on osteoarthritis and the day was marked by our physiotherapy students. Our students were tasked with their practice educators to select appropriate resources and set up and 'man' a stand in the restaurant on the day to highlight the role of physiotherapy in management of osteoarthritis and answer queries from patients, staff, and visitors.



Our students highlighted the important role of physiotherapy on World Physiotherapy Day



*"I just wanted to say how comforting and lovely the Blue Christmas event was although I cried all the way through it. My two daughters had a fabulous time, they really enjoyed the activities, it was great they were included, so often they are left out when we talk about adult things or told to leave the room because it may upset them."*

This year also witnessed the return (post Covid) of Aquatic Physiotherapy for outpatients from Children's Health Ireland (Crumlin) as well as the Introduction of a trial of a weekend exercise programme for all CRU patients. This programme was further adapted during the year and has worked very well with positive feedback from patients as well as increased activity levels across seven days for participants.

In addition to the return of programmes and introduction of new programmes, we carried out an audit of staff adherence to Infection Prevention and Control Guidelines in the RMDU Physiotherapy Department during the pandemic and provided input into the bed rails assessment/audit following HIQA recommendations which assessed residents' ability to move/roll in bed and residents' mobility during personal care.

In reference to our support for RMDU, we continued to reconfigure outpatients' services in RMDU, including the development of standard operating procedures and user guides, a joint referral form with OT, referral pathways as well as establishing access to the St. Vincents University Hospital (SVUH) portal. The team also collected and analysed outcome data, including the EQ-5D-5L. These measure mobility, self-care, usual activities, pain/discomfort, and anxiety/depression among other domains. In capturing this data, we hope to analyse the physiotherapy service and review its efficiency as needed.

Physiotherapy further developed the reconfigured outpatient services in palliative care. We witnessed an upward trend in the numbers seen on an outpatient basis through the three streams of the ANP-led breathlessness clinic and the two Community Palliative Care Teams (CPCT) in Harold's Cross (HX) and the CPCT in Blackrock Hospice (BRH).

We feel passionately about delivering the highest standards of care and many of the team are active in

the Irish society of Chartered Physiotherapists (ISCP) within their specialist area. Furthermore, we believe that sharing knowledge through publishing in journals helps better understand the importance of constantly learning and growing in our profession. During 2022, we were honoured to have the following articles published:

- A member of the team was one of the authors of a paper 'Physiotherapy post Vertebral Fragility Fracture: A Scoping Review' and another member was one of the authors of a paper 'Perspectives and Experiences of Cardiac Rehabilitation after Stroke—A Qualitative Study,' both published in 2022
- A manuscript titled 'A Mixed Methods Evaluation of a Pilot Multidisciplinary Breathlessness Support Service,' with physiotherapy (PT), nursing and occupational therapy (OT) authors has been accepted for publication in the journal 'Evaluation Review.'

### Psychology

The psychology service provides compassionate and effective support to patients experiencing distress. The psychologist works closely with the multidisciplinary team to support patients, families, and staff to alleviate stress.

2022 has seen a few changes in staff as we recruited one WTE Principal Psychologist who was appointed as Head of Department and sadly said goodbye to our part-time Senior Psychologist. However, the work of the Psychology Service focused on efficiently managing the significantly limited resource available, maximizing the reach of the service across the organisation while ensuring quality service provision.

In terms of service development, this year witnessed the introduction of several changes to the psychology service structure. An initial audit of referrals to the service in Q1 of 2022 was completed and this facilitated an overview of the nature, quantity, and location of

referrals to the psychology service and also identified the main methods by which referrals were sent. Building upon the above data, an electronic referral system was designed and launched in July 2022.

In addition, a new psychology page was developed and published on the OLH&CS Staff Portal and a new standardised measure of Psychological Distress was introduced to practice in the Distress Thermometer. Furthermore, a series of consultations also took place with nursing and medical colleagues around how to better assess and triage psychological distress with Palliative Care patients.

Working across the organisation, the psychology service continues to work to improve the collective mental health and wellbeing of OLH&CS staff using evidence-based psychological approaches. A key

vehicle for this work is membership of the Employee Wellbeing Group at OLH&CS. This includes the delivery of a series of Resilience workshops for staff over the course of two weeks.

The psychology service has also been sharing knowledge, networking, and collaborating. In terms of sharing knowledge, the team has been delivered staff training to nursing and HSCP staff across all sites and there has been extensive engagement with national clinical programmes. In reference to networking, the Principal Psychologist engaged with TCD, DCU and UCD in terms of re-establishing old and developing new academic links with the OLH&CS Psychology Service. We have explored research opportunities with TCD and DCU. We will continue to prioritise our education and research work in 2023.



*"I often meet people at the early stage of a dementia diagnosis, and it is these people that really benefit from the informal support and introduction into community services that the café offers. People also tell me that they like to be invited with no obligation to attend, the sense of a drop-in support service in the community works well."*

### Social Work

Our social workers address the psychosocial concerns of patients, residents, and family members through provision of practical and emotional support, counselling, advocacy, and promotion of advance care planning which helps ensure that patients and residents' wishes are respected and adhered to. Bereavement support services are intrinsic to our role throughout the organisation.

In 2022 our bereavement support volunteers provided 148 therapeutic phone calls and 73 face-to-face sessions.

During 2022 witnessed several key activities that aligned with our strategic objectives. Firstly, as we transitioned out of the Covid restrictions we continued to develop and expand our service. This included supporting those who had fled to Ireland from the war in Ukraine and subsequently became patients of our service.

In addition, due to the profound effect of the pandemic on how people experienced bereavement, we identified a need for an adult bereavement intervention for relatives who had been unable to access family and social support in 2021. In response, we devised a new therapeutic adult group intervention. Five bereavement support groups were facilitated this year and our evaluation indicated the experience was exceptionally positive with a particular emphasis on the benefits of peer support and assistance with feelings of isolation.

Furthermore, having moved to a virtual event during the pandemic, Blue Christmas returned in person this year. The feedback we received illustrated how people benefit from support provided in this format at what can be a particularly difficult time of year for the newly bereaved.

In response to the global increase in energy and food prices and the impact it had on our service users, we worked to alleviate some of this financial

distress through the Financial Assistance Fund which is provided from OLHCS fundraising. This fund was established to assist families to fund events which would create enduring happy memories, as well as assistance with expenses arising from illness.

In 2022 financial assistance was given to 54 patients and families: totalling €31,208. The individual amounts granted varied from €35 up to the maximum of €1,000.

Based on the feedback from patients, in which many reported being unable to afford their increase in electricity costs arising from running a medical air mattress, home oxygen and keeping lights on at night to minimise the risk of falls we allocated €20,636 of grants from the Financial Assistance Fund to assisting with vital utility bills. The fund helped to keep homes warm and ease some of the stresses associated with their condition.

We continued to support parents with the support needs of their children and young people before and around the time of the death of their relative. This vital service helps families to see how talking about and acknowledging the death of their relative is important so that children and young people feel less alone. Our work helps children to develop strategies to cope with grief. In April 2022, our social work team, including our bereavement support service volunteers worked with 20 children who attended the Children's Bereavement weekend. At the end of the weekend the children give feedback in the form of written advice encouraging other bereaved children to attend in the future.

As part of our commitment to education and research, we published the findings of our research with bereaved parents in communicating with their children about dying. This is an important Irish contribution to the work of supporting parents as they prepare their children for the death of a relative.

In conclusion, 2022 was a year in which we transitioned out of the challenges posed by the pandemic; returned

to our in-person manner of work whilst retaining some of the new developments devised during the pandemic, faced new challenges with our clients and continued to expand our service. Taking feedback from our service users as an indication that we are providing valuable support with ongoing changing needs, we will continue to enhance and expand this service in 2023.

### Pastoral Care

The Pastoral Care team extended their service to Wicklow Hospice. Regular reflection sessions for staff were facilitated in the Palliative Care Unit and Anna Gaynor House. The team also offered a Healthcare Chaplaincy Student Placement to Maynooth University which was accepted with a student allocated for 1 year.

### Complementary Therapy

During 2022 a Complementary Therapy service has been introduced in Wicklow Hospice. Patients and staff have responded positively to this development.

The Complementary Therapy team have continued to train Nursing staff in the HEARTS process. This therapy promotes the integration of gentle touch therapy opportunities within routine care provision. Staff feedback has highlighted the benefits of this for patients and residents but also significantly for themselves as care givers, citing the process as enabling a stronger therapeutic relationship with their patients and residents which they are experiencing as rewarding.



## OUR EDUCATION, RESEARCH AND TRAINING

### Lisa Ivory

Business Manager

Our education, training, and research forms the bedrock for quality services to patients and their families and through our courses, masterclasses, and conferences, we strive to enable and empower our staff and volunteers to achieve their full potential and contribute to Ireland's Specialist Palliative Care, Rheumatology and Older Persons services through learning.

This year was a year of further recovery for the Education Centre and academic activities and included many key highlights including the launch of a new Evidence Based Certificate in Palliative Care. This new programme will run twice yearly and will provide clinicians with an opportunity to develop their theoretical knowledge in palliative care symptom management.

March was an incredibly busy month for the team as we hosted an online conference titled 'The Moving Points Conference in Palliative Care' with a theme of 'Palliative Care: wither or evolve'. The decision to host the conference online was important as the country was still under the grips of Covid, and the online option ensured a greater number of clinicians could attend.

In addition to hosting the online conference in March, the education administration team took over the coordination and compliance monitoring of the mandatory training programmes, working with managers on increasing compliance targets in line with obligations.

In terms of education programmes, we delivered our programmes in a variety of formats including classroom and on-line, and through our dedicated education portal Olive. We also commenced a newly developed 10-week Dublin Certificate in Evidenced-based Palliative Care programme in September, with 25 students completing the programme. This new programme will run twice yearly and will provide clinicians with an opportunity to develop their theoretical knowledge in palliative care symptom management.

#### Supporting our undergraduate students

In 2022, students were supported by clinical staff across Older Persons, Rheumatology and Palliative Care Services. These included undergraduate and postgraduate students from University College Dublin (UCD) and Trinity College Dublin (TCD).

In terms of our TCD undergraduate students, the Academic Department of Palliative Medicine (ADPM) staff provided a range of educational activities for the medical students including lectures, small group tutorials, clinical attachments (within OLH&CS, and linked services), audit projects, research projects, and student electives. Dr Craig Gouldthorpe is the lead for undergraduate education at TCD.

In 2022, a group of third year medical students won the best poster prize at the Moving Points in Palliative Care Conference, for their project entitled, 'The role of

#### Summary of OLH&CS Publications and Presentations 2022

	PRESENTED		PUBLISHED		TOTAL
	Oral	Poster	Journal	Other	
Palliative Care	6	2	27	2 abstracts; 1 book chapter	38
Rheumatic and Musculoskeletal Disease			10		10
Care of the Older Person/Other		2	6		8
<b>Total 2022</b>	<b>10</b>		<b>46</b>		<b>56</b>
Total 2021	15		38		53

sleep hygiene in treating insomnia in cancer patients.' Additionally, a group of second year medical students presented at the OLH&CS Grand Round on their audit project entitled 'A review of prescribing practice in cancer patients approaching the end of life.'

In terms of our UCD undergraduate students, the ADPM staff provided a range of educational activities for the medical, including lectures, small group seminars, and student electives. Dr Jenny Power is the lead for undergraduate education at UCD.

#### **Supporting our postgraduate students**

During 2022, two postgraduate students completed their PhDs (Dr Cliona Lorton, Dr Bernadette Brady), with three other students registered for PhDs at TCD / UCD, and two students registered for MDs at TCD.

#### **Academic Department of Palliative Medicine (ADPM)**

The research being undertaken within the Academic Department of Palliative Medicine (ADPM) continues to grow from strength to strength under the leadership of Professor Andrew Davies. In the area of research awards and grants, the ADPM has secured more than €1,000,000 in research funding over the last 2 years, including funding from the European Union, and pharmaceutical companies.

In the area of external collaboration, the ADPM is collaborating with researchers from the following countries: Belgium, Canada, Denmark, Ireland, Finland, France, Germany, Italy, Netherlands, Norway, Poland, Portugal, Spain, United Kingdom.



Our ongoing research activity in 2022 included:

- **E-StOIC Study** – this is an international, multi-centre, observational study of opioid-induced constipation in patients with cancer. Prof Davies is the Chief Investigator / grant holder for this study, which is being conducted in 10 European countries (Ireland, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Spain, and United Kingdom). Study ongoing.
- **CARes Study** – this is an international, multi-centre, phase I/II, interventional study of a novel synthetic cannabinoid for anorexia in cancer patients. Prof Davies is the PI for this study in Ireland. Study ongoing.
- **EU-Navigate Study** – this is an international, multi-centre, interventional study of “navigators” (volunteers) to support older cancer patients. Prof Davies is the PI for this study in Ireland. Study in set up.
- **CaRDic I** – this is an international Delphi process to develop consensus diagnostic criteria for rest – activity circadian rhythm disorders in patients with advanced cancer. This study is part of Dr Craig Gouldthorpe’s PhD.
- **RsVP Study** – this is a validation study of a novel app for remote monitoring of vital signs. This study is part of Dr Jenny Power’s PhD.
- **CHELsea II trial** – this is a multi-centre, cluster randomised study of clinically assisted hydration in patients in the last days of life. Prof Davies is the Chief Investigator / grant holder for this study, which is being conducted in 80 hospices / hospitals in the UK. Study ongoing.
- **OASis III** – this is an observational study of oral symptoms in frail elderly patients. This study is part of Dr Niamh Cleary’s MD. Study in set-up.
- **EXTra I Study** – this is an interventional study of saliva substitutes for the management of xerostomia

in patients with advanced cancer. This study is part of Dr Maria Walsh’s MD. Study in set-up.

- **StOIC III Study** – this is a multi-centre, interventional study of opioid-induced constipation in patients with advanced cancer. Prof Davies is the Chief Investigator of this study, which is being conducted in sites in Ireland. Study in set-up.

### **Library and Information Service**

During 2022, our library and information service continued to support education, training, and research initiatives across the organisation and to develop its extensive collection of print and electronic resources. Education and training was provided on literature searching and accessing electronic library resources both on an individual and in small group sessions to staff, undergraduate and postgraduate students on clinical placement from UCD & TCD and those who undertook the Dublin Certificate in Evidence Based Palliative Care through the E&RC.

The library received notification of 10 presentations and 46 publications completed by OLH&CS staff this year. A full list of publications is available to access on the OLH&CS website – [www.olh.ie](http://www.olh.ie)

## STAFF STORY

### Chris (Christine) Dalton

#### Registered Advanced Nurse Practitioner for Older Person Services

*'Our strength lies in being people centred.'*

Meet Chris Dalton. For over 24 years, Chris has been working in various roles in OLH&CS and is currently the Registered Advanced Nurse Practitioner (RANP) for Older Person Services. Whether it's OLH&CS's approach to services or to the staff, Chris believes the organisation's strength lies in being people centred. Here's Chris's message about collaboration.

Patients, residents, families, and staff are at the heart of everything OLH&CS does. As a member of staff, I've personally experienced how the organisation supports staff to grow. Over the years I've held many positions, starting as a Staff Nurse in 1998 and then I became a Clinical Nurse Manager 1 (CNM1) in 2003 and a CNM2 based in Anna Gaynor House between 2008 and 2019. In 2019 I became the candidate Advanced Nurse Practitioner (ANP) for Older Persons, and I also went back and did a masters at UCD. All my additional training and development was supported by OLH&CS.

Not only are OLH&CS focused on supporting staff, but their services are also built around people. Firstly, our weekly multi disciplinary team (MDT) meeting helps me present any complex cases and working together, we help find the best treatment solutions.

Working in collaboration with teams, departments, voluntary organisations, patients, and their families help

improve and enhance the care experience. One example of a great collaboration is the establishment of the Dementia Café in April 2022. The Dementia Café meets on the first Tuesday of every month and it provides an informal way for people in the community to informally access healthcare professionals. The Café is one of several initiatives that OLH&CS deliver to support people with dementia.

Perhaps one of the most powerful ways we help support continuous improvement through collaboration is the creation of the Journal Club in 2022. The Journal Club is an education project that is held in Anna Gaynor Hall on the first Thursday afternoon of each month. All staff working in Older People Services are invited to attend and it's a great way to discuss the latest innovations and best practice. Speakers are invited and staff get a chance to discuss how best to bring evidence-based practice into every day service delivery.

I've learned so much over the years, but most of all I've learned that our ethos of respecting and listening to one another is important. Whether you're a patient, resident, volunteer, or member of staff, building and maintaining relationships is critical to help improve and enhance the care we deliver.



*Chris*



# 3

## SECTION 3: OUR PEOPLE

# OUR PATIENTS AND FAMILIES

## Introduction:

It is the involvement of people that inspire and inform everything we do.

In section 2 of this report, we focused on the work of our amazing healthcare professional teams based across our three sites – Harold's Cross, Blackrock and Wicklow. Our multidisciplinary teams work to provide patients and their families with loving care, comfort, and dignity.

In this section we want to focus on the work and impact of our non-clinical staff, our volunteers, and our supporters as they too play a central role in enhancing and improving the care of patients, residents and carers.

As patients, residents and their families are at the heart of our work, we wanted to focus on them first.

## OUR PATIENTS AND FAMILIES

We are passionate about improving and enhancing care to ensure our patients, residents and families are provided with high quality, person-centred compassionate health and social care services, both in the Hospice as well as in the community. In the last year we've supported thousands of people, we have included some of their inspiring stories from 2022 throughout the report.



## CAROLINE AND JOHN'S STORY

*'Everything about the hospice is love and help'*

My wife Caroline was a bright spark of life. Just ask our three children, Katie, Marylou and Ethan. For years, she fostered dogs, and she absolutely loved it. She could make anyone laugh.

When cancer came, it came far too quickly. It started when a scan found a tumour behind her eye. I was in absolute shock, broken. But Caroline was an amazing person. She had further tests scheduled and said she'd worry about it then. She could leave tomorrow's problem for tomorrow.

Her treatment was a rollercoaster. Radiation and chemo got rid of the tumour, but another scan found two spots on her pancreas and spine. This was right before a family holiday we'd booked. Caroline refused to cancel it. Tomorrow's problems tomorrow. I think she knew how important those memories would be.

After we'd got back, she was in a lot of pain. The doctors called the cancer "angry" because of how fast it spread and the pain it caused. The tumour came back, and she lost sight in her eye. It was one nightmare after the next. But she always played down the awful pain she felt.

*She was in deep trouble, but she was always protecting us.*

She'd just turned 45 and the kids were doing their Leaving Certs, Junior Certs, going through life's big milestones. It was impossible to imagine that she wouldn't be there. But things were going downhill fast. The cancer quickly became totally unmanageable. That first day in hospice

was truly amazing. For weeks at home, she'd been forcing a smile. But here – the smile was genuine. I'll never forget the image of my wife, the girl I've loved since I was 17, pulling up the blankets, her real beautiful smile returned, saying "Ah, this is perfect."

She said it felt just like home. And it really did – for all of us. It was such a gift. The hospice couldn't do enough. They immediately felt like close friends. It was always, 'What do you need, what can I do for you?'



You have to believe in callings after you've experienced that kind of care. You can just see, from the people there, it's absolutely their calling. That warmth and love can't be learned.

On the Sunday, the nurses said it was probably her last day. The whole family came. When she died, she had what she wanted most – peace, comfort, and everyone she loved around her.

To see somebody who is in so much pain in their last moments smile because of where they are – and how good they feel in that place – that's a priceless gift.

Everything about the hospice is just love and help.

They look after not only your physical health, but your heart and soul too. They help you say the best goodbye possible. For that, we are eternally grateful.

*John Ryan*

## OUR VOLUNTEERS

### Anne Harrington and Jimmy Scurry

Volunteer Co-ordinators

### Ann D'Arcy

Bereavement Co-ordinator

This year we celebrated our 30th anniversary of volunteer service in Our Lady's Hospice. We started in 1992 with 6 volunteers and today we have over 330 volunteers helping to improve and enhance patients, residents, and families' experiences by raising much needed funding and/or working across our services. They have, and continue to be, a source of inspiration to us all.

To celebrate our anniversary, we held several events across the year. Our biggest event took place in late January with the launch of our first ever volunteer uniform. The uniform has proven to be a big success. It gives our patients, visitors, and staff the opportunity to recognise who our volunteers are in the Hospice and to be able to express their appreciation and gratitude for all the wonderful service they offer.

We held a volunteer remembrance service Mass for past and present volunteers in our beautiful Chapel here in the Hospice. In the summertime, we hosted a volunteer garden party in our fabulous rose garden. These events were an opportunity for us to honour our

past volunteers, acknowledge our current volunteers and thank them for all that they offer.

#### **Thank you all for your service!**

#### **The Impact of our volunteers over 2022**

The goal of the volunteer service is to offer ongoing support across all areas of the organisation in line with strategic objectives. As such, there are three main groups of volunteers – those who work in patient services, those who assist with fundraising and specially trained bereavement service volunteers.

We are extremely grateful to have the support of over 330 volunteers as they helped make the following difference in 2022:

- **24 volunteer drivers**
- **5,440 KMs (Outpatient Dept. drives) driven by our volunteer drivers and 4,224 KMs (Residents/Patients/Pharmacy/site collections) driven by volunteer drivers**



*'A heartfelt thank you to our volunteers for 30 years of making a difference.'*

- 2,628 office/admin hours across OLH&CS
- 1,456 coffee shop hours
- 1,000 phone calls made to supporters
- 500 hours of data entry
- 10,000 fundraising packs prepared and posted
- 300 volunteers supporting Hospice Sunflower Days
- 200 volunteers supporting Light Up A Life
- 250 refreshment trolley days a year
- 29 students (50 Transition Year Students / 19 Healthcare Students from University of El Paso Texas / 60 International Students from Japan High School)

## OUR PATIENT SERVICE VOLUNTEERS

The challenges presented in 2022 were like the previous couple of years, however our 215 patient service volunteers had gained so much experience and confidence throughout those years that they became more determined and resilient, and nothing was considered too great a challenge.

Over the year we reviewed and remodelled some of our service and activity offerings to ensure best practices in always keeping everyone safe. Our volunteers continue to offer that important source of social connection and engagement with our residents and patients in our palliative and extended care units. They have that quality of time and empathy that works well.

Outlined on the next two pages is a breakdown of the hours donated by volunteers to help enhance the experience of patients, residents, and families.



## 3,360 hours

Assisting at mealtimes with residents in Anna Gaynor House

## 1,152 hours

Morning & Evening Tea rounds in palliative

## 192 hours

SONAS® group activity with residents in Anna Gaynor House

Due to the major refurbishment project at Blackrock Hospice, we suspended volunteering from early January, however reception and hospitality volunteers continued to provide quality services and support at Wicklow Hospice across the year.

Furthermore, we welcomed back our 50 Transition Year and 19 International (from the University of El-Paso, Texas) students. Our programme provided the students with real life experience and understanding of working in a healthcare setting. This work was made possible because of the fantastic support we received from our colleagues in various departments and our on-site Alzheimer's day-care centre.

We also had a visit from 60 Japanese students, aged between 12 and 19, and their tutors from **The Higashikawa High School Band** who performed a musical outdoor concert which was thoroughly enjoyed by all in attendance.

We recognised that some of our volunteers see OLH&CS as an opportunity to meet up with their peers and check-in with one another each week when here. This had not been possible for some of them because of the circumstances that prevailed during the pandemic. So, we decided to provide a monthly Social-Hub gathering in our restaurant in Harold's Cross for volunteers who wished to come in to have a cuppa and a chat. This is proving to be a real nice space and place for our volunteers to catch-up.

Several of our volunteers have still yet to return for active service and some decided to retire from volunteering. This created opportunities for new volunteers to join our organisation. Over the year, we witnessed an increase of interest with people wanting to volunteer with us and suffice to say that's exactly what they have done. We recruited 18 new volunteers during 2022. They have become fully immersed in our volunteer service and are enjoying being part of our patient service volunteers.



The Higashikawa High school band performed a musical concert to residents and patients.

**1,152 hours**  
Blackrock & Wicklow  
Hospice weekend  
reception cover

**384 hours**  
Volunteers in the  
Community

**192 hours**  
Back-office admin  
support

**144 hours**  
Hospitality Service  
Wicklow Hospice

We look forward to 2023 with greater optimism and opportunities. Our volunteer social service of engagement and connection is becoming a valuable and important source of our patient service offering. With our wonderful and dedicated volunteers, we believe that this service will go from strength to strength.

## OUR BEREAVEMENT SUPPORT VOLUNTEERS

During the pandemic, our volunteers provided individual support by telephone from their homes to clients. In 2022, the volunteers were able to return to offering bereavement support on site, a move which was welcomed by both the volunteers and the clients. Currently, there are 9 bereavement support volunteers active in the Bereavement Service and have been volunteering between 6 to over 20 years.

The core role of the bereavement support volunteer is to provide individual support to bereaved people. In response to service development and their commitment to the service, they are very actively involved in other aspects of the service. In 2022, they co-facilitated

with members of the social work team, The Children's Bereavement weekend, Blue Christmas, The Evening of Remembrance, and the Bereavement Support Groups which were organized in response to the needs of people who were bereaved during the pandemic.

Furthermore, we began to recruit new bereavement support volunteers with a view to the training commencing in 2023. The volunteers have assisted with the recruitment and selection of the trainees and will support the Bereavement Co-ordinator with the training programme in 2023.

## OUR FUNDRAISING VOLUNTEERS

2022 has been a big year for anniversaries as we celebrated 30 years of volunteering as well as 30 years of the Bewley's Big Coffee Morning Social for Hospice and our very special Light Up A Life event. Thanks to the continued support and dedication of our team of volunteers, we have been able to deliver our annual campaigns which help us raise much needed funds to provide life-enhancing support.

Our Volunteers provide a wide range of services for the Fundraising & Communications Department.

MONTH	EVENT	DAYS (EQUIVALENT)	NO. OF VOLUNTEERS
<b>January - March</b>	Office Administration	77	15
<b>April</b>	Training	45	19
<b>May</b>	Spring Raffle	74	24
<b>June</b>	Sunflower Days (packing)	57	22
	Sunflower Days	2	160
<b>July - August</b>	Office Administration	32	32
<b>September</b>	Coffee morning	115	34
<b>October - December</b>	Light up a life (packing)	368	69
	Light up a life	114	105

In Harold's Cross a team of volunteers provide administration, data entry and telephone support for both the Fundraising and Finance teams.

In addition, we also have several volunteers acting as ambassadors and our volunteers provide stewarding at events. For Hospice Sunflower Days and Light up a Life volunteers operate a shop and provide weekend sales for campaigns. We have a great team who provide the hospitality on site for Hospice Coffee Morning. We also provide ongoing training and host two information sessions for volunteers per year in Spring and Autumn.

Our Wicklow Hospice has a team of over 30 fundraising volunteers who support campaigns and events such as

Light up a Life, Sunflower Days and Coffee Morning, as well as local events such as Wicklow Hospice half marathon & 10km (February), Sunflower Fields (August), Dip in the Nip (October) and Glen to Glen Hike (October). Our Wicklow volunteers support in many ways such as community engagement, stewarding, on street collections and office administration.

Blackrock Hospice was closed for renovation in 2022, but we look forward to reporting on the amazing work of our local Blackrock volunteers in 2023.

Across 2022, our fundraising volunteers collectively donated approximately 884 days.



# JOAN'S STORY

## Fundraising Volunteer

*'Everything about the hospice is love and help'*

Meet Joan Leonard. Joan lives in Drimagh and is a fundraising volunteer. Here's Joan's inspiring story.

As a volunteer, I'm part of a team of amazing fundraisers who raise money to ensure Our Lady's Hospice and Care Services can provide the best possible care experience to residents, patients, and their families.

Nearly 15 years ago I witnessed how the hospice at Harold's Cross provided compassionate care to a friend. The experience made such a difference as it provided her with dignity, respect, and calmness in the last few weeks of her life. I felt so moved by the level of care provided, that I wanted to play my part in helping others.

Firstly, I donated monthly and following a visit to see the new palliative care refurbishment at Harold's Cross a few years back, I decided that I wanted to do even more. That's when I decided that I wanted to help raise money for the Sunflower Day campaign in May each year.

I really love to help during the Hospice Sunflower Days, because it's a great way to get out and get some fresh air as well as meet so many people and hear their heart warming, and at times, heart breaking stories of how the hospice helped their loved ones. Local people are so generous and kind.



Unfortunately, due to ill health, I had to give up my job in 2019. I was devastated, but I found a new hope as I decided this was an opportunity to devote even more time to help others. Volunteering did so much more as I got the chance to get out and meet people and make new friends.

I was devastated when the pandemic arrived as many of the face-to-face fundraising activities stopped, but I didn't let it get me down. However, I was diagnosed with a brain aneurism in late 2021 and had to undergo life-saving surgery in July 2022. Fortunately, it was successful, and I was able to restart volunteering in September and over the last few months of 2022 I have worked in the packing room, preparing packs for fundraising campaigns as well as fulfilling orders for online sales for the Christmas campaign, Light Up A Life.

I am proud that I have helped to raise thousands of euros this year and neither a pandemic nor a life-threatening aneurism will stop me from supporting the hospice to bring some more comfort and peace everyday to local people.

One thing is for sure, time is a gift and I'm passionate about making every second count.

*Joan*

# OUR STAFF

## Carol Barr

Director of HR and Training

The aim of the Human Resources (HR) Service is to be a key contributor to the success of OLH&CS by developing and facilitating an environment that values people and supports the delivery of excellent care to our service users. We support employees throughout their employment life cycle beginning at the hiring process, continuing throughout employment and into retirement.

As of 31 December 2022, OLH&CS had 693 employees, 617.49 whole time equivalents (WTE) and 239 people receiving pensions.



Through the HR Strategy we continue to focus on developing a culture of learning as well as enhancing our approach to Learning, Training and Development. As such, during 2022, we continued our collaboration with external training providers, relaunched our mentoring programme, continued the development of our Education and Research Prospectus and the Learning Training and Development site.

### Our Workforce and Achievements

The reason people join our organisation is often due to the unique benefits we offer including our culture, career opportunities, benefits, and work environment.

During 2022 we were delighted to welcome 168 staff on-board and 83 staff moved on. We continued to seek feedback using on-boarding and exit questionnaires which helped inform changes in our practice. Over the year we had an increased staff turnover of 12.55% which was indicative of a tighter labour market and the cost of living in Dublin, which resulted in challenging recruitment and retention environment.

### Our Recruitment and Retention:

Despite the challenging recruitment environment, we managed 101 competitions with a total of 168 new hires. In addition, we continued to provide CV and Interview Skills Training to enable colleagues to be more confident at interview and to secure an internal promotion. As such, 42 internal candidates were successful at interview for permanency or promotion, making up 25% of total new hires and positively supports retention of talent. Furthermore, we launched recruitment videos, attended the RDS Recruitment Job Fair and held a Nursing Open Recruitment Day in

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	

Blackrock and recommenced international recruitment of nurses in 2022. To help offset advertising costs, we successfully placed a renewed emphasis on digital networking.

In terms of equal pay, we published the inaugural OLH&CS Gender Pay Gap report in December 2022 on our website, a requirement of the Employment Equality Act 1998 Regulations of 2022. We will continue to analyse data and trends and benchmark the Hospice against other organisations within the healthcare sector.

### Our Training

In collaboration with Tallaght Training Centre, we continued our virtual training programmes. Over the year, 20 staff joined 59 participants from other hospitals and took part in four QQI Level 6 courses and one Level 5 course. In addition, 17 staff attended virtual or in person People Management in-house training programmes and we also hosted virtual or in person Orientation programmes for 87 staff.

### Our Mission and Values

We continued to ensure that our mission and our core values of human dignity, compassion, justice quality and advocacy were translated into every aspect of our organisation. Over the year, we saw the return of our Mission Hero Awards. These awards acknowledge individuals and teams who, in addition to doing an excellent job, demonstrate an exceptional commitment to our Mission and Core Values. In December 2022, at our Light Up A Life event, we had the honour of presenting this award to 5 very deserving winners including one posthumous award.

### Our people

We acknowledge and are grateful for the diversity of our staff. We employ 693 individuals from 20 different countries and each person contributed a wealth of professional skills and experience.

Country	Count
Brazilian	1
British	7
Chinese	1
Croatian	1
Czech	1
Dutch	1
Filipino	25
Hungarian	1
Indian	35
Irish	588
Italian	3
Lithuanian	4
Malaysian	1
New Zealand	1
Nigerian	9
Pakistani	1
Polish	2
Romanian	8
Spanish	2
Zimbabwean	1

Although we had a turnover of 12.55%, over the year 35 employees reached significant service milestones and were presented with awards in December. Outlined below is a breakdown of the staff milestones in 2022:

0 Staff	40 Years
3 Staff	30 Years
16 Staff	20 Years
10 Staff	10 Years

There was a large attendance at the event as they were joined by recipients from the previous two years because the in-person events were cancelled in 2020 and 2021 due to Covid-19.

**Our Wellbeing Focus**

Our overall aim for 2022 was – ‘promoting and integrating health and wellbeing into OLH&CS’s culture by focusing on increasing physical activity, encouraging healthy eating, and empowering people to develop a positive sense of wellbeing.’

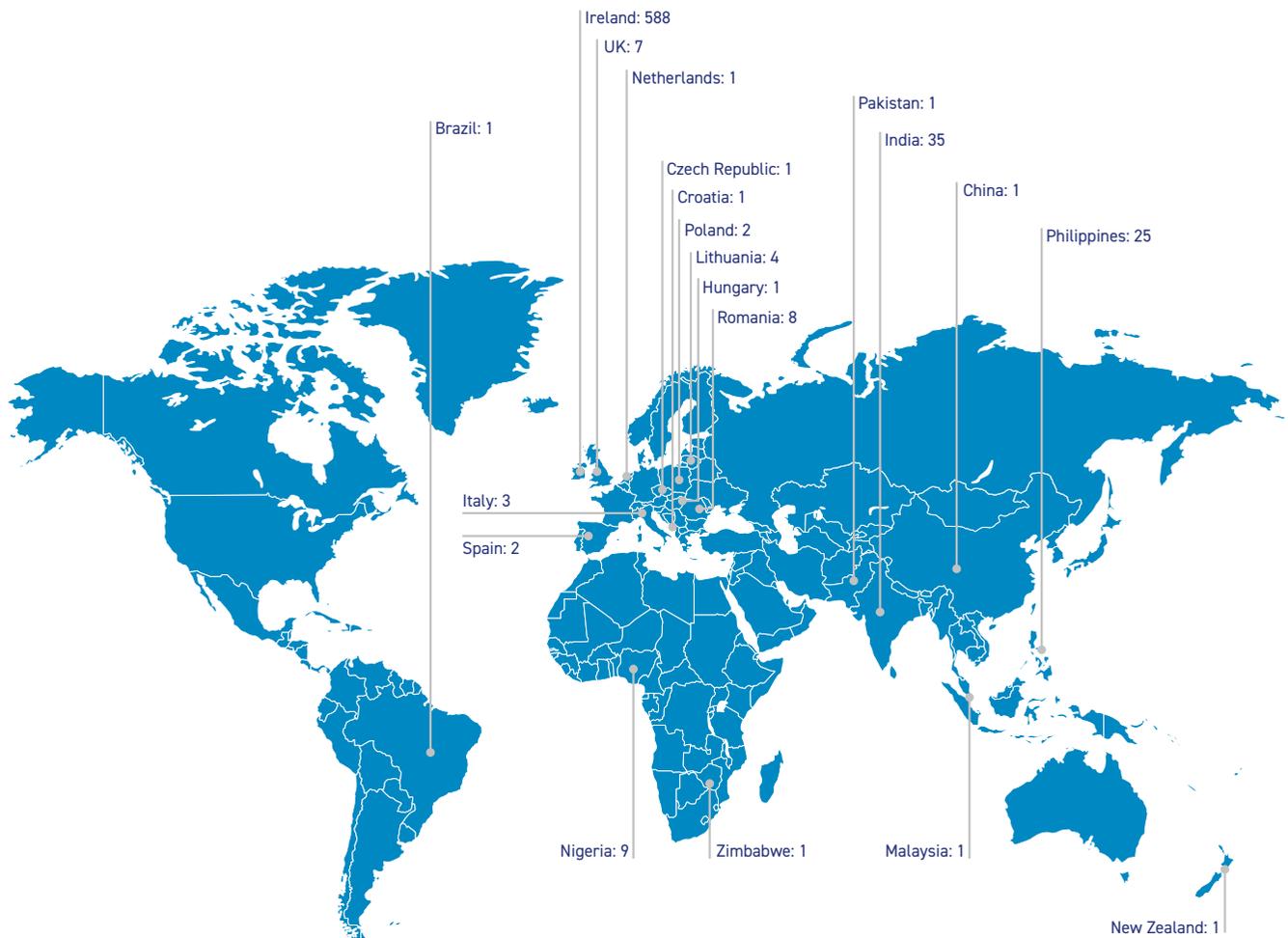
Over the year, the Employee Wellbeing Group continued to focus on providing innovative ways for staff to look after their physical and mental wellbeing during continued challenging times for healthcare workers. In addition, our Employee Assistance Programme (EAP), a confidential counselling service that provides support to our employees and their families, opened 32 files to provide support or information to staff during the year.

One of the highlights in 2022 was celebrating National Workplace Wellbeing Day (29 April 2022) in compliance with IPC measures. The event was acknowledged on

our Twitter and LinkedIn social media channels. Some of the highlights included podcasts and webinars on topics such as work life balance, taxes, unlocking your potential, Eat 100 and financial wellbeing. In addition, there were many activities and competitions, including launching our Steps to Health competition as well as providing a free Reiki session.

**Our commitment to good practice**

We remained committed to resolving workplace grievances in a timely manner. During 2022 two formal grievances were submitted by staff. One matter was referred to a third party for supported resolution. We continued our commitment to building strong partnerships and to providing best practise advice and support to all.



# MEGAN WALLS CASE STUDY

## Senior Occupational Therapist in Specialist Palliative Care.

*'I'm very lucky to have the opportunity to continue to develop as a clinician.'*

**Meet Megan Walls.** Megan is a Senior Occupational Therapist in Specialist Palliative Care and in the two and a half years she has worked at OLH&CS, Megan has continued to grow in her role as OLH&CS strives to meet patients and residents needs in challenging times. Here's Megan's message of transformation.

I first encountered Occupational Therapy in specialist palliative care on my final year placement in the Galway Hospice. I really didn't know what to expect but I thoroughly enjoyed the placement and knew this was an area I could see myself working in.

I moved to Dublin five years ago and in 2021 I left a permanent job in St Vincents Hospital for a six-month contract at OLH&CS's Harold's Cross site. I started working as a staff grade OT with the older persons service in the Community Reablement Unit (CRU) and in November 2021 I rotated to palliative care, working on St. Catherine's ward in the inpatient unit.

For me, 2022 was a year of great change as OLH&CS keeps transforming their care and supporting their staff to keep meeting local needs. Firstly, during the year, St Catherine's Ward on the inpatient unit was transformed to support the Blackrock Hospice refurbishment. For nearly a year, St Catherine's and St Gabriel's wards were reconfigured to ensure we continued to support as many patients as possible. It was a big change and undertaking but the teams shone, relationships across teams became

stronger and the high-quality service and support continued.

2022 also was a big year for me professionally, as I was promoted from a staff grade to a Senior Occupational Therapist in specialist palliative care. Furthermore, in October 2022, I started my PHD. Funded by the Health Research Board (HRB) and fully supported by my manager, the team, and colleagues across OLH&CS I

started my doctorate in Trinity College Dublin, in which I'm looking at the impact of working with progressive neurological conditions such as Motor Neurone Disease (MND) on healthcare professionals.

I am blessed to be part of an incredibly receptive and understanding organisation. They value professional development and growth, and they see the benefits of supporting staff with research and academic skills as their staff can help develop and

integrate new innovations into the health and social care environment, with the overall goal of improving clinical outcomes.

I really love what I do and I'm very lucky to have the opportunity to continue to develop as a clinician and work with patients while completing my PhD. Working with the patients in palliative care is what makes my job worthwhile. Research can be so rewarding, however, there's nothing more powerful than meeting and supporting people.



*Megan*

## NON-CLINICAL SERVICES

### Tommy Beatty

Director of Non-Clinical Services

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

As per our Strategic Plan, 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 include:

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

2022 was another challenging year as Non-Clinical Services continued to make the necessary adaptations to fulfil service needs during the due to the pandemic.

Outlined below are the key highlights from 2022:

#### The Internal Environment

In line with our Strategic Objective 4, the following service integration activity took place. Firstly, the main reception in Anna Gaynor House continues to be a drop off and collection point for patients' and residents' personal items during ward closures periods under guidance of the Infection, Prevention & Control team.

We also collaborated with Blackrock during their transfer to Harold's Cross site during their refurbishment project. We managed this by aiding the inpatient unit and assisting their Community Palliative Care Team.

Furthermore, we assisted the volunteer transition year programme by providing work experience to many students during the last year. This gives them great insight to the operations of a busy hospice reception.

#### Our Building Services

2022 proved to be another very challenging year for Building Services. Firstly, we bid farewell to two long-term staff members who retired, and we wish them well in their retirement.

Secondly, throughout 2022 we completed more office upgrades; these included an upgrade to the Palliative Care out patients' space. These project works were completed alongside the day-to-day building services facilities requests.

#### Our commitment to the Environment

A healthy and vibrant environment is so important to all the people of OLH&CS, and we remain dedicated to improving the environmental sustainability of our healthcare environment.

Firstly, there were improvements in recycling across the following waste streams - clinical, general green and food. In addition, with the assistance of the HSE Energy Bureau we received funding to upgrade lighting in St. Benedict's and St. Michael's wards to LED lighting thus saving 71,181kwh of energy. As a result of our efforts to reduce our carbon footprint our energy consumption has been further reduced by 29.6% since our 2009 baseline. Our 2022 energy related carbon emissions were down by 407,793 kgCO<sub>2</sub> to 2,022,696 kgCO<sub>2</sub>.

Over the year, we achieved the following:

- Our carbon footprint our energy consumption has been reduced by 29.6% since our 2009 baseline.
- Our 2022 energy related carbon emissions were down by 407,793 kgCO<sub>2</sub> to 2,022,696 kgCO<sub>2</sub>.
- Funding from the HSE Energy Bureau funding for upgrades to LED lighting across two wards saved 71,181kwh of energy.

**29.6% reduction**  
in energy consumption  
since 2009 baseline.

**71,181kwh saving**  
energy saving across two  
wards via funding from HSE  
Energy Bureau funding for  
LED upgrades.

**407,793 kgCo<sup>2</sup>**  
**reduction**  
energy related carbon  
emissions.

- In 2022 we added more beehives and produced 60 jars of our own Hospice honey for sale on site.

**Our External Environment**

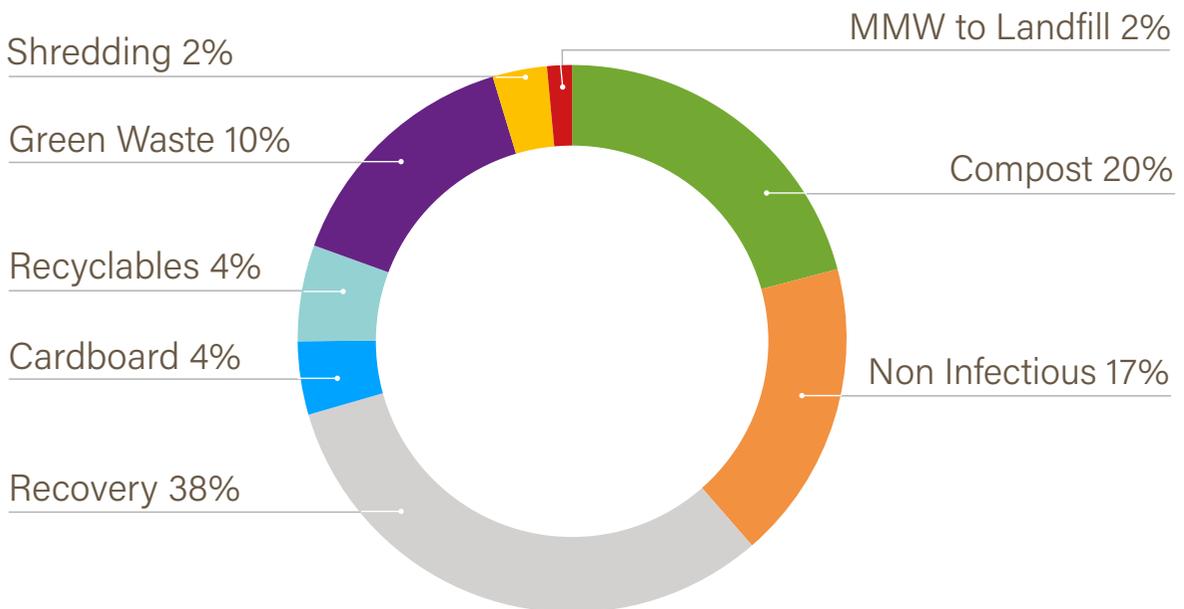
It was a busy year for the Grounds Team and thankfully we had some help from our Corporate Volunteers who kindly gave up their time to get through some of the bigger jobs we had to tackle.

Firstly, the grounds are maturing and constantly evolving, we divided up a lot of plants as some have out grown the space they were designated for. This gave room to incorporate some new planting. We opted for bee friendly plants and are now looking at how we can create more habitats to increase and enhance our on-site biodiversity. This work was supported by a very generous donation. We added some bird boxes, insect, and bee houses. We also took part in a hedgehog survey in conjunction with the local community and Dublin City Council. We also had 60 jars of Hospice honey this year for sale available to our patients, staff, and volunteers.

At Blackrock Hospice, the raised flower beds were removed to facilitate the bedroom extension works. As such, this will give us an opportunity to redesign this outdoor space when the building works are completed. The two existing ponds will be filled in and converted into a seating area with plants and a water feature. This will increase seating spaces and social areas for families away from the bedroom environment. A planting plan will then be put in place to complete the garden and create an inviting garden space.

At Wicklow Hospice, the three acres of gardens that surround the hospice continue to enhance our patients' external environment and are carefully tended to by our Wicklow Garden Volunteer Team. The planting is added to each year and is well maintained with the help of over 20 dedicated volunteers. Every season is catered for and this year the gardens benefited from a wild flower meadow during the summer, and planting of a new fruit orchard has commenced.

**100% Recycling/Recovery Rate 2022**



In terms of aligning with Strategic Objective 4's service integration commitment, we focused on managing service user requirements in 2022.

The Materials Management Department is responsible for the procurement of goods and services for Our Lady's Hospice & Care Services, Blackrock Hospice and Wicklow Hospice in line with national and European procurement guidelines to ensure that the organisation is fully compliant on all matters of a procurement nature.

We offer advice and assistance to all departments on all things procurement related and we work closely with all departments to ensure that as an organisation we are fully compliant with all our procurement obligations.

We also work with the OGP [Organisation of Government Procurement], HBS [Health Business Services] and other HSE groups to ensure we leverage our purchasing power and participate in as many

group contracts / frameworks as possible. Tenders are advertised on the government website [www.etenders.gov.ie](http://www.etenders.gov.ie) in line with procurement guidelines.

In 2022 we conducted 8 projects that were subject to a formal tendering process via E-Tenders.

### Our Hotel Services

The annual objective of Hotel Services is to deliver excellent services to our residents, patients, staff, volunteers, and visitors, in both our catering and cleaning departments throughout all three Hospice sites, Harold's Cross, Blackrock and Wicklow.

Over the year, the pandemic continued to affect Hotel Services delivery as there was a series of ward lockdowns due to outbreaks. Furthermore, the Catering and Household teams worked seamlessly to ensure all residents, patients & staff who were isolated within wards, were provided with their meal choice and enhanced cleaning was delivered throughout, both



efficiently and with professionalism always by our hotel services team. Infection Control was an integral part of the enhanced measures in place to protect us all during 2022 and Hotel Services played their part in protecting all stakeholders in the organisation.

In terms of healthier choices, we retained our Bronze Happy Heart Award again in 2022 for our restaurant dining services. This award was developed by The Irish Heart Foundation, and it supports healthcare facilities in making the healthier choice be the easier choice, for both staff and visitors and ensures healthy options are provided and promoted.

Our restaurant and coffee dock services continued to be somewhat curtailed during 2022 due to social distancing, however, that did not stop the team from doing their utmost to ensure patients and staff had a safe place to unwind and relax in a friendly atmosphere.

In Wicklow, our partnership with Bidvest Noonan, Q Café and ISS in Harold's Cross has continued to grow, as the service develops. Their wide range of expertise and knowledge supplement our non-clinical support services. They also share best practice and innovations from other similar healthcare organisations. In addition, ISS support our own household cleaning services. Collectively, our partnerships add value to what we provide at OLH&CS.

Furthermore, we continue to champion the IDDSI (International Dysphagia Diet Standardisation Initiative). IDDSI is crucial in our care environment, as it means our patients and residents have a choice of hot meals, snacks, and cold options at every meal time. We continue to modify and improve on this initiative as we introduce new and exciting menu options.

Hotel Services are looking forward to a more normal year ahead in 2023.



## INFORMATION & COMMUNICATION TECHNOLOGY

### Ciaran McCarthy

ICT Manager

2022 saw the ICT department continue to focus on increased security measures and improving the overall user experience for hospice staff and third parties. Several systems were introduced to further these goals.

Firstly, the entire OLH&CS network moved to a Hybrid cloud configuration. This brings several benefits including enhanced security, business continuity and disaster recovery, seamless data integration and migration between cloud and local environments, and smooth movement between devices where files, desktops and individual settings follow the user.

Secondly, OLH&CS moved to Windows 11 taking advantage of the new security features built into Microsoft's latest operating system. Servers were also moved to a minimum specification of Microsoft Server 2019 and above.

Much of the organisation's telephone infrastructure was moved from aging analogue lines to SIP technology. SIP technology allows us to channel our phone calls over the internet rather than traditional analogue lines. This is far less expensive than using analogue lines and has allowed us to cut the number of rented lines by half.

A Remote Monitoring and Management (RMM) system was also implemented. This is a software solution designed to remotely monitor and manage a wide range of IT infrastructure components, including servers, workstations, network devices, and endpoints. It brings many benefits including proactive monitoring, centralised management, and enhanced security, among others. This system allows us to resolve problems often before users notice and report an issue. It is particularly valuable outside business hours.



## OUR FUNDRAISERS AND ADVOCATES

### Karen Gallagher

Interim Director of Fundraising and Communications

Every year we need to fundraise €5.5 million 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 several ways such as events, campaigns, regular giving (direct debits), in-memory, individual donations, corporate support, sponsorship, trusts and foundations and through the generosity of those who remember us in their wills.

We rely heavily on the generosity of our committed and loyal supporters to help us achieve our goal.

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

#### How we raised income in 2022

##### Our commitment to good practice:

In line with our Strategic Objective 3, that ensures strong clinical and corporate governance to deliver high quality,

safe care and demonstrate effective stewardship of public funds, we adhere to fundraising standards, and we are committed to fulfilling good-practice obligations including compliance with the Charity Regulator's "Governance Code" and "Guidelines for Charitable Organisations on Fundraising from the Public".

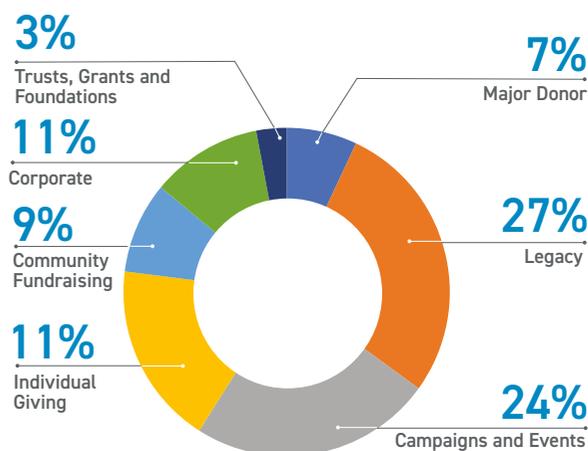
##### Our fundraising income:

In 2022 we raised of €4,252,312. This was a 38% decrease on the previous year when we were the recipients of the Immigrant Investment Scheme funding. We directly raised €3,091,864 whilst €1,230,766 was generated from those who kindly remembered us in their wills (legacies).

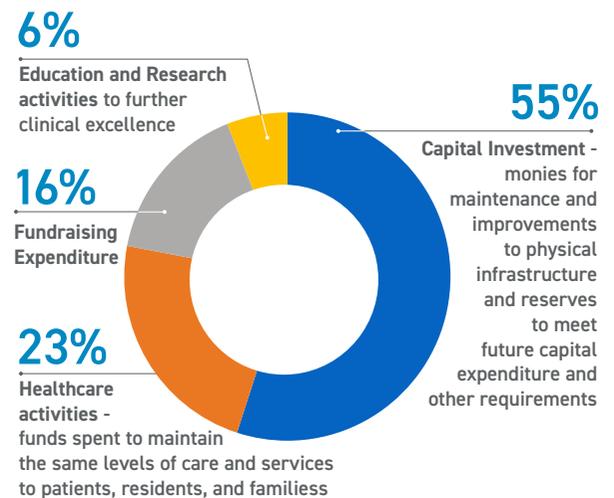
#### How we spent our fundraised income in 2022

As outlined within this annual report, OLH&CS has been extremely busy in providing with loving care, high-quality, person-centred health and social care services in the community. Our achievements are built upon the generous donations of thousands of individuals, groups, and companies every year. Their compassion and

#### How we raised funds in 2022



#### How we spent funds in 2022



generosity, along with funding from the HSE, enables us to continually develop and provide high quality care.

In 2022, we invested fundraising income as follows:

- Capital Investment - monies for maintenance and improvements to physical infrastructure and reserves to meet future capital expenditure and other requirements – 55%
- Healthcare activities - funds spent to maintain the same levels of care and services to patients, residents, and families – 23%
- Fundraising expenditure – 16%
- Education and Research activities to further clinical excellence – 6%

#### **Our 2022 Highlights:**

We are truly grateful to all our donors and partners and would like to acknowledge all who support our campaigns and those who create their own

fundraising events. We are honoured to share a snapshot of the fantastic support provided and income generated from individuals, communities, and organisations across the year.

Our sincerest thanks to all our supporters.

#### **Partnerships and Philanthropy:**

Our key focus in 2022 was to raise funds from our wonderful donors, existing and new, to support the Blackrock Hospice refurbishment.

Blackrock Hospice is scheduled to open in early 2023 and will provide in-patient specialist palliative care, as well specialist Community Palliative Care in patients' homes. The renovated 12 single bedroom ensuite Palliative Care Unit represents a c.€7 investment and forms part of a series of capital investments by Our Lady's Hospice & Care Services across its three hospice sites.



This redevelopment involved the extension of each of the bedrooms, to provide a more comfortable space for patients and their loved ones, as well as improved access to the gardens and upgrades to clinical and communal areas. Works were informed by a consultation process which listened to, and addressed the needs of patients, loved ones, staff and volunteers.

Our approach to the design has evolved and continued to improve with updates to ensure our facilities provide a modern, welcoming environment within which we provide care, with our patients at the centre of this. The newly renovated hospice will transform and enhance the environment in which we care for patients and their loved ones. It would not have been possible without the generosity of our donors and businesses who collectively donated most funds needed for this project.



### **Public Fundraising:**

Despite a volatile external environment including economic uncertainty and the support shown by the Irish public to the victims of the conflict in Ukraine, we raised over €2,199,039, achieving 92% of our forecasted budget.

With the lifting of Covid-19 restrictions, we were once again able to resume some of our fundraising events and campaigns including the return of our flagship events of Coffee Morning which raised a phenomenal €353,509, 34% year on year while the 30<sup>th</sup> anniversary of our Light Up A Life campaign, which saw the first on site event since 2019, raised €544,302 on a par with the previous year.

Furthermore, our Hospice Sunflower Days in June raised an amazing €153,078. Families, communities, organisations, and businesses raised much needed funds to provide our vital services, person centred, holistic and loving care to our patients and their loved ones by purchasing our Sunflower Days merchandise or by making a donation.

### **Individual Giving:**

A key strategic priority for income generation in 2022 was to explore innovative approaches and grow current fundraising model to ensure income sustainability, to that end OLH&CS invested in Door-to-Door recruitment to increase the numbers of Regular Monthly Donors. After comprehensive research, it was agreed that this structured approach would help deliver a sustainable pathway to grow and stabilise direct fundraised income.

The 12-week campaign started in October in the geographic areas of Dublin where we provide care. It was a very successful campaign with 100's of people signing up and committing to make a Regular Monthly Gift in support of the Blackrock Hospice Refurb or Harold's Cross.



As such, Regular Monthly Giving raised nearly €200,000 in 2022. This type of giving is so beneficial to the hospice to enhance the comfort and expert care we provide for our patients both at home and in our hospice. This support is a reliable source of income for now and the future and is especially important as demand for our services continues to rise each year.

In addition, our much-loved Hospice Times newsletter was very well received and continues our commitment to our wonderful donors, to thank and update them regularly on the impact of their generosity, and the difference they make every day to our patients, residents, and families. Hospice Times is published twice a year.

#### **Corporate Supporters:**

Every year we strive to establish and build strong relationships with new and existing corporates. We are fortunate that we have many corporate supporters who were incredibly generous in 2022. Whether you partnered with us for the first time or celebrated an anniversary of working with us, we are truly grateful.

Each year our corporate partners go the extra mile (sometimes quite literally). Companies such as Wyse Property Management. The staff at **Wyse Property Management** took part in the Western Greenway 'Cycle for Lenny' in September and raised a fantastic €12,000 in honour of their colleague, Leonard Murphy.

We also wanted to highlight the continuing support our Founding partner, **Massey Bros, Funeral Directors**. Massey donated €20,000 to the Blackrock Hospice Refurbishment Appeal. Donations from companies like Massey Bros contributed to €7m refurbishment that will include extending the 12 patient bedrooms and upgrades to clinical, patient, family, and communal areas. Their support will also help redevelop and landscape the outdoor space and gardens, enhancing the care and experience for patients.

Each year several companies also become 'Leading Lights for Hospice' as part of our annual Light Up A Life campaign, through giving a charitable donation in the run up to Christmas and receiving benefits in return. There are too many to mention and we are so appreciative of all the support at every level. However, we'd like give a special mention to Light Up A Life Patron supporters in 2022, **including Northern Trust, Independent Fencing, Ben Dunne Gym, The Pharmaceutical Manager Institute, Ace Express Freight, The Beacon Hospital and Walsh O'Brien Harnett.**

These companies and so many more, demonstrate great support and commitment to hospice care through donations and sponsorship. We depend so much on their ongoing compassion and commitment. Thank you.

## TELLING OUR IMPORTANT STORY – A COMMUNICATIONS UPDATE

Our communications programme continues to raise awareness of our care and service we provide as well as raise our profile, support fundraising activities, and celebrate the stories of our staff, volunteers, residents, patients, and families with whom we work.

In line with Strategic Objective 1, our work supported the priority to raise the profile of OLH&CS by completing a branding project as well as undertaking an overhaul and update of the website with the aim of better reflecting the breadth of services. In addition, comms aimed to scope out the possibility of a documentary series which would highlight the patient experience in our palliative care unit.

In terms of our impact in 2022, the branding project was undertaken, and it was provisionally paused, to allow for HSE Regional Health Area (RHA) work to be completed. OLH&CS will renew a focus on branding in 2023. In reference to developing the website, this work started and is ongoing, with expectation that the website will go live in May 2023.

Furthermore, we worked with Flawless Films, who in partnership with Virgin Media secured funding from the Broadcasting Association of Ireland to film a documentary and filming began in late 2022. The film is

scheduled to air in May 2023, and we plan to fundraise and capitalise on the impact of the film.

We are passionate about transparency and through our communications function, we inform and engage key stakeholders using a wide range of communication channels and tools, including producing the annual report, updating the website and social media channels, providing briefings for public representatives, producing a donor newsletter, and conducting several public relations initiatives that lead to interviews and articles in key national and local print, broadcast, and online outlets.

We also produce two staff publications – the CEO Update and the Hospice Herald as well as providing content and information via the intranet and dedicated training portals.

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

### Our 2023 fundraising and communications priorities looking forward:

We plan to build on our work under strategic objectives 1 and 4 in 2023.

In terms of fundraising, we will continue to explore innovative approaches for income generation as well as grow the current fundraising model to ensure income sustainability. This work will run parallel to the ongoing events, campaigns, public, philanthropic, and corporate fundraising activities.

In terms of communications, we will launch our new website and seek out ways to raise our profile. We also aim to revisit our brand as well as carry out a review of our communications function.



**A message of thanks to our amazing volunteers**

We are people focused. Whether it's our improving our services or supporting our staff, we strive to ensure we provide high quality and loving care by building services around people and by ensuring the personal touch is at the heart of what we do.

As we celebrate 30 years of volunteering, it's important that we offer a special message of thanks to our amazing patient service, bereavement, and fundraising volunteers.

Working alongside our staff, we are honoured to be supported by hundreds of volunteers who generously give their time and energy to help us create a special experience for residents, patients, and their families.

Thank you for your service and we look forward to many more years of working together to support locally people.



# ALICE'S STORY

## Patient (and volunteer)

*'A light that keeps shining'*

**Alice Mack, a lifelong hospice volunteer, became a patient. One of her final hopes is that people will make a gift to support the work, and the wonderful people that changed her life. Alice shared her story to help inspire supporters to donate to our Light Up A Life campaign. Here's Alice's story:**

When I was young, I was always ill. As a child I spent months in Peamount Hospital, missed a lot of school. I didn't even do a primary certificate.

Not having been educated, I always felt a bit shy. But somehow, 16 years ago, I decided to volunteer at Our Lady's Hospice & Care Services in Harold's Cross. I'm not sure why I did – but it was one of the best decisions of my life.

I met such lovely people and started to come out of myself. We'd sit with the patients, help the fundraising team with lots of different jobs and preparing for events. After work, the six of us volunteers would go down to the canteen and some days we'd stay for hours.

It was so enriching and enjoyable. We worked on Tuesdays, and everyone called us "the Tuesday girls." To this day, we still go out together.



I have such great memories of the hospice. The staff are brilliant. There's such a feeling of warmth and family. People look after each other, can't do enough for each other. It's always been like that. My friend was in hospice and just passed away recently. Her husband rang me, just

wanting to talk about how wonderful the Hospice had been for her. She was so well cared for in her final days, and that meant so much to him. He said to me, "It's just unbelievable, Alice."

All these years working here, I never thought I'd see the day that I became a patient. The doctors found pancreatic cancer and spots on my lungs. I'm too weak for chemo, so there's nothing that can be done. It's scary, the unknown. But I also have seen what extraordinary care is offered

here, which gives me so much comfort.

As much as I can these days, I'm looking for the bright moments, the celebrations. That's why Light Up A Life is such a remarkable event. It's so lovely and positive. You can really celebrate life. Thousands of people assembling, everyone with their own feelings, all doing the same thing. I hope I'll be remembered in that way too.

*Alice*



# 4

## SECTION 4: OUR STRUCTURE, GOVERNANCE AND MANAGEMENT

# OUR STRUCTURE, GOVERNANCE AND MANAGEMENT

## 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).

Established in 1879 by the Religious Sisters of Charity, we are Ireland's largest hospice, and we provide 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. In 2020 a third site – Wicklow Hospice came under the governance of OLH&CS.

## Board of Directors

OLH&CS is governed by an independent Board of Directors who serve in a voluntary capacity and meet at least six 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. They 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

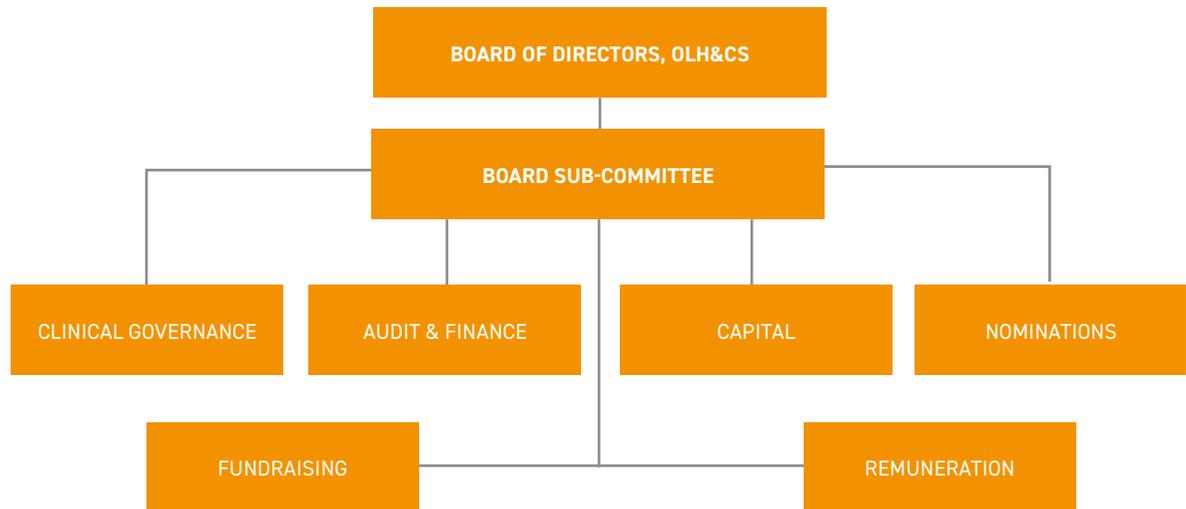
Providing effective leadership of the Hospice within a framework of prudent and effective controls.

#### Strategic Direction

Setting the strategic direction of the Hospice, considering 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).



### Our Directors and Company Secretary

Lorcan Birthistle was appointed as Chair of the Board of Directors in 2021. Helen Nolan is the 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.

#### Mr Lorcan Birthistle Chairman of the Board

Mr Birthistle is retired following 40 years service in the Irish public healthcare system, including 20 years as a hospital Chief Executive. Prior to his retirement he served as Chief Executive of St. James's Hospital, Ireland's largest acute teaching hospital. He 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.

#### Ms Cathy Maguire

Ms 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 several text

books on employment and trade union law and lectures in trade union law in the King's Inns and Law Society. Board meetings 2020 The Board scheduled eight meetings in 2020, in addition to the Annual General Meeting, held on 20th June.

#### Dr Terry McWade

Dr 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 an MBA (INSEAD), MSC (Healthcare Ethics and Law), and Diploma in Corporate Governance (UCD). He is an IOD Chartered Director.

#### Ms Helen Nolan

Ms 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.

**Mr Sean Dorgan**

Mr 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.

**Mr Eugene Murray**

Mr 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**

Ms 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 architecture and design, and she is an advocate for

excellence in the built environment.

**Pat Costello**

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

**Mr Vincent Barton**

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

Prior to joining Prospectus in 2001 Vincent worked in the Department of Health and Children for two decades. Formerly a Board member of St James' Hospital, the Coombe Women's and Children's Hospital and the Tallaght Hospital Development Board.

He is a graduate of Trinity College, Dublin and of the Ecole Nationale d'Administration, Paris.

### **Ms Hilary Coates**

Ms Coates joined Bank of Ireland as Head of Health and Life Sciences in 2014 where she is responsible for the continuing development of the Bank's growth strategy in the Health and Life Sciences sector. With her specialist knowledge and experience in clinical and corporate governance of health and social care organisations including nursing homes, pharmacies and hospitals, Hilary has in depth understanding of the complexities and realities of healthcare and the insight required to support healthcare businesses to anticipate, adapt and thrive.

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

### **Mr Dermot Ryan**

Mr Ryan is a senior civil and public servant with significant experience in a wide variety of roles. He is currently the Assistant Secretary General, Dept. of Children, Equality, Disability, Integration and Youth (DCEDIY).

He has experience in the areas of working effectively at the highest levels with boards, senior officials, Cabinet Sub-Committees, private sector leaders and public representatives of all parties over many years; a wide experience in the development and implementation of

corporate governance and risk assessment measures; proven expertise in the areas of financial control, budgetary reporting, audit and risk and control; a strong record in delivering on all aspects of strategy, policy and legislation through formulation, drafting and implementation/enactment.

Mr. Ryan has held Board membership on The National Council for Special Education, working on the following Board Committees Finance; Strategy. He has also held Board Membership of The Middletown Centre for Autism (established under North-South Agreement), serving on both the Finance and Audit/Risk Committees.

### **Board Meetings 2022**

In addition to the Annual General Meeting on 26 September 2022, the Board scheduled seven meetings in 2022. The table below shows attendance at Board meetings during the year:

### **Directors Recruitment and Training**

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

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

**Board Sub-Committees**

To support its governance activities the Board has established several 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:

**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. In addition, 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:

- CEO - Audrey Houlihan
- Head of Finance - Deirdre Saul
- Director of Nursing, Quality & Clinical Services - Mary Flanagan
- Medical Director - Dr Lucy Balding
- Capital Developments Manager & Head of Non-Clinical Services - Tommy Beatty

NAME	APPOINTED	RETIRING	ELIGIBLE FOR APPOINTMENT	BOARD ATTENDANCE 2022
Lorcan Birthistle	2019	2024	Yes	7/7
Helen Nolan	2017	2023	Yes	7/7
Cathy Maguire	2020	2026	Yes	5/7
Terry McWade	2017	2023	Yes	7/7
Sean Dorgan	2017	2023	Yes	6/7
Eugene Murray	2017	2023	Yes	6/7
Carole Pollard	2018	2023	Yes	5/7
Pat Costello	2018	2023	Yes	6/7
Philip Wiehe	2019	2024	Yes	5/7
Vincent Barton	2021	2026	Yes	6/7
Hilary Coates	2021	2026	Yes	6/7
Dermot Ryan	2021	2026	Yes	3/7

- Head of HR - Carol Barr
- 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. We subscribe to the following:

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

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

The Board of Directors is committed fulfilling good practice obligations including compliance with the Charity Regulator's "Governance Code"

and "Guidelines for Charitable Organisations on Fundraising from the Public" as well as preparing our financial statements in line with Charities SORP (Statement of Recommended Practice). OLH&CS was awarded 'Triple Lock' status by the Charities Institute Ireland, demonstrating its commitment to best practice in all aspects of transparent reporting, ethical fundraising, and good governance.

### 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. We also maintain a Conflict-of-Interest Register pertaining to both Directors and the Senior Management Team.

At OLH&CS Board meetings, conflicts of interest / loyalties are declared, if applicable, at the start of each meeting and a register is maintained. 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.

COMMITTEE	NO. OF MEETINGS IN 2022	CHAired BY BOARD DIRECTOR
Audit and Finance	4	Helen Nolan Chair (4) Pat Costello (4) Hilary Coates (4) Aisling Fitzgerald (4) OLH&CS Staff
Clinical Governance	3	Eugene Murray, Chair (3) Aidan Mahony (3) Pauline Newham (2) Anne-Marie Powell (3) Mary Connolly (AON) (3) OLH&CS Staff
Capital	5	Carole Pollard, Chair (5) Sean Benton (5) OLH&CS Staff
Nominations	2	Lorcan Birthistle, Chair (2) All Board of Directors are members
Remuneration	2	Sean Dorgan, Chair (2) Ian Maguire

Board documents that relate to any dealings with the above interests are not 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 2021.

### **Protected Disclosures**

There were no protected disclosures made to OLH&CS in 2022.

### **Risk management and internal control**

Risk management is a collective responsibility for the whole organisation. Fundamental to successfully risk management, is the need to encourage collective responsibility across an organisation. As many risks are best managed and mitigated by the relevant individuals in all parts of the organisation, we provided a Risk Register refresher training to all staff to ensure that they use best practice and maintain and update their local risk register.

This important activity informs the corporate risk register which is reviewed by the Board at every board meeting. The Board is responsible for setting and monitoring the risk appetite for OLH&CS and risk management is factored into our operational planning, performance management, audit, and monitoring.

The Board takes a three-line approach to internal control at OLH&CS. The first line is represented by 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.

We 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 the 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**

We have 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 2022, OLH&CS underwent several internal audits, as follows:

- Cyber Security
- Directors Compliance Statement
- Fundraising Review
- Key Internal Financial Controls.

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

### **Lobbying and Political Contributions**

There were no political contributions in 2022, and as a result no disclosures are required under the Electoral Act, 1997. As required under the Regulation of Lobbying Act 2015, OLH&CS records all lobbying activity and communications engaged in with Designated Public Officials (DPOs). OLH&CS has made returns and submissions as required by the Act.

### **Principal risks and uncertainties**

The directors, in conjunction with the senior management team, follow a process to manage the risks to which the company is exposed. They

particularly concern themselves with operational and financial risks.

They are satisfied that appropriate systems are in place to mitigate against these risks, and limit exposure. Risks are identified and ranked in terms of potential impact, as well as the company's risk control measures.

Major risks are those which may have an impact on operational performance, financial sustainability, achievement of aims and objectives and meeting expectations of our patients, funders, and supporters.

The principal risks and uncertainties 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.
  - 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 to maintain the same levels of quality and service.
- General Data Protection Regulation: Our Lady's Hospice & Care Services continue to implement GDPR regulations to achieve compliance. Risk assessments and risk minimization actions are put in place to minimize 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 on page 123.

- **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 to reduce the likelihood and severity of potential incidents. There are several 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.







## OUR DATA PROTECTION

### Patricia Pierce

Data Protection Lead

(Data Protection Officer: Ambit Compliance)

OLH&CS works to enhance data protection and GDPR compliance in a steady and systematic way. We aim to ensure appropriate response times for issues as they arise, as well as implementing a structured work plan to improve compliance with statutory obligations and to manage data protection in line with best practice.

The Voluntary Hospice Group has established a Data Protection Leads Forum, facilitated by Ambit Compliance, DPO to the group. This enhances the process of regular engagement, providing a responsive service where unforeseen data protection issues arise or where bespoke advice and assistance is required. Our Lady's Hospice & Care Services is also a member of the Voluntary Healthcare Risk Management Forum (VHARMF) Data Protection Group, which discussed common healthcare issues around Data Protection, and develops document templates to ensure compliance for healthcare organisations.

Ambit Compliance, DPO, conducted a thorough audit of the Harold's Cross campus during the year, and found that awareness and knowledge around Data Protection was strong amongst staff, and compliance and data security were robust.

Ambit Compliance have provided invaluable support throughout the year in ensuring the highest levels of compliance are applied throughout the organisation. Their prompt response times to queries and expertise provides reassurance, along with their regular reports to the CEO and Board of Directors.

#### **In 2022:**

There were 4 Subject Access Requests in 2022, indicating that most requests continue to be made under the Freedom of Information Act (8 in total in 2022).

The number of breaches reported to the DP Lead totalled 7, and, following evaluation of the level of the breaches, 1 was reported to the DPC.

## DIRECTORS AND OTHER INFORMATION

### **Board of Directors**

Mr Lorcan Birthistle  
Dr Terry McWade  
Ms Helen Nolan  
Mr Sean Dorgan  
Mr Eugene Murray  
Ms Carole Pollard  
Mr Pat Costello  
Dr Philip Wiehe  
Ms Cathy Maquire  
Mr Vincent Barton  
Ms Hilary Coates  
Mr Dermot Ryan

### **Chairperson**

Mr Lorcan Birthistle

### **Chief Executive Officer**

Ms Audrey Houlihan

### **Registered Office**

Our Lady's Hospice & Care Services  
Harold's Cross Rd  
Harold's Cross  
Dublin  
D6W RY72

### **Independent Auditors**

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

### **Principal Bankers**

Bank of Ireland  
1 Rathfarnham Road  
Terenure  
Dublin 6

### **Solicitors**

Woodcock Solicitors  
16 Clanwilliam Terrace  
Grand Canal Quay  
Dublin 2

### **Registration Numbers**

Charity Tax Number: CHY 1144  
Charity Registration Number: 20001827  
Company Registration Number: 352404





# 5

## SECTION 5: OUR FINANCIAL STATEMENTS AND ACCOUNTS

# OUR FINANCIAL STATEMENTS

## Deirdre Saul

Director of Finance

In alignment with Strategic Objective 3, the Finance Department’s key priority is to update high level information reporting and detail variance as well as highlight exceptions to all governance oversight forum. This work includes developing action plans to address variations and non-achievement of KPIs and any budget exceptions, as well as review the committee / reporting structure to ensure there is adequate oversight of the performance and compliance of the organisation.

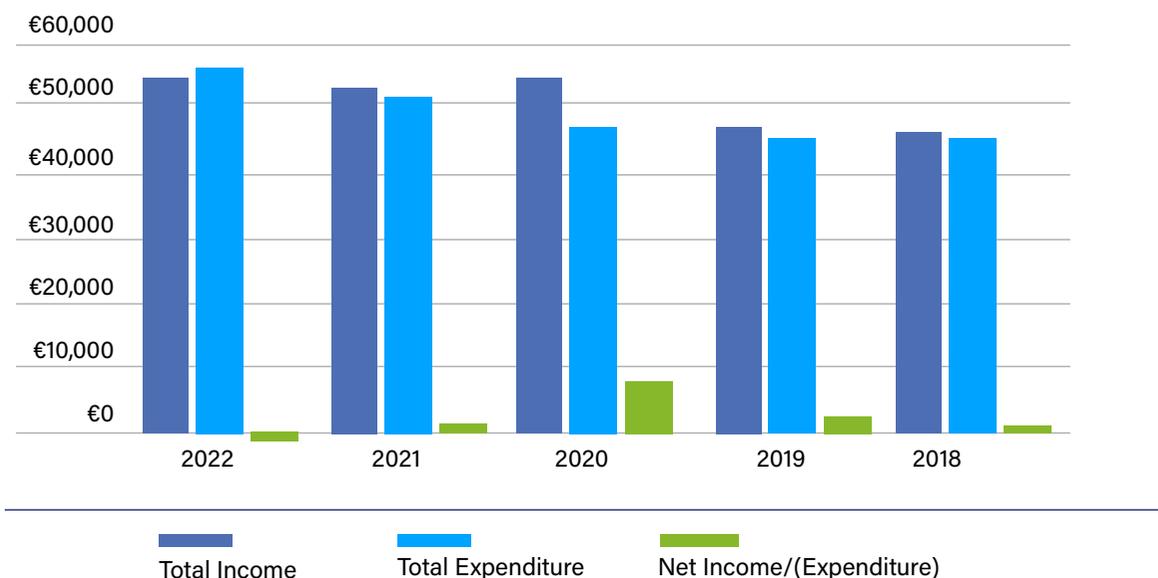
We are honoured to outline our financial statement for 2022 as well as share our accounts in this section of our annual report.

### Our 2022 Financial Statement:

The directors are satisfied with the results for the financial year. OLH&CS recorded an overall loss of €1,462,211 in the year to 31<sup>st</sup> December 2022, compared to a surplus of €938,695 in the previous year. This decrease on the previous year is largely attributable to the funds received from the Immigration Investment scheme funding in 2021. Separately, the company received Health Service Executive (HSE) capital grant income of €900k to repay the loan taken out to finance the Wicklow Hospice.

In 2022, there was an increase of over €5m in income from charitable activities but there was also a corresponding €5m increase in expenses from charitable activities. The company received additional funding from the HSE of €1.3m for Covid costs which funded the Covid expenses in 2022, of which over €500,000

### Financial History, in €'000



related to the pandemic payment to all employees. The HSE also funded the four national pay agreements that were implemented during 2022. The CRU services have continued to provide a seven-day service, having moved to a five day in 2021. The RMDU funding model changed in 2021. In addition, health insurance income rose slightly but we are still suffering a large decrease on pre-pandemic levels. Furthermore, the refurbishment project for the Blackrock Hospice was underway in 2022, with a capital spend during 2022 of €5.2m. The refurbishment project will be completed in early 2023.

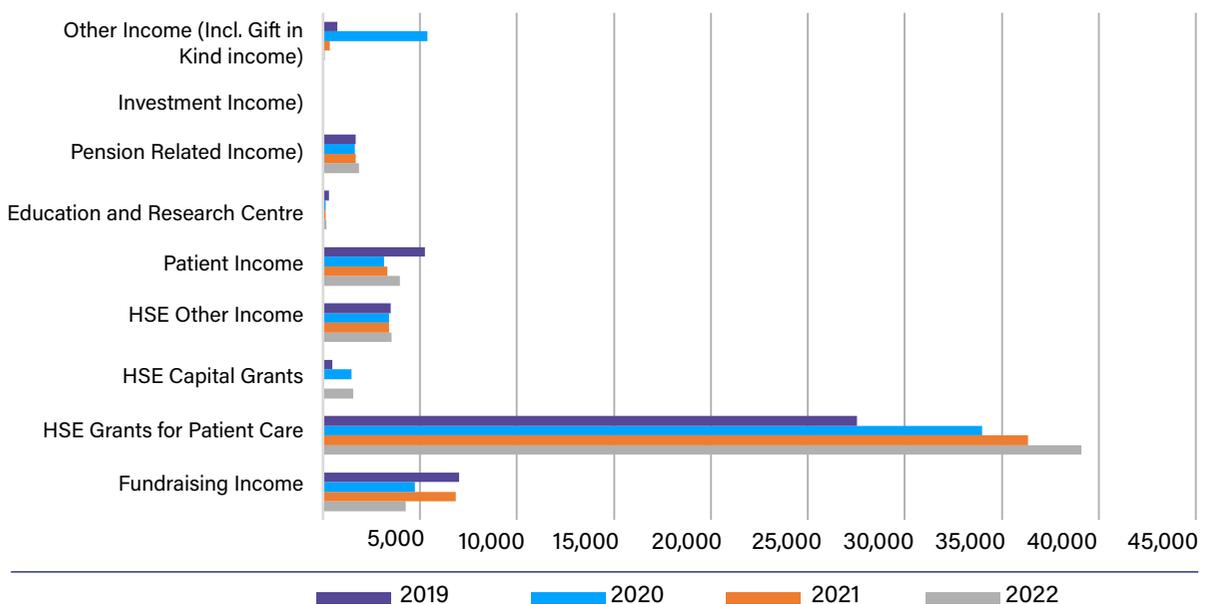
The Statement of Financial Assets highlights the results between restricted and unrestricted activities. Restricted activities relate to all HSE-funded healthcare activities along with restricted income and expenditure from the public in line with donor wishes.

Fundraising activities generated income of €4,252,312 (down from €6,862,852 in 2021 or 38% fall. A more comparable figure is 2020 with fundraising income of €4,751,401 in 2020). This was because of receiving Irish Naturalisation & Immigration Service (INIS) funding in 2021. Of the total fundraising expenditure, €1.5m was paid in respect of pay and non-pay expenditure for healthcare activities to maintain the same level of care and services to patients as previous years.

As mentioned last year, the Wicklow Hospice was fully operational in 2021 at a cost of €3.8m funded by the HSE. We secured HSE Capital funding for the Wicklow loan for €620,000 for which we received in 2022.

The company had €9m of cash in the bank (excluding the third-party funds) at the financial year end of which none are related to investment cash. These cash

### Income split, in €'000



balances together with the investment portfolio are available for the future development of the healthcare facilities in line with our master development plan and for maintaining the level of services at the current levels for the foreseeable future (at least twelve months).

- HSE grants for patient care increased in line with pay restoration agreements for 2022 along with Covid funding for pay, the pandemic payment and non-pay costs (Harold's Cross, Blackrock, and Wicklow).
- Funding pressures remains a challenge with HSE funded activities, especially in relation to private health insurance income. This has improved marginally on 2021 but is still almost €1.3m below pre pandemic levels. This is coupled with the increased demand for the company's services.
- 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 decrease in donations of 32% or €1.6m from the previous year. This was due

to a large once off funding source in 2021. A more comparable figure is against 2021 with a decrease of 10% or €500,000 while legacy income seen a 25% decrease with 2021.

### Income Analysis

#### Expenditure

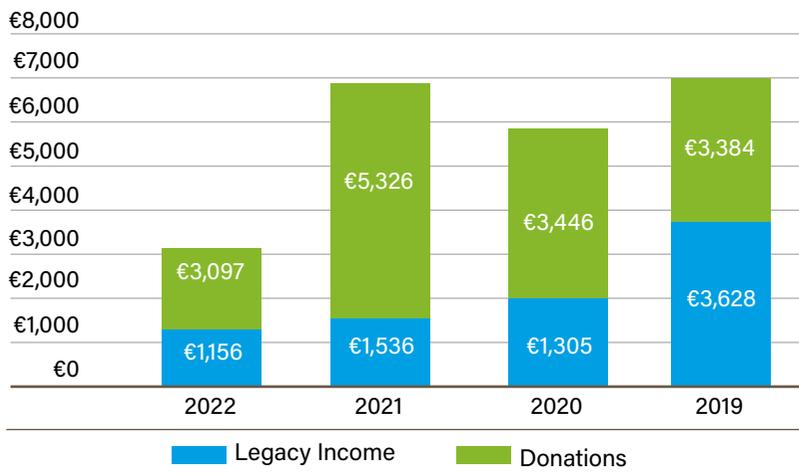
- Fundraising costs for 2022 remained at 1.5m, and increased from 16% to 35% of the income raised from legacies and donations.
- Expenditure on charitable activities for the year was €54.1m being an increase from 2021 of €49.2m.
- With a small change from 2021, payroll costs accounted for 78% of total expenditure with non-Pay expenditure at 22%.

#### Staff Numbers and Costs

There was an average of 597 whole time equivalents employed during the year. Total payroll costs were €43.7m for the year. The gross pay of the CEO for the year was €130,873.

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

### Fundraising Income Split, in €'000



	2022 NO.	2021 NO.
€60,000 - €69,999	80	97
€70,000 - €79,999	71	30
€80,000 - €89,999	57	8
€90,000 - €99,999	13	3
€100,000 - €109,999	5	0
€110,000 - €119,999	3	1
€120,000 - €129,999	0	1
€130,000 - €139,999	1	0
€140,000 - €149,999	1	
€150,000 - €159,999	1	2
€160,000 - €169,999	0	0
€170,000 - €179,999	0	1
€180,000 - €189,999	0	1
€190,000 - €199,999	1	0
€200,000 - €209,999	1	0
€210,000 - €219,999	0	1
€220,000 - €229,999	0	0
€230,000 - €239,999	1	1
€240,000 - €249,999	1	0
€250,000 - €259,999	0	0
€260,000 - €269,999	0	1
€270,000 - €279,999	1	0
€280,000 - €289,999	1	0

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

	Total 2022	Total 2021
Share capital and premium	38,638,788	38,638,788
Restricted capital funds - HSE related	18,670,334	19,594,589
Restricted capital funds - Donor related	6,420,436	6,159,578
Restricted funds - HSE related	(125,223)	1,067,300
Restricted funds - Donor related	-	176,287
Unrestricted funds - OLH&CS	32,869,758	32,299,759
<b>Total funds at end of financial year</b>	<b>96,474,092</b>	<b>97,936,303</b>

### Principal risks and uncertainties

Details are noted in the Governance Structure and Management Report on pages 96-98.



## OUR ACCOUNTS

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## OUR LADY'S HOSPICE &amp; CARE SERVICES

STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

	Notes	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
		€	€	€	€	€	€
		2022	2022	2022	2021	2021	2021
<b>INCOME FROM</b>							
Donations and legacies	4	3,466,777	785,535	4,252,312	4,174,058	2,688,794	6,862,852
Charitable activities	5	207,072	50,020,036	50,227,108	180,083	44,751,813	44,931,896
Investment income	6	-	-	-	16,222	-	16,222
Other trading activities	7	438,156	-	438,156	292,734	-	292,734
<b>TOTAL INCOME</b>		<b>4,122,005</b>	<b>50,805,571</b>	<b>54,917,576</b>	<b>4,663,097</b>	<b>47,440,607</b>	<b>52,103,704</b>
<b>EXPENDITURE ON</b>							
Raising funds	8	2,018,308	282,437	2,300,745	1,554,626	391,091	1,945,717
Charitable activities	9	3,722,751	50,364,121	54,086,872	3,679,253	45,549,313	49,228,566
<b>TOTAL EXPENDITURE</b>		<b>5,741,059</b>	<b>50,646,558</b>	<b>56,387,617</b>	<b>5,233,879</b>	<b>45,940,404</b>	<b>51,174,283</b>
<b>Net (expenditure)/ income before other recognised gain/(loss)</b>		<b>(1,629,054)</b>	<b>159,013</b>	<b>(1,470,041)</b>	<b>(570,782)</b>	<b>1,500,203</b>	<b>929,421</b>
Gain/(loss) on financial assets at fair value	11	7,830	-	7,830	9,274	-	9,274
<b>Net (expenditure)/ income before taxation</b>	11	<b>(1,621,224)</b>	<b>159,013</b>	<b>(1,462,211)</b>	<b>(561,508)</b>	<b>1,500,203</b>	<b>938,695</b>
Taxation	13	-	-	-	-	-	-
<b>NET (EXPENDITURE)/ INCOME</b>		<b>(1,621,224)</b>	<b>159,013</b>	<b>(1,462,211)</b>	<b>(561,508)</b>	<b>1,500,203</b>	<b>938,695</b>
Transfer between funds	14	2,191,222	(2,191,222)	-	-	-	-
Total funds at beginning of financial year		<b>32,299,759</b>	<b>26,997,756</b>	<b>59,297,515</b>	<b>32,861,267</b>	<b>25,497,553</b>	<b>58,358,820</b>
Total funds at end of financial year		<b>32,869,757</b>	<b>24,965,547</b>	<b>57,835,304</b>	<b>32,299,759</b>	<b>26,997,756</b>	<b>59,297,515</b>

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

## OUR LADY'S HOSPICE &amp; CARE SERVICES

**BALANCE SHEET  
AS AT 31 DECEMBER 2022**

	Notes	2022 €	2021 €
<b>Fixed assets</b>			
Tangible assets	16	88,369,430	85,784,184
Financial assets	17	167,972	170,985
		<u>88,537,402</u>	<u>85,955,169</u>
<b>Current assets</b>			
Stocks	18	515,947	524,135
Debtors: amounts falling due within one year	19	6,138,264	7,088,128
Investment	20	-	26,220
Cash at bank and on hand	21	9,080,955	14,731,264
		<u>15,735,166</u>	<u>22,369,747</u>
<b>Creditors:</b> (amounts falling due within one year)	22	<u>(7,313,768)</u>	<u>(8,024,735)</u>
<b>Net current assets</b>		<u>8,421,398</u>	<u>14,345,012</u>
<b>Total assets less current liabilities</b>		<u>96,958,800</u>	<u>100,300,181</u>
<b>Creditors:</b> (amounts falling due after more than one year)	23	<u>(484,708)</u>	<u>(2,363,878)</u>
<b>NET ASSETS</b>		<u>96,474,092</u>	<u>97,936,303</u>
<b>Capital and charity funds</b>			
Called up share capital	24	2	2
Share premium	24	38,638,786	38,638,786
Restricted capital funds	29	25,090,770	25,754,169
Restricted funds	29	(125,223)	1,243,587
Unrestricted funds	29	32,869,757	32,299,759
<b>CHARITY FUNDS</b>		<u>96,474,092</u>	<u>97,936,303</u>

The financial statements were approved and authorised for issue by the Board of directors on .....  
and signed on its behalf by:

\_\_\_\_\_  
**Lorcan BIRTHISTLE**  
Director

\_\_\_\_\_  
**Helen Nolan**  
Director

## OUR LADY'S HOSPICE &amp; CARE SERVICES

STATEMENT OF CASH FLOWS  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

	Notes	2022 €	2021 €
<b>Net cash inflow from operating activities</b>	25	<b>1,403,934</b>	5,413,717
<b>Cash flows from investing activities</b>			
Interest paid		(35,272)	(134,364)
Payments to acquire tangible fixed assets		(5,200,967)	(1,000,384)
Proceeds from sale of fixed assets		-	137,599
Proceeds on disposal of financial assets		-	24,737
Disposal of investment		37,063	206,853
<b>Net cash flows from investing activities</b>		<b>(5,199,176)</b>	(765,559)
<b>Cash flows from financing activities</b>			
Bank loan repaid		(1,855,067)	(252,252)
Net cash flows from financing activities		(1,855,067)	(252,252)
<b>Net (decrease)/increase in cash and cash equivalents</b>		<b>(5,650,309)</b>	4,395,906
<b>Cash and cash equivalents at beginning of financial year</b>		<b>14,731,264</b>	10,335,358
<b>Cash and cash equivalents at end of financial year</b>		<b>9,080,955</b>	14,731,264
<b>Reconciliation to cash and cash equivalents</b>			
Cash at bank and in hand		9,080,955	14,731,264
<b>Analysis of changes in net debt</b>			
	At 1/1/2022	Cashflows	At 31/12/2022
	€	€	€
<b>Cash and Cash Equivalents</b>			
Cash (company funds)	14,542,862	(5,586,394)	8,956,468
Funds held on behalf of 3 <sup>rd</sup> party funds	188,402	(63,915)	124,487
	14,731,264	(5,650,309)	9,080,955
<b>Borrowings</b>			
Debt due within one year	(251,955)	(83,133)	(335,068)
Debt due after one year	(2,363,878)	1,879,170	(484,708)
	(2,615,833)	1,796,057	(819,776)
<b>Total</b>	<b>12,115,431</b>	<b>(3,854,252)</b>	<b>8,261,179</b>

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**1. ACCOUNTING POLICIES**

The significant accounting policies adopted by the company are set out below. These policies have been consistently applied to all financial years presented unless otherwise stated.

**General Information and Basis of Financial Statements Presentation**

Our Lady's Hospice & Care Services is a company incorporated in Ireland under the Companies Act 2014. The company number is 352404 and the address of the registered office is Harold's Cross, Dublin 6W.

The objectives of the company are charitable in nature and it has been granted charitable tax exemption by the Revenue Commissioners (Charity number CHY1144) and is registered with the Charities Regulatory Authority (CRA number 20001827). The company's operations and its principal activities are set out in the directors' report on pages 3 to 14.

In accordance with Section 1180(8) of the Companies Act, 2014, the company is exempt from including the word "Limited" in its name. The company is a designated activity company limited by shares (DAC) under Part 16 of the Companies Act 2014.

The company has adopted and reported its performance in accordance with the format provided for in the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" as published by the Charity Commission for England and Wales.

The Charity Commission for England and Wales, is recognised by the UK accounting Standards Board (ASB) as the appropriate body to issue SORP's for the charity sector in the UK, and the SORP has heretofore been recognised as best practice for financial reporting by Charities in Ireland.

The financial statements have been prepared in accordance with the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

**Basis of Accounting**

The financial statements have been prepared under the historical cost convention, modified to include certain items at fair value, and in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued by the Financial Reporting Council and the Companies Act 2014. The financial statements are presented in euro.

The financial statements are prepared on a going concern basis of accounting in preparing these financial statements, as detailed further in note 2.

**Tangible Fixed Assets and Depreciation**

Tangible fixed assets are carried at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price, costs directly attributable to bringing the asset to the location and condition necessary for its intended use, applicable dismantling, removal and restoration costs. Tangible fixed assets where the cost is less than €7,000 are expensed, and less than €2,000 for computer equipment.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**
**1. ACCOUNTING POLICIES (CONTINUED)****Tangible Fixed Assets and Depreciation (Continued)**

Land and buildings include freehold properties. Land and buildings are carried at cost. Fixtures and fittings and motor vehicles are carried at cost less accumulated depreciation and accumulated impairment losses.

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

Donated assets are recognised as tangible fixed assets when their fair value exceeds the above mentioned thresholds. Donated assets held as tangible fixed assets are subject to depreciation except in cases where they are held for resale and not used in the period in which case they are not depreciated.

Land is not depreciated. Assets under construction are not depreciated until they are available for use. Depreciation on other tangible assets is provided at rates calculated to write off the cost of the assets over their estimated useful lives. The rates and methods of depreciation are as follows:

Building	2%	straight line
Fixtures and equipment	15%	straight line
Motor Vehicles	20%	straight line
Computer equipment	33%	straight line

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

Repairs and maintenance costs are expensed as incurred.

**Impairment of Assets**

Assets, other than those measured at fair value, are assessed for indicators of impairment at each balance sheet date. If there is objective evidence of impairment, an impairment loss is recognised in the Statement of Financial Activities as described below.

*Non-financial assets*

An asset is impaired where there is objective evidence that, as a result of one or more events that occurred after initial recognition, the estimated recoverable value of the asset has been reduced to below its carrying amount. The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use.

Where indicators exist for a decrease in impairment loss, the prior impairment loss is tested to determine reversal. An impairment loss is reversed on an individual impaired asset to the extent that the revised recoverable value does not lead to a revised carrying amount higher than the carrying value had no impairment been recognised.

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**1. ACCOUNTING POLICIES (CONTINUED)****Pensions**

The company operates a defined benefits pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme. The scheme is administered, funded and underwritten by the Department of Health. The company acts as agents in the operation of the scheme and does not make any contributions to the scheme.

Contributions are received from eligible employees only. In accordance with the service plan agreed with the HSE and the Department of Health, pension contributions received may be offset against pension payments made and the surplus or deficit each financial year forms part of the funding for the company. The directors consider that the company has no responsibility for any liability that falls due as a result of any ultimate under funding of the scheme.

Contributions received are credited to the Statement of Income and Retained Earnings as they are received. Payments made under the scheme are charged to the Statement of Income and Retained Earnings as they fall due. Refunds of Contributions are charged to the Statement of Income and Retained Earnings when notification is received from the Department of Health to make a payment to an employee who is leaving the scheme.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1<sup>st</sup> January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

Certain company employees are members of a defined contribution pension scheme and the assets of the scheme are held separately from those of the company. The annual contributions payable are charged to the Statement of Financial Activities.

**Stocks**

Stocks are stated at the lower of cost and estimated selling price less costs to sell, which is equivalent to the net realisable value. Cost is determined by reference to invoice price including charges such as freight and duty as appropriate. Cost is calculated using the FIFO (first-in, first-out) method. Provision is made for obsolete, slow-moving or defective items where appropriate.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022****1. ACCOUNTING POLICIES (CONTINUED)****Foreign Currencies**

The functional and presentational currency of the company is considered to be Euro because that is the currency of the primary economic environment in which the company operates.

Transactions in foreign currencies are recorded at the rate ruling at the date of the transactions. The resulting monetary assets and liabilities are translated at the balance sheet rate and the exchange differences are dealt with in the Statement of Financial Activities.

**Income - Donations and legacies, charitable activities (HSE and other grants), investment and other trading activities**

Income is the amount derived from the provision of services. Turnover comprises income from patients (directly and from Private Health Insurers), income from fundraising activities and events, income from the hire of facilities and other income.

- (i) Income from voluntary donations is recognised when received. As with many similar charitable organisations, independent groups from time to time organise fundraising activities and may operate bank accounts in the name of Our Lady's Hospice & Care Services. However, as amounts collected in this way are outside the control of the company, they are not included in the financial statements until received by Our Lady's Hospice & Care Services.
- (ii) Proceeds from the sale of donated goods are recognised in the financial statements in the period in which they are realised. Volunteer time is not included in the financial statements.
- (iii) Grants from the HSE, government and other agencies have been included as income from activities in furtherance of the charity's objects and accounted for on a receivable basis. Revenue grants received and receivable from the HSE are accounted for on the basis of the allocated amount notified by the HSE for that financial year. Capital grants received are recognised as income in the financial year and the depreciation on the related capital asset is charged against the restricted capital fund.
- (iv) Legacies are included when the company is entitled to the legacy, the amount can be measured and it is probable that the company will receive.
- (v) Donations in kind may take the form of property provided to the company free of charge. Where title has transferred and valuation can be measured with reasonable certainty, donations in kind are recognised in full as income in the year of receipt. Donations in kind are valued based on a professional valuation. If such a valuation is not available, reasonable prevailing market values are used.
- (vi) Investment income is recognised on a receivable basis.
- (vii) Patient income comprises income from patients directly and from Private Health Insurers (PHIs) and is recognised on a receivable basis.
- (viii) Other trading activities income comprises income from canteen, shop, coffee shop, rental and educational income is recognised on a receivable basis.

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**1. ACCOUNTING POLICIES (CONTINUED)****Expenditure**

Charitable activities comprise expenditure incurred by the activities in the Harold's Cross and Blackrock Hospices as well as support costs incurred at headquarters that are directly related to the implementation of charities activities. Expenditure is recognised in the period to which it relates. Expenditure incurred but unpaid at the balance sheet date is included in accruals and other creditors. Expenditure on raising funds comprise all expenditure incurred by Our Lady's Hospice & Care Services on raising funds for the company's charitable activities.

Support costs are those functions that assist the work of the company but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the company's healthcare activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 10.

**Funds Accounting**

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

**Financial instruments**

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the instrument.

Financial liabilities are classified according to the substance of the contractual arrangements entered into.

*(i) Financial assets and liabilities*

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

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. These financial assets are subsequently measured at fair value and the changes in fair value are recognised in the Statement of Comprehensive Income, except that investments in equity instruments that are not publicly traded and whose fair values cannot be measured reliably are subsequently measured at cost less impairment.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**1. ACCOUNTING POLICIES (CONTINUED)****Financial instruments (Continued)***(i) Financial assets and liabilities (Continued)*

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

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

Financial assets and liabilities are only offset in the balance sheet when and only when there exists a legally enforceable right to set off the recognised amounts and the company intends either to settle on a net basis, or to realise the assets and settle the liability simultaneously.

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

**Taxation**

The company has been granted charitable tax exempt status by the Revenue Commissioners under CHY number 1144 and therefore no provision for Corporation tax is required.

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**2. GOING CONCERN**

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 Health Service Executive (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 2023. The HSE has indicated that funding will be increased in 2023 compared to 2022, taking into account national pay agreements and inflationary pressures.

During 2022 Ireland continued to be impacted by the Covid pandemic. The directors have again considered the COVID impact on the company, and they recognise that there is still a risk that fundraising activities may continue to be disrupted or curtailed by the ongoing impact of the pandemic.

While our organisation has shown great resilience in terms of our fundraising ability over the last 26 months or so since the first closures arising from Covid 19, we continue to operate in a challenging fundraising environment. Our fundraising income held up very well during 2022, and while we continue to be conservative in our estimates of fundraising income for 2023 and 2024, the return of in-person events and activities, will assist in securing increased income. We are also conscious that other world events and fundraising campaigns around for example the Ukraine crises may impact on our donor pool.

Funding pressures and breaking even on HSE funded activities remain a concern, especially in relation to reduced private health insurance income which improved marginally on 2022 but is still almost €1.8m below pre pandemic levels. 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 &amp; CARE SERVICES

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022****3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY**

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

Information about critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the accounting policies and the notes to the financial statements.

**(a) Critical judgement in applying the company's accounting policies**

The following judgement, apart from those involving estimates, made by the directors has had significant effect on the amounts recognized in the company's financial statements:

***Pensions***

Certain employees participate in the VHSS operated by the HSE. The VHSS is an unfunded 'pay as you go' scheme underwritten by the Minister for Health and Children. In the judgement of the directors the funds required to pay current pension liabilities, under the VHSS, as they arise will continue to be provided by the Department of Health and Children. Therefore, they believe that it is not necessary for the financial statements to make provision for the net assets/liabilities at the balance sheet date in respect of pension entitlements accrued to that date by the employees of the company, nor the disclosure requirements of the Charities SORP (FRS102). See note 28 for further details.

**(b) Critical accounting estimates and assumptions**

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

**(i) Useful economic lives of tangible fixed assets and residual value**

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

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (CONTINUED)

## (b) Critical accounting estimates and assumptions (continued)

*(ii) Impairment of debtors*

The directors make an assessment at the end of each financial year of whether there is objective evidence that a debtor is impaired. When assessing impairment of debtors and other amounts receivable, the directors consider factors including the age profile of outstanding amounts receivable, recent correspondence and historical experience in cash collectors from debtors.

## 4. DONATIONS AND LEGACIES

	2022	2022	Total	2021	2021	Total
	Unrestricted	Restricted		Unrestricted	Restricted	
	€	€	€	€	€	€
Legacy and						
Bequest Income	898,448	257,317	1,155,765	1,253,037	283,458	1,536,495
Donations	2,568,329	528,218	3,096,547	2,921,021	2,405,336	5,326,357
	<u>3,466,777</u>	<u>785,535</u>	<u>4,252,312</u>	<u>4,174,058</u>	<u>2,688,794</u>	<u>6,862,852</u>

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 5. CHARITABLE ACTIVITIES

	2022 Unrestricted	2022 Restricted	Total	2021 Unrestricted	2021 Restricted	Total
	€	€	€	€	€	€
HSE Respite Bed Income	-	168,101	168,101	-	56,100	56,100
VAT Compensation Scheme	39,233	-	39,233	42,014	-	42,014
HSE Capital Grants (Wickow Hospice, / & Energy grant)		1,575,684	1,575,684	-	-	-
Local Authority Grants		39,434	39,434	-	-	-
HSE Grants for patient Care	-	39,086,222	39,086,222	-	36,334,172	36,334,172
HSE Fair Deal Income	-	3,345,975	3,345,975	-	3,354,131	3,354,131
Patient Income	-	3,947,810	3,947,810	-	3,307,316	3,307,316
Conferences, seminars, research income	167,839	-	167,839	138,069	-	138,069
Superannuation Income	-	986,310	986,310	-	958,510	958,510
Pension Levy Income	-	870,500	870,500	-	741,584	741,584
	<u>207,072</u>	<u>50,020,036</u>	<u>50,227,108</u>	<u>180,083</u>	<u>44,751,813</u>	<u>44,931,896</u>

## 6. INVESTMENT INCOME - UNRESTRICTED

	2022 Unrestricted	2022 Restricted	Total	2021 Unrestricted	2021 Restricted	Total
	€	€	€	€	€	€
Income from financial assets	-	-	-	-	-	-
Interest received	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Profit on sale of investments	-	-	-	16,222	-	16,222
Total Investment Income	<u>-</u>	<u>-</u>	<u>-</u>	<u>16,222</u>	<u>-</u>	<u>16,222</u>

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 7. OTHER TRADING ACTIVITIES

	2022 Unrestricted €	2022 Restricted €	Total €	2021 Unrestricted €	2021 Restricted €	Total €
Other Trading Income	438,156	-	438,156	292,734	-	292,734
	<u>438,156</u>	<u>-</u>	<u>438,156</u>	<u>292,734</u>	<u>-</u>	<u>292,734</u>

## 8. EXPENDITURE ON RAISING FUNDS

	2022 Direct Costs €	Support Costs €	2022 Total €	2021 Direct Costs €	Support Costs €	2021 Total €
Salaries and other fundraising costs	1,496,259	925	1,497,184	1,133,567	909	1,133,567
Bank interest and charges	82,968	-	82,968	125,825	-	125,825
Expenses from trading activity	720,593	-	720,593	683,824	-	683,824
Investment management fees	-	-	-	1,592	-	1,592
<b>Total Cost of Raising Funds</b>	<u>2,299,820</u>	<u>925</u>	<u>2,300,745</u>	<u>1,944,808</u>	<u>909</u>	<u>1,945,717</u>

Funded from:	2022 Unrestricted €	Restricted €	2022 Total €	2021 Unrestricted €	Restricted €	2021 Total €
Fundraising costs	1,580,152	-	1,580,152	1,260,300	-	1,260,300
Expenses from other trading activities	438,156	282,437	720,593	292,734	391,091	683,825
Investment management fees	-	-	-	1,592	-	1,592
<b>Total Cost of Raising Funds</b>	<u>2,018,308</u>	<u>282,437</u>	<u>2,300,745</u>	<u>1,544,626</u>	<u>405,512</u>	<u>1,945,717</u>

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 9. EXPENDITURE ON CHARITABLE ACTIVITIES

	2022	Support	2022	2021	Support	2021
	Direct	Costs	Total	Direct	Costs	Total
	Costs	Costs	Costs	Costs	Costs	Costs
	€	€	€	€	€	€
Palliative Care	27,196,568	1,028,578	28,225,146	22,991,047	809,891	23,800,938
Community						
Rehabilitation Unit, CRU	3,281,530	124,108	3,405,638	3,365,360	120,961	3,486,321
Care of Older People						
in Anna Gaynor House	15,970,301	603,999	16,574,300	15,780,348	714,512	16,494,860
Rheumatic &						
Musculoskeletal						
Disease Unit, RMDU	4,512,731	170,672	4,683,403	4,658,322	232,273	4,890,595
	<u>50,961,130</u>	<u>1,927,357</u>	<u>52,888,487</u>	<u>46,795,077</u>	<u>1,877,637</u>	<u>48,672,714</u>
Bank Interest and						
Charges	11,314	-	11,314	8,539	-	8,539
	<u>50,972,444</u>	<u>1,927,357</u>	<u>52,899,801</u>	<u>46,803,616</u>	<u>1,877,637</u>	<u>48,681,253</u>
Patient Care and						
Services						
Education & Training	1,187,071	-	1,187,071	547,313	-	547,313
	<u>52,159,515</u>	<u>1,927,357</u>	<u>54,086,872</u>	<u>47,350,929</u>	<u>1,877,637</u>	<u>49,228,566</u>

	2022	2022	2021	2021
	Unrestricted	Restricted	Unrestricted	Restricted
	Costs	Costs	Costs	Costs
	€	€	€	€
Funded from:				
Patient Care &	3,028,550	49,871,251	52,899,801	48,681,253
Services				
Education & Training	694,201	492,870	1,187,071	547,313
	<u>3,722,751</u>	<u>50,364,121</u>	<u>54,086,872</u>	<u>49,228,566</u>
Total Charitable				
Expenditure				

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 10. ANALYSIS OF GOVERNANCE AND SUPPORT COSTS

	Charitable Activities			Raising Funds			Basis of Apportionment of Charitable Activities
	General Support	Governance Function	Total	General Support	Governance Function	Total	
2022	€	€	€	€	€	€	
Payroll costs	1,310,111	-	1,310,111	-	-	-	Direct labour costs
General support costs	585,814	-	585,814	-	-	-	Direct labour costs & beds
Audit, legal compliance and regulatory costs	-	31,425	31,425	-	909	909	Beds
<b>Total Support Costs</b>	<b>1,895,925</b>	<b>31,425</b>	<b>1,927,350</b>	<b>-</b>	<b>909</b>	<b>909</b>	
2021							
Payroll costs	1,561,489	-	1,561,489	-	-	-	Direct labour costs
General support costs	284,928	-	284,928	-	-	-	Direct labour costs & beds
Audit, legal compliance and regulatory costs	-	31,221	31,221	-	909	909	Beds
<b>Total Support Costs</b>	<b>1,846,417</b>	<b>31,221</b>	<b>1,877,638</b>	<b>-</b>	<b>909</b>	<b>909</b>	

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

<b>11.</b>	<b>NET (EXPENDITURE)/INCOME BEFORE TAXATION</b>			<b>2022</b>		2021
				€		€
	<b>The net (expenditure)/income before taxation for the financial year has been arrived at after charging / (crediting):</b>					
	Depreciation			<b>2,615,721</b>		2,847,395
	Directors' remuneration			-		-
	Auditors' remuneration			<b>47,500</b>		31,350
	Cost of stock recognised as expense			<b>703,241</b>		723,858
	Gain on sale of investments			-		(16,222)
	(Gain)/loss on fair value movement of financial assets (Note 17)			<b>(7,830)</b>		(9,274)
				=====		=====
	(a) Auditors' remuneration disclosures (net of Vat and outlays):					
	Audit			<b>47,500</b>		31,350
	Other non-audit			-		-
				=====		=====
				<b>47,500</b>		31,350
				=====		=====
	(b) Medical Worker Directors					
	No salaries or fees are payable to the directors of the company for their services as directors.					
<b>12.</b>	<b>INTEREST PAYABLE AND SIMILAR CHARGES</b>					
			<b>Total</b>			<b>Total</b>
	<b>Healthcare</b>	<b>Development</b>	<b>2022</b>	Healthcare	Development	2021
	€	€	€	€	€	€
	On bank loans, overdrafts and other loans wholly repayable within five years					
	<b>(11,314)</b>	<b>(82,968)</b>	<b>(94,282)</b>	(8,539)	(125,825)	(134,364)
	=====	=====	=====	=====	=====	=====
<b>13.</b>	<b>TAXATION</b>					
	As a result of the company's charitable status, no charge to corporation tax arises.					

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 14. TRANSFER BETWEEN FUNDS

The transfer from restricted funds to unrestricted funds of €2.2m is due to the pay down of the bank loan used to fund the Wicklow Hospice built in 2020.

In the prior year there was a transfer of funds of €61,447 from capital restricted fund balances to restricted funds in relation to small expenditure items.

## 15. STAFF NUMBERS AND COSTS

The average number of persons employed by the company during the financial year was as follows:

	<b>2022</b>	2021
	<b>No.</b>	No.
Management and staff (whole time equivalents)	<b>597</b>	553

The aggregate payroll costs of these persons were as follows:

	<b>Healthcare</b>	<b>Development</b>	<b>Total</b>	Healthcare	Development	Total
	<b>€</b>	<b>€</b>	<b>2022</b>	<b>€</b>	<b>€</b>	<b>2021</b>
			<b>€</b>			<b>€</b>
Wages and salaries	<b>34,629,961</b>	<b>2,277,959</b>	<b>36,907,920</b>	31,107,084	2,174,428	33,281,512
Social welfare costs	<b>3,577,041</b>	<b>64,734</b>	<b>3,641,775</b>	3,273,578	68,290	3,341,868
Superannuation	<b>3,087,124</b>	-	<b>3,087,124</b>	3,143,903	-	3,143,908
Pension costs	-	<b>123,985</b>	<b>123,985</b>	-	137,278	137,278
	<b>41,294,126</b>	<b>2,466,678</b>	<b>43,760,804</b>	37,524,565	2,379,996	39,904,561

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 15. STAFF NUMBERS AND COSTS (CONTINUED)

**Key management compensation**

The total remuneration for key management personnel for the financial year amounted to €651,558 (2021: €648,300), and this includes gross salary, ER PRSI, and pension contribution. This reflects both healthcare and fundraising activities.

The gross pay of the CEO for the year was €130,873 (2021: €124,433).

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

	<b>2022</b>	2021
	<b>No.</b>	No.
€60,000 - €69,999	<b>80</b>	97
€70,000 - €79,999	<b>71</b>	30
€80,000 - €89,999	57	8
€90,000 - €99,999	13	3
€100,000 - €109,999	<b>5</b>	0
€110,000 - €119,999	<b>3</b>	1
€120,000 - €129,999	0	1
€130,000 - €139,999	1	0
€140,000 - €149,999	1	0
€150,000 - €159,999	<b>1</b>	2
€160,000 - €169,999	0	0
€170,000 - €179,999	<b>0</b>	1
€180,000 - €189,999	<b>0</b>	1
€190,000 - €199,999	1	0
€200,000 - €209,999	1	0
€210,000 - €219,999	0	1
€220,000 - €229,999	<b>0</b>	0
€230,000 - €239,999	<b>1</b>	1
€240,000 - €249,999	<b>1</b>	0
€250,000 - €259,999	0	0
€260,000 - €269,999	0	1
€270,000 - €279,999	<b>1</b>	0
€280,000 - €289,999	<b>1</b>	0

All pay is aligned with the Department of Health Consolidated Pay Scales. During 2022 there were further pay increases in line with national pay agreements. All increases are reflected above except the pay increase on the 1<sup>st</sup> October 2022 which is yet to be implemented.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

16. TANGIBLE FIXED ASSETS	Land €	Properties held for resale €	Donated Buildings €	Buildings under construction €	Equipment & Computer Equipment €	Motor Vehicles €	Total €
<b>Cost or Valuation:</b>							
At 1 January 2022	11,036,500	360,000	100,880,997	383,654	14,104,619		226,079
126,991,849	-	-	-	5,162,246	101,783		12,413
Additions							
5,276,442	-	-	(95,028)	-	19,553		(75,475)
Adjustment							
<b>At 31 December 2022</b>	<b>11,036,500</b>	<b>360,000</b>	<b>100,785,969</b>	<b>5,545,900</b>	<b>14,225,955</b>	<b>238,492</b>	<b>132,192,816</b>
<b>Depreciation:</b>							
At 1 January 2022	-	-	28,851,167	-	12,191,681	164,817	41,207,665
Charge for financial year	-	-	2,063,370	-	543,770	12,207	2,619,347
Adjustment	-	-	(3,626)	-	-	-	(3,626)
<b>At 31 December 2022</b>	<b>-</b>	<b>-</b>	<b>30,910,911</b>	<b>-</b>	<b>12,735,451</b>	<b>177,024</b>	<b>43,823,386</b>
<b>Net Book Value:</b>							
<b>At 31 December 2022</b>	<b>11,036,500</b>	<b>360,000</b>	<b>69,875,058</b>	<b>5,545,900</b>	<b>1,490,504</b>	<b>61,468</b>	<b>88,369,430</b>
At 31 December 2021	<u>11,036,500</u>	<u>360,000</u>	<u>72,029,830</u>	<u>383,654</u>	<u>1,912,938</u>	<u>61,262</u>	<u>85,784,184</u>

Donated properties held for resale comprise of one property that was estimated by Our Lady's Hospice & Care Services at €360,000 based on prevailing market values.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

<b>17. FINANCIAL ASSETS</b>	<b>2022</b>	2021
	<b>€</b>	€
Listed investments:		
Carrying amount at 1 January	170,985	170,226
Additions	-	-
Disposals	(10,843)	(8,515)
At 31 December	<b>160,142</b>	161,711
Movement in the fair value of listed investments	<b>7,830</b>	9,274
Investment Portfolio	<b>167,972</b>	170,985

The fair value of listed investments was determined with reference to the quoted market price at the reporting date. The cost of the investments on acquisition was €109,175 (2021: €111,298).

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

<b>18. STOCKS</b>	<b>2022</b>	2021
	<b>€</b>	<b>€</b>
Pharmacy	<b>118,451</b>	119,058
Stores	<b>397,496</b>	405,077
	<u><b>515,947</b></u>	<u>524,135</u>
	<u><u><b>515,947</b></u></u>	<u><u>524,135</u></u>
There are no material differences between the replacement cost of stock and the balance sheet amounts.		
<b>19. DEBTORS: Amounts falling due within one year</b>	<b>2022</b>	2021
	<b>€</b>	<b>€</b>
HSE	<b>3,662,442</b>	4,051,778
Patient income	<b>1,217,315</b>	1,990,527
Other debtors	<b>955,415</b>	773,588
Prepayment	<b>303,092</b>	272,235
	<u><b>6,138,264</b></u>	<u>7,088,128</u>
	<u><u><b>6,138,264</b></u></u>	<u><u>7,088,128</u></u>
Included in Other debtors is a balance of €377,000 (2020: €827,000) relating to legacy income due.		
<b>20. INVESTMENT</b>	<b>2022</b>	2021
	<b>€</b>	<b>€</b>
Short-term deposits held as part of trading portfolio	<b>-</b>	26,220
	<u><b>-</b></u>	<u>26,220</u>
	<u><u><b>-</b></u></u>	<u><u>26,220</u></u>
<b>21. CASH AT BANK AND ON HAND</b>	<b>2022</b>	2021
	<b>€</b>	<b>€</b>
Funds held on behalf of patients (patient private property account) (Note 22)	<b>113,951</b>	120,884
Funds held on behalf of Together for Hospice (Note 22)	<b>10,536</b>	67,518
Company funds	<b>8,956,468</b>	14,542,862
	<u><b>9,080,955</b></u>	<u>14,731,264</u>
	<u><u><b>9,080,955</b></u></u>	<u><u>14,731,264</u></u>

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

22. CREDITORS: Amounts falling due within one year	2022 €	2021 €
Trade creditors	1,448,303	1,865,335
Accruals	3,816,927	3,394,854
Other creditors	269,908	484,233
PAYE/PRSI	1,319,075	1,839,956
Funds held on behalf of third parties (Note 21)	124,487	188,402
Bank loan (Note 23)	335,068	251,955
	<u>7,313,768</u>	<u>8,024,735</u>

**Securities**

The company's borrowings have been secured by a first mortgage/fixed charge over the company's Wicklow Hospice property at Magheramore, County Wicklow, along with a floating charge on all other property. This charge is held in favour of Bank of Ireland principal moneys and interest.

There is a supplemental charge held in favour of the Health Service Executive over the company's Wicklow Hospice property at Magheramore, County Wicklow. This is in relation to a capital grant of €1,250,000 made previously by the Health Service Executive to the Wicklow Hospice Foundation.

23. CREDITORS: Amounts falling due after more than one year	2022 €	2021 €
Bank loan	484,708	2,363,878
<b>Bank loan repayment analysis (Note 31):</b>		
Less than one year	335,068	251,955
Between one and five years	484,708	1,090,531
Over five years	-	1,273,347
	<u>819,776</u>	<u>2,615,833</u>

24. CALLED-UP SHARE CAPITAL PRESENTED AS EQUITY	2022 €	2021 €
<b>Authorised:</b>		
100,000 Ordinary shares of €1 each	100,000	100,000
<b>Allotted, called-up and fully paid equity shares:</b>		
2 Ordinary shares of €1 each	2	2
<b>Presented as follows:</b>		
Called up share capital presented as equity	2	2

The company has one class of ordinary shares which carry no right to fixed income. The share premium reserve of €38,638,786 contains the premium arising on issue of equity shares on incorporation.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

<b>25. RECONCILIATION OF NET (EXPENDITURE) /INCOME TO NET CASH GENERATED BY OPERATIONS</b>	<b>2022</b>	2021
	€	€
Net (expenditure)/income before taxation	<b>(1,462,211)</b>	938,695
Investment income	-	(16,222)
Interest payable and similar charges	<b>94,282</b>	134,364
(Gain)/loss on financial assets at fair value	<b>(7,830)</b>	(9,274)
Depreciation	<b>2,615,721</b>	2,847,395
Donated assets held for resale income	-	2,401
	<hr/>	<hr/>
Operating cash flow before movement in working capital	<b>1,239,962</b>	3,897,359
Increase /(decrease) in stock	<b>8,188</b>	(114,319)
Decrease /(increase) in debtors	<b>949,864</b>	(926,663)
(Decrease)/increase in creditors	<b>(794,080)</b>	2,557,340
	<hr/>	<hr/>
<b>CASH GENERATED BY OPERATING ACTIVITIES</b>	<b>1,403,934</b>	5,413,717
	<hr/> <hr/>	<hr/> <hr/>

**26. FINANCIAL INSTRUMENTS**

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

	<b>2022</b>	2021
	€	€
<b>Financial assets</b>		
Measured at fair value through profit or loss		
• Financial asset listed investments (Note 17)	<b>167,972</b>	170,985
Measured at undiscounted amount receivable		
• Trade and other debtors (Note 19)	<b>5,835,172</b>	6,815,893
• Investment (Note 20)	-	26,220
	<hr/>	<hr/>
<b>Financial liabilities</b>		
Measured at undiscounted amount payable		
• Trade and other creditors (Note 22)	<b>1,718,211</b>	2,349,568
• Funds held on behalf of third parties (Note 22)	<b>124,487</b>	188,402
Measured at amortised cost		
• Bank loan (Note 23)	<b>819,776</b>	2,615,833
	<hr/> <hr/>	<hr/> <hr/>

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

## 26. FINANCIAL INSTRUMENTS (CONTINUED)

The company's income, gains and losses in respect of financial instruments are summarised as follows:

	<b>2022</b>	2021
	€	€
<b>Fair value gains and losses</b>		
Gain/(loss) on financial assets (including listed investments) measured as fair value through Statement of Financial Activities	<b>7,830</b>	9,274
	<u>          </u>	<u>          </u>

There were no derivative financial instruments outstanding at 31 December 2022 or 31 December 2021.

## 27. CREDIT, MARKET AND LIQUIDITY RISKS

**Credit risk**

The company manages its financial assets and liabilities to ensure it will continue as a going concern. The principal financial assets of the company are bank and cash balances, investments, and trade and other receivables, which represent the maximum exposure to credit risk in relation to financial assets. The principal financial liabilities of the company are bank overdraft and trade and other payables.

The credit risk within the company is primarily attributable to its trade receivables, cash at bank and investments. The amounts presented in the statement of financial position are net of provisions for impaired receivables, estimated by management, based on prior experience and their assessment of the current economic environment.

The credit risk on liquid funds is mitigated by the spreading of deposits over a number of financial institutions.

The credit risk on investments arising is managed by a reputable external investment manager whose investment policy is to invest over a broad range of equity securities of high quality. The risk is monitored by regular reporting by the investment manager to the company.

The exposure from trade and other receivables arises primarily from amounts due from health insurance companies.

**Market risk***(i) Interest rate risk*

The company uses the bank overdraft for short-term borrowings and a bank loan for long-term borrowings. As part of its risk management process, the company identified the risk of exposure on the bank overdraft to interest becoming unaffordable due to rate increases during the term of the bank overdraft facility.

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**27. CREDIT, MARKET AND LIQUIDITY RISKS (CONTINUED)***(ii) Foreign currency exchange rate risk*

Some portion of the company's investments is denominated in pounds sterling or US dollars. The company's functional currency is euro. The company has no material exposure to foreign currencies. The policy is to maintain no significant foreign currency exposure by the investment manager.

*(iii) Price risk*

The company is exposed to equity securities price risk. To manage its price risk arising from investments in equity securities, the company diversifies its portfolio.

*(iv) Cash flow and Liquidity risk*

The bank overdraft liquidity risk is managed by regular reviews of cash flow forecasts and regular monitoring of cash balances and short-term liquidity trends.

**28. PENSION COMMITMENTS**

The company administers a defined benefits pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme (VHSS). The financial statements do not include pension liabilities and assets of those staff who are members of the Voluntary Hospitals Superannuation Scheme (VHSS), as required by Financial Reporting Standard 102 "Employee Benefits" (FRS102). The majority of staff are members of the VHSS, which the directors believe is a scheme underwritten by the Minister for Health.

The directors of the company believe that the funds required to pay current pension liabilities, under the VHSS, as they arise into the future, will be provided by the Department of Health. The directors have arrived at this opinion having taken account of precedent set on the closure of certain other Healthcare facilities in recent years where pension payments (including retirement lump sum payments) have been honoured by the Department of Health. Therefore, they believe that it is not necessary for the financial statements of the company to make provision against the net assets at the balance sheet date in respect of pension entitlements accrued to that date by employees of the company, nor the other disclosure requirements of FRS 102.

The VHSS closed to new members with effect from 31 December 2012. In the financial year ending 31 December 2022, €3,087,124 (2021: €3,143,903) was paid to pensioners of the VHSS scheme, of which €561,886 related to lump sum payments (2021: €913,917).

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**28. PENSION COMMITMENTS (CONTINUED)**

Whilst the VHSS scheme is a defined benefit scheme, the company has availed of the multi-employer scheme exemption from the disclosure requirements relating to defined benefit schemes in FRS 102, on the grounds that the company's deemed contributions, as determined by the Department for Health, are set in relation to the current service period only (i.e. are not affected by a surplus or deficit relating to the past service of its own employees or any other members of the scheme). On this basis the scheme is considered for disclosure purposes as a defined contribution scheme and no further disclosures are required.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

The amount deducted from employees in 2021 and paid over to DPER amounted to €583,590 (2021: €499,858). The amount payable to DPER at the financial year end was €65,075 (2021: €40,852).

The company operates an externally operated defined contribution scheme. The pension cost is charged to the statement of financial activities in the financial year in which it arises €138,743 (2021: €137,278). There was an amount payable at the financial year end of €6,293 (2021: €10,104).

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

29. FUNDS	Unrestricted Funds €	Restricted Funds €	Restricted Capital Funds €	Total Funds €	
<b>(a) Reconciliation of funds:</b>					
Fund balances at 1 January 2022	32,299,759	*1,243,587	25,754,169	59,297,515	
Net income resources	(1,621,224)	822,412	(663,399)	(1,462,211)	
Transfer of funds	2,191,222	(2,191,222)	-	-	
Fund balances at 31 December 2022	32,869,757	(125,223)	25,090,770	57,835,304	
Share capital and premium	38,638,788	-	-	38,638,788	
<b>Total Charity Fund balances at 31 December 2022</b>	<b>71,508,545</b>	<b>* (125,223)</b>	<b>25,090,770</b>	<b>96,474,092</b>	
	Unrestricted Funds €	Restricted Funds €	Restricted Capital Funds €	Total Funds €	
<b>(b) Analysis of net assets between funds:</b>					
Tangible fixed assets	63,606,562	-	24,762,868	<b>88,369,430</b>	
Financial assets	167,972	-	-	<b>167,972</b>	
Current assets	8,842,668	6,564,596	327,902	<b>15,735,166</b>	
Current liabilities	(623,949)	(6,689,819)	-	<b>(7,313,768)</b>	
Long-term liabilities	(484,708)	-	-	<b>(484,708)</b>	
<b>Total Charity Fund balances at 31 December 2022</b>	<b>71,508,545</b>	<b>(125,223)</b>	<b>25,090,770</b>	<b>96,474,092</b>	
<b>(c) Movements in funds:</b>					
	Balance as at 01/01/2022 €	Income €	Expenditure €	Transfers €	Balance as at 31/12/2022 €
Share capital and premium	38,638,788	-	-	-	<b>38,638,788</b>
Unrestricted funds	32,299,759	4,112,005	(5,733,229)	2,191,222	<b>32,869,757</b>
Restricted funds	1,243,587	50,020,035	(49,197,623)	(2,191,222)	<b>(125,223)</b>
Restricted capital funds	25,754,169	785,536	(1,448,935)	-	<b>25,090,770</b>
<b>Total Charity fund balances</b>	<b>97,936,303</b>	<b>54,917,576</b>	<b>56,379,787</b>	<b>-</b>	<b>96,474,092</b>

\* Of this restricted fund balance of € - 125,223 (2021: €1,243,587), the HSE restricted balance is €-125,223 (2021: €1,067,300) while the donor related restricted balance is € nil (2021: €176,287).

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

## 29. FUNDS (CONTINUED)

## In respect of prior financial year:

	Unrestricted Funds €	Restricted Funds €	Restricted Capital Funds €	Total Funds €
Fund balances at 1 January 2021	32,861,267	*1,242,491	24,255,062	58,358,820
Net income resources	(561,508)	(60,351)	1,560,554	938,695
Transfer of funds	-	61,447	(61,447)	-
Fund balances at 31 December 2021	32,299,759	1,243,587	25,754,169	59,297,515
Share capital and premium	38,638,788	-	-	38,638,788
Total Charity Fund balances at 31 December 2021	70,938,547	*1,243,587	25,754,169	97,936,303

	Unrestricted Funds €	Restricted Funds €	Restricted Capital Funds €	Total Funds €
(b) Analysis of net assets between funds:				
Tangible fixed assets	64,431,230	-	21,352,954	85,784,184
Financial assets	170,985	-	-	170,985
Current assets	9,351,689	8,616,843	4,401,215	22,369,747
Current liabilities	(651,479)	(7,373,256)	-	(8,024,735)
Long-term liabilities	(2,363,878)	-	-	(2,363,878)
Total Charity Fund balances at 31 December 2021	70,938,547	1,243,587	25,754,169	97,936,303

## (c) Movements in funds:

	Balance as at 01/01/2021 €	Income €	Expenditure €	Transfers €	Balance as at 31/12/2021 €
Share capital and premium	38,638,788	-	-	-	38,638,788
Unrestricted funds	32,861,267	4,663,097	(5,224,605)	-	32,299,759
Restricted funds	1,242,491	44,816,561	(44,876,912)	61,447	1,243,587
Restricted capital funds	24,255,062	2,624,046	(1,063,492)	(61,447)	25,754,169
Total Charity fund balances	96,997,608	52,103,704	(51,165,009)	-	97,936,303

**OUR LADY'S HOSPICE & CARE SERVICES****NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**

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**30. COLLABORATIVE ARRANGEMENTS*****All Ireland Institute of Hospice and Palliative Care***

Our Lady's Hospice & Care Services is part of a Collaboration Agreement governing the All Ireland Institute of Hospice and Palliative Care (AIHPC), along with 26 other parties.

The AIHPC is a leading organisation with national and international influence driving excellence in palliative care. AIHPC is a collaborative of hospices, health and social care organisations and universities on the island of Ireland. AIHPC advances education, research and practice to improve the palliative care experience of people with life limiting conditions and their families.

As the palliative care sector's institute, AIHPC involves service users, carers and communities in palliative care delivery and development; works to integrate palliative care across the health system so people are supported as early as possible; and supports the development of specialist palliative care services for everyone who needs them.

Our Lady's Hospice & Care Services holds the position of Host Institution for AIHPC. On behalf of all parties, the Host Institution will provide administrative support to the AIHPC on an agreed basis in consultation with the other parties. AIHPC have separate governance structures, policies and financial management.

Separate to this collaboration agreement, Our Lady's Hospice & Care Services has a commercial rental agreement with AIHPC to the value of €25,000 (2021: €25,000).

***Together for Hospice - The National Hospice Movement***

Our Lady's Hospice & Care Services acts as host site and administrator for Together for Hospice - The National Hospice Movement (TFH). TFH was previously known as Support your Local Hospice (SYLH). TFH coordinates two national fundraising campaigns: 'Hospice Sunflower Days' and 'Ireland's Biggest Morning for Hospice Together with Bewleys.' All monies raised locally through these campaigns by individual hospices and specialist palliative homecare providers remain locally within the individual groups.

As per notes 21 and 22, monies are held by Our Lady's Hospice & Care Services on behalf of TFH with a corresponding creditor. In its position as host site, Our Lady's Hospice & Care Services employs the TFH National Projects Manager but this is funded through TFH and all monies are reimbursed to Our Lady's Hospice & Care Services. Local hospices or specialist palliative homecare providers around Ireland pay a membership contribution to TFH which is then used to run and promote the above national events and to cover salary and other costs. Any remaining funds are for the future use of TFH. There is oversight of TFH through a Governance Committee whose members are two Voluntary Health Group (VHG) CEO's, of which Our Lady's Hospice & Care Services is one member, and two national representatives from local groups.

## OUR LADY'S HOSPICE &amp; CARE SERVICES

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022**31. CAPITAL COMMITMENTS**

At the Balance Sheet date the company had capital expenditure amounting to:

	<b>2022</b>	2021
	<b>€</b>	€
Committed not contracted:	<b>590,028</b>	6,968,899
Contracted:	-	-
	<u><b>590,028</b></u>	<u>6,968,899</u>
	<u><u><b>590,028</b></u></u>	<u><u>6,968,899</u></u>

**32. POST BALANCE SHEET EVENTS**

The Blackrock Hospice reopened in February 2023 after a period of closure for refurbishment in 2022. There are no other post balance sheet events that we need to report in the financial statements.





# HOW YOU CAN HELP

We believe that good things happen when people come together. Through working in partnership, we can do so much more to help. Here are five easy ways you can help make a difference.



## **Fundraise**

From arranging a coffee morning to running a marathon, and everything in between. Giving your time and energy to raise vital funds will always be worth it.



## **Donate**

No matter how big or small the donation, every euro counts toward our shared vision of buildings a confident, creative, and connected people.



## **Volunteer**

Whether you help us in the office or organise a fundraising event, you will be helping us enhance and improve care for thousands of local people.



## **Partner with us**

We are proud to work with companies and organisations who share our passion for providing with loving care, high-quality, person-centred health care in both the hospice and within the community.



## **Remember us**

Remembering us in your will is an amazing way for your generosity to last beyond your own lifetime.



**Harold's Cross**

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

**Blackrock**

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

**Wicklow**

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

Visit: [www.olh.ie](http://www.olh.ie)     

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CHY 1144  
RCN 20001827  
Company number 352404