

2018 Annual Report

St. Francis Hospice Dublin

(Under the Care of the Daughters of Charity of St Vincent de Paul)



St. Francis Hospice Dublin, Raheny and Blanchardstown

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Welcome to St. Francis Hospice Dublin

St. Francis Hospice Dublin provides a specialist palliative care service for the people of North Dublin City and County and its immediate environs. All our care is provided free of charge to patients and their families.

Patient Care

Individuals have different needs, and these needs can change at various points during their illness. St. Francis Hospice Dublin provides four distinct services to patients:

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

Care of Families and Friends

The hospice philosophy also addresses the needs of the patients' families and friends. At St. Francis Hospice Dublin, we act out this philosophy in a number of ways:

- We provide education and support for family members caring for people at home
- We offer counselling to family and friends to help them adjust to changing situations
- Family and friends are encouraged to share in the care of their loved one
- Bereavement support is offered through our multidisciplinary team, including pre-bereavement and post-bereavement counselling and bereavement work with children

How We Provide Care: The Team

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

St. Francis Hospice Dublin is a registered charity. Each year we need to raise more than €4.5 million to fund our day to day services and repay outstanding bank loans associated with the capital cost of building St. Francis Hospice Blanchardstown.

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Chairman's Statement



Mr. Dermot McCarthy, Chairman

Throughout 2018, St. Francis Hospice Dublin continued to provide specialist palliative care services to patients and families. These services included in-patient care, community palliative care, day care and out-patient services from its facilities in Raheny and Blanchardstown.

A sincere thank you to the 273 staff and 300 volunteers of the hospice and to my fellow Directors for the great efforts they have made during 2018 in ensuring the provision of a first class hospice service for our patients and their families.

I would like to pay tribute to our fellow Director, Dr. John G. Cooney, K.S.G., and express our sadness at the death of Dr. Cooney on 8th January 2018. May he rest in peace. We owe Dr. Cooney a huge debt of gratitude for his immense contribution towards the development of the hospice over the last 30 years. He will be sadly missed by all at St. Francis Hospice Dublin.

The hospice is extremely grateful to all who have participated in raising funds for our two hospices during 2018. I would ask you to continue to support us with the same level of generosity in 2019. In addition to the funding from the Health Service Executive we will need to raise €4.5 million in 2019 to cover both the operational costs and the repayments on the outstanding bank loan of €4.75 million. I thank in a special way our benefactors without whom we would be unable to provide a quality hospice service.

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

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

CEO's Statement



Coffee Morning 2018 – St. Francis Hospice Raheny

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

I am delighted to report on another successful year for St. Francis Hospice Dublin during which we continued to provide high quality and accessible palliative care services at no charge to patients and families. Our objective of ensuring that the people of North Dublin have improved access to specialist palliative care was demonstrated by our care for 1,713 patients and their families. This represents a 6% increase on 2017 activity. I would like to take the opportunity to thank all our staff and volunteers for their commitment to caring for our patients and their families.

During 2018, we benefited from many community fundraising events including our annual Coffee Morning, which has been supported by Bewley’s for 26 years. Sincere thanks are especially extended to the people of North Dublin and beyond for their ongoing support of the hospice.

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

We, at St. Francis Hospice Dublin, will continue to work closely with and for the community we serve and will very much continue to need the support of our community into the future.

**Fintan Fagan,
Chief Executive Officer.**

Mission Statement

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



Our Values

The underpinning values of dignity, respect and compassion of St. Francis Hospice are commitments to...

- Creating a welcoming, relaxed and personal atmosphere of care.
- Providing quality care at a physical, emotional, psychological, spiritual and social level which respects the needs and wishes of each person.
- Supporting families and friends emotionally, psychologically and spiritually from referral through bereavement in an attentive and non-intrusive way.
- Working collaboratively as a team which cares for its members, values each one's contribution and engages in on-going education and reflection.
- Linking with other professionals, support agencies and the local community to improve the quality of service to people who are terminally ill.
- Educating others and influencing the practice and standards of palliative care of people who are terminally ill.

Members / Trustees and Directors

Members / Trustees

Dr. John Cooney (*RIP - 8th January 2018*)
Sr. Bernadette MacMahon, DC
Mr. Thomas Joseph McMahon
Dr. Patrick Ussher
Mr. Patrick Kenny
Fr. Philip Baxter
Prof. Peter Daly
Mr. Dermot McCarthy (*appointed 20th June 2018*)

Directors

The Directors, who served during 2018, were as follows:

Mr. Dermot McCarthy (Chairman)
Sr. Bernadette MacMahon, DC (Vice Chairperson)
Dr. John Cooney (*RIP - 8th January 2018*)
Mr. Thomas Joseph McMahon
Ms. Mary Hayes
Mr. James Flynn
Prof. Peter Daly
Fr. Philip Baxter, OFM Cap
Mr. Joseph Pitcher
Mr. Patrick Kenny
Dr. Carol-Ann Casey
Ms. Ita Gibney
Mr. Pdraig O'Dea
Sr. Nuala Dolan, DC
Sr. Claire McKiernan, DC

Company Secretary

Ms. Angela Coughlan

Governance Arrangements

St. Francis Hospice Dublin is a company limited by guarantee.

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

The Hospice is governed by a Board of voluntary, non-executive Directors, none of whom receives payment of any kind for their services. The Board of Directors met six times in 2018. In addition, the Annual General Meeting of Trustees/Members was held in June 2018. The attendance at Board meetings is detailed below:

Position	Name	Attendance at Board Meetings in 2018
Director / Chairperson	Mr. Dermot McCarthy	6/6
Director/ Vice Chair	Sr. Bernadette MacMahon	4/6
Director	Mr. Thomas Joseph McMahon	6/6
Director	Sr. Nuala Dolan	4/6
Director	Ms. Mary Hayes	3/6
Director	Mr. James Flynn	5/6
Director	Prof. Peter Daly	6/6
Director	Fr. Philip Baxter	5/6
Director	Mr. Joseph Pitcher	5/6
Director	Mr. Patrick Kenny	5/6
Director	Sr. Claire McKiernan	3/6
Director	Dr. Carol-Ann Casey	4/6
Director	Ms. Ita Gibney	2/6
Director	Mr. Pdraig O’Dea	6/6
CEO	Mr. Fintan Fagan	6/6
Company Secretary	Ms. Angela Coughlan	6/6

St. Francis Hospice Dublin has a detailed Corporate Governance Manual and Code of Conduct for the Board of Directors. The organisational chart for the company is included on page 13.

Board Governance

The Board of St. Francis Hospice Dublin is responsible for overseeing the proper management of the hospice. In particular, it has a collective responsibility for:

- (a) Putting in place a clear scheme of delegation of accountability from the Board to the CEO;
- (b) Approval of the strategic goals, annual service plans and the annual Service Arrangement with the HSE;
- (c) Approval of annual budgets and ensuring the adequacy of internal financial control measures;
- (d) Approval of significant procurement contracts and acquisitions, disposals and retirement of assets of SFHD;
- (e) Ensuring effective systems are in place for identifying and managing risk;
- (f) Approval of annual reports and audited financial statements; and
- (g) Approval of Annual Compliance Statement prior to submission to HSE.

The Board has devised and agreed procedures for conducting its business in a productive way. To do this it has established an appropriate committee structure. The Board has created a number of sub-committees assigned with responsibility for specific areas. Each sub-committee has at least three members and has approved terms of reference. The sub-committees generally make recommendations to the Board unless they have been specifically delegated authority to make decisions. The CEO and members of senior management are in attendance at the sub-committee meetings.

The following sub-committees are approved by the Board:

- ***Governance and Risk (to include Nominations and Remuneration)***

The role of the Governance and Risk Committee (to include Nominations and Remuneration) is to oversee the implementation of governance & risk management in St. Francis Hospice Dublin. Four meetings were held during 2018 and the attendance by Directors is detailed below:

Governance & Risk Committee	
Members	Attendance at Meetings in 2018
Mr. Pdraig O’Dea (Chair)	3/4
Mr. Thomas Joseph McMahon	4/4
Sr. Bernadette MacMahon	4/4
Prof. Peter Daly	4/4
Mr. Patrick Kenny	3/4
Mr. Joseph Pitcher	3/4
Mr. James Flynn	4/4

St. Francis Hospice Dublin abides by the HSE's Standards for Governance and regularly reviews its compliance with same.

- **Audit**

The role of the Audit Committee is to focus principally on assisting the Board in fulfilling its duties by providing an independent and objective review of the financial status and performance of St. Francis Hospice Dublin. Four meetings were held during 2018 and the attendance by Directors is detailed below:

Audit Committee	
Members	Attendance at Meetings in 2018
Mr. Patrick Kenny (Chair)	3/4
Mr. Pdraig O'Dea	4/4
Mr. Joseph Pitcher	3/4

Internal Audit Schedule 2017 - 2018

Date	Audit Area
May 2017	Payroll
November 2017	Cash Handling, Travel and Subsistence
June 2018	Fundraising Income

Following the appointment of Mazars as Internal Auditors in 2017, the Audit Committee commissioned three audits of key financial areas. The improvements recommended by the Internal Auditors were implemented during 2017 and 2018.

- **Quality and Safety**

The role of the Quality and Safety Committee is to make a positive difference to the Safety, Health and Welfare of all service users, staff, volunteers and visitors in St. Francis Hospice Dublin. Four meetings were held during 2018 and the attendance by Directors is detailed below:

Quality and Safety Committee	
Members	Attendance at Meetings in 2018
Prof. Peter Daly (Chair)	4/4
Fr. Philip Baxter	3/4

- **Fundraising Advisory**

The role of the Fundraising Advisory Committee is to ensure that all fundraising is conducted in line with the Policy on Fundraising agreed by the Board of St. Francis Hospice Dublin. Four meetings were held during 2018 and the attendance by Directors is detailed below:

Fundraising Advisory Committee	
Members	Attendance at Meetings in 2018
Mr. James Flynn (Chair)	4/4
Prof. Peter Daly	4/4
Fr. Philip Baxter	3/4

- **Research Ethics**

The role of the Research Ethics Committee is to consider applications for research projects in terms of the ethical aspects of research and to determine whether or not it is appropriate to have such research projects carried out at St. Francis Hospice Dublin or by staff of St. Francis Hospice Dublin in settings where no Research Ethics Committees are available. Two meetings were held during 2018 and the attendance by Directors is detailed below:

Research Ethics Committee	
Members	Attendance at Meetings in 2018
Mr. Thomas Joseph McMahon (Chair)	2/2

The above sub-committees meet on a regular scheduled basis throughout the year. The committees are chaired by Board Directors and membership includes Board Directors, Leadership and Executive Team members, departmental managers and other key personnel.

Commitment to Standards in Fundraising Practice

St. Francis Hospice Dublin is fully committed to achieving the standards delineated by the Charities Regulator’s Governance Code for Fundraising.

The Board of Directors of St. Francis Hospice Dublin adopted the Statement of Guiding Principles for Fundraising and confirms that St. Francis Hospice Dublin is committed to complying with the Statement and will adhere to the core principles of respect, honesty and openness by:

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

Financial Review

2018 was another successful year with a continuing increase in the provision of Hospice services. There were 10,031 nursing visits and 843 medical visits to patients at home. In Hospice Day Care, there were 150 patients with a total of 2,302 attendances. There were 640 admissions to the In-Patient Unit. In addition, there were 2,302 attendances by patients for a range of out-patient services.

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

The financial year's performance in financial terms is set out in our detailed externally audited annual financial statements which are available on the St. Francis Hospice Dublin website. The Charities Statement of Recommended Practice (SORP) FRS102 has been adopted for this set of financial statements. A summary statement of financial activities and balance sheet for the financial year ended 31st December 2018 is included in this annual report. The main features are:

- A deficit of expenditure over income of €1,126,601. This is a decrease of €262,812 on the deficit of €1,389,413 reported for the previous financial year. This is mainly due to increased incoming resources generated by the charity in 2018 albeit significant increases in wages costs due to nationally agreed pay awards to staff which remain unfunded by the HSE.

Senior Staff Remuneration

The number of staff in receipt of salaries in excess of €60,000 in 2018 were:

Band:	No of Staff
€60,000 - €70,000	13
€70,001 - €80,000	6
€80,001 - €90,000	1
€90,001 - €100,000	1
€100,001 - €110,000	1
Total Staff:	22

Report of Objectives for 2018

The following key strategic objectives for 2018 were achieved:

- To improve access to specialist palliative care services.
- To continue the planning for the redevelopment of St. Francis Hospice Raheny.
- To develop and maintain strong / productive working relationships with the HSE (locally, nationally) to promote continuity and development of services.
- To develop a business case for increased HSE funding for St. Francis Hospice Blanchardstown to address historic underfunding of the service since 2014.
- To establish a Culture and Values Project Team building on previous work done, the objective being to underpin and promote the core values of the Hospice.
- To initiate St. Francis Hospice Dublin Major Donor Campaign planning.

Activities and Achievements During 2018

Improved Access to Specialist Palliative Care Services

The Hospice continues to perform well and improve its service provision to patients and families. In particular, St Francis Hospice is committed to improving access to our services for people with life limiting conditions. We cared for 1,713 patients and their families in 2018. This represents a 6% increase on 2017 activity, an 11% increase on 2016 activity and a 19% increase on 2015 activity.

In the year 2018:

- 93% of patients referred to our Community Palliative Care service received a visit within 7 days
- 92% of patients referred to our In-Patient service were admitted within 7 days

Continue Planning for the Redevelopment of St. Francis Hospice Raheny

St. Francis Hospice Raheny was originally developed in 1989 and has provided high quality specialist palliative care services to patients and their families for 29 years from the existing building. The need to redevelop St. Francis Hospice Raheny is driven by the following:

(a) Patient dignity:

The current Hospice bed configuration includes twelve beds which are shared four bedded rooms. This bed configuration provides significant challenges in ensuring patient privacy.

(b) Patient access:

In 2018 a significant number of patients could not be admitted due to the lack of availability of suitable beds in Raheny, i.e. we could not admit a male patient to a four-bedded room with three female patients or vice versa. The availability of only seven single rooms restricts admission of patients who may have an infection and require isolation in a single room.

(c) Family space:

The lack of sufficient space for families.

To develop a business case for increased HSE funding for St. Francis Hospice Blanchardstown to address historic underfunding of the service since 2014.

In line with St. Francis Hospice Dublin's "Three Year Strategic Priorities (2018 – 2021) Business Case" prepared in consultation with HSE nationally and CH09, an additional core HSE funding allocation of €900,000 was negotiated and agreed. This funding has been allocated in the HSE's 2019 Service Plan published in December 2018.

To establish a Culture and Values Project Team building on previous work done, the objective being to underpin and promote the core values of the Hospice.

A report summarising the activities carried out in relation to core values and culture in recent years was submitted to the Board at its November 2018 meeting. The Culture and Values Project Team are working to define the behaviours associated with our core values to build upon the work carried out to date. It is noted that the results of a HSE staff survey and the responses from SFHD staff were very positive. This is attributable to the leadership of the Board and the Leadership Team and it is vital that we protect and develop this culture into the future as we approach our 30th anniversary in 2019.

To initiate St. Francis Hospice Dublin Major Donor Campaign planning.

The Hospice leadership initiated the major donor work in 2018, achieving a major donor income of €450,000. To further develop the campaign an invitation to tender was issued in July 2018 for consultancy services to provide advice on the development of a wider major donor campaign. The objective is to achieve a better fundraising balance and to secure additional, significant, multi-annual commitments across all donor types.

Minor Capital Funding

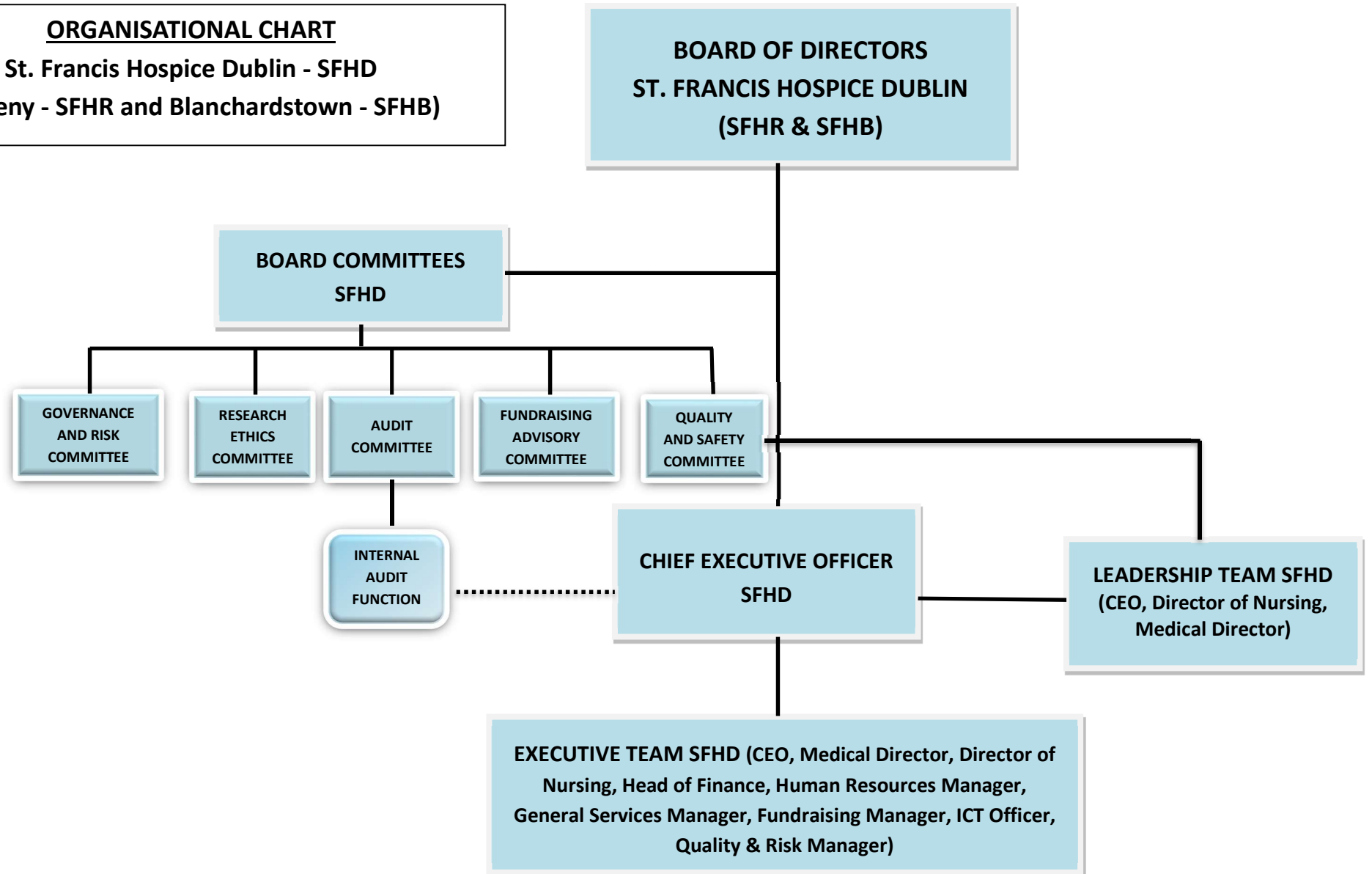
Minor capital funding of €150,000 was received from the HSE, which is being deployed to improve patient facilities and essential infrastructure projects.

Report on Complaints for 2018

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

St. Francis Hospice received a total of six complaints during 2018. These complaints were dealt with in accordance with our Complaints Policy and all are now closed. On review of the complaints no trends were identified.

ORGANISATIONAL CHART
St. Francis Hospice Dublin - SFHD
(Raheny - SFHR and Blanchardstown - SFHB)



Our Areas of Care

- **Community Palliative Care**
- **Outpatient Services**
- **Hospice Day Care**
- **Inpatient Care**

Community Palliative Care

The Community Palliative Care team is made up of doctors, nurses, chaplains, social workers, volunteers and administration staff. We use our specialist knowledge and experience to support people who are living at home with a life limiting illness, and their families. Our aim is to help individuals to live as well as possible for as long as possible at home through our expert knowledge in symptom control and management of psychosocial complexities. We support the patient's GP and PHN in the delivery of palliative care.

Due to the increased number of referrals throughout 2018, the readjustment of the existing boundary between Blanchardstown and Raheny with Swords reallocated to the Blanchardstown Team has now become a permanent fixture. This has helped to balance the demands on both CPC services.

With the integration of **Palliative Care for all Programme** those accessing the CPC service with non-malignant disease continues to rise yearly. On average there was a 5% increase on new referrals in 2018. The majority of these referrals are from respiratory specialities; the combined approach of CPC support and access to the Exhale programme has been very valuable for these patients.

Nursing Homes Engagement and Project ECHO

Our engagement with the ECHO (Extension for Community Healthcare Outcomes) programme, for Nursing Homes has been useful in developing relationships with Nursing Home colleagues and a platform to build on the education disseminated throughout the programme. Dr. Una Molloy CNS who facilitated the bi-monthly meetings is involved in the evaluation process of project ECHO. Through her PHD research, **How Palliative Care is understood in Older Person Residential Care: An Action Research Study**, Dr Molloy gained great knowledge and insight into nursing home challenges and this was invaluable during the programme. The CPC nurses also participated in ECHO and with Dr Molloy's knowledge and experience; it has facilitated enhanced communication with nursing homes and has had a positive impact on patient outcomes.

Extension of IT services for CPC staff

The CPC teams have been allocated 5 Samsung Tablets. These tablets are used daily to input Phases, send referrals and act as a resource/reference tool. This has been useful for time management and enables prompt referrals to other internal services.

HCI Gap Analysis: / Quality Improvement

Continuing from the Gap analysis quality improvement of 2017 the CPC teams continue to work on their recommendations.

- There is now a standardized admission pro-forma which is used throughout the service,
- New medication drug kardex has been introduced to CPC
- All service information leaflets have been amalgamated into one booklet- **Information Booklet for Patient and Families under the care of the Community Palliative care Team**. This booklet now includes information re our complaints procedure.

Clinical Nurse/Midwife Specialists Professional Development Programme

Nurses from the CPC team continue to engage with the Professional Development Programme CNSp CMSp with the Health Service Executive. Two additional nurses will complete the training in 2019. Nurses have found the course very useful in terms of their professional development and developing their core competencies and leadership skills.



CPC Team member Zara Fay presented her research at a major international conference.

Plans for 2019

- National Clinical audit tools on the Management of Cancer Pain in Adults and the Management of Constipation guidelines will be added to the Samsung tablets. This will make ongoing clinical audit easier to implement.
- A Patient/Family comment card has been designed and will be rolled out early 2019. This will provide valuable information for service development.

What's New in 2018

Clinical Supervision – Clinical supervision was introduced for all nursing staff in both sites. This has proven to be very beneficial in supporting the nursing staff in their demanding roles.

Outpatient Services

The Outpatient Department provides patients with high quality multidisciplinary care in a comfortable and relaxing setting. Patients under the care of St Francis Hospice Community Palliative Care (CPC) Teams who are referred to the Outpatients department have access to numerous services such as Complementary therapy, Lymphoedema therapy, Physiotherapy, Chaplaincy, Social work, nursing and medical reviews in both our Raheny or Blanchardstown sites. The CPC teams use the outpatients departments for nursing and medical reviews to facilitate the prompt initial assessment of newly referred patients to CPC. In 2018 there were 393 nursing and medical assessments in Raheny and 161 in Blanchardstown.

Outpatients is often the first introduction to hospice for patients who have many fears and worries about palliative care; however, these are soon abated by the kindness of our staff and volunteers who represent the best of St Francis Hospice and its core values by treating all our patients with dignity, respect and compassion. As one patient wrote:

“I love, love, love my treatments in outpatients. My cancer treatments have been hard going and long but my sessions in Outpatients have made it all do-able. Outpatients has been my escape from all the hospital treatments, drugs and hard side effects. A fabulous retreat away from all my worries. Thank you all so much.”

In the Outpatients department we receive wonderful feedback from patients and their families regarding the affect the treatments and care they receive have on their lives. One patient who attended for lymphoedema therapy told us:

“When I first started attending the outpatients, I was unable to dress or wash myself due to the amount of swelling in my arms because of my lymphoedema. However, after attending for my weekly lymphoedema treatments in the outpatients this swelling and pain has been significantly reduced and I have regained some of my independence. This has made such a difference to my quality of life and my state of mind. It has made family life easier.”

The Complementary therapy team runs a weekly relaxation group combining relaxation techniques to help ease tension and promote relaxation in patients and this has been very well received by patients. One patient reported:

“The techniques I have practiced in the outpatients group I have continued to use at home in times when I have felt stressed or worried. This has helped me cope so much better.”

What's New in 2018

EXHALE Programme – In October 2018 the Exhale Programme was reintroduced across both Outpatient sites. This physiotherapy programme provides a modified pulmonary rehabilitation programme to patients from CPC, IPU & HDC with advanced lung disease and deconditioning.

Hospice Day Care

Patients who are being cared for in their homes by the Community Palliative Care teams may also attend the Hospice Day Care service, which is open three days a week in Raheny and two days a week in Blanchardstown. During each visit, patients will meet with members of the multidisciplinary team who provide support for physical, psychological, spiritual and social needs through symptom management, future care planning and practical advice.

They will also meet other people who are experiencing similar challenges as themselves in coping with their illness and treatments. Patients can relax, enjoy learning new skills and undertake arts and crafts and other activities in a welcoming and informal environment. As well as providing the opportunity to enjoy a change of scenery, it is also beneficial in providing respite for carers. We provide support for families and carers through telephone contact, meetings and facilitating support groups.

The service could not function without the support of our volunteers, who enhance the patient experience. Their commitment and personal contribution is very much appreciated.

There has been an increase in the number of referrals of patients with a non-malignant diagnosis to attend the service. This includes patients with complex neurological conditions who have higher care needs, end stage heart and lung disease and dementia. Care for these patients can present challenges due to the unpredictable disease trajectory.

The annual Hospice Day Care Art Exhibition was held in September. All of the work displayed was created by the patients attending the service. Family and friends came along to celebrate each person's creativity and talent. These paintings contributed to the annual St. Francis Hospice calendar.

A four-week programme to support family carers, developed by SFH staff in 2015, was run on three occasions during 2018 and attended by 18 carers.

The coping with illness programme was run on three occasions and 18 patients participated. Staff presented this initiative at the Kaleidoscope conference in Croke Park in May and were successful in the poster competition held at the event.

Social work and nursing staff are planning to produce a patient information leaflet for the coping with illness programme.

What's New in 2018

New Assessment Tool - Staff attended training on the Carer Support Needs Assessment Tool (CSNAT). This is a quality initiative we are planning to implement in 2019. It is a validated, evidence based assessment tool and takes a person centered approach to carer assessment and support in palliative care and end of life. This ensures an early and comprehensive assessment of carer need and an ability to measure our interventions.

Inpatient Care

St. Anne's Inpatient Unit, Raheny, and the Inpatient Unit, Blanchardstown, can accommodate 19 and 24 patients, respectively. Blanchardstown consists of all single rooms, while Raheny has 7 single rooms and 3 four-bedded areas. Both sites have children's playrooms, therapy rooms and rooms for the use families if they wish to stay overnight.

We provide an interdisciplinary team approach to patient care with our foundations based on the core values of St Francis Hospice, which are dignity, respect and compassion.

There are various reasons why individuals may be admitted to the Inpatient Unit. These include:

- Specialised palliative care – care for people with palliative care needs, at physical, emotional, psychosocial and spiritual levels.
- Care for people with advanced cancer or motor neurone disease; end stage renal, cardiac or respiratory disease.
- Patients requiring complex symptom management and psychosocial and spiritual support.
- Respite care for patients while offering an opportunity for the carer/family member time to "recharge their batteries".
- Blood transfusions.

The following is from a family member whose Dad died in the Unit in 2018:

"This is a heartfelt appreciation of all the support you each contributed to my Dad. I am writing to acknowledge how everyday your compassion and humour helped me not only navigate the impending death of Dad, but also gave me joy as I missed my kids and hubby in Sydney. As you know Dad was a special man. You got to witness his grace, empathy and humour and I know you got to hold him in his tenderest moments when his deepest fears arose. I now know what "an unsettled night " can mean, as this may have been when he got to share his messages of love in his cards for his family. These are precious gifts, we will each forever share, thank you.

Mostly you each played a role in gifting me the appreciation for being truly present and actively listening, for you modelled this daily in your care of Dad. This has rippled out not just to my family, but also to my clients and friends. You are each making the world a better place, just by being you. I know each of your jobs requires great courage and for every day you dig deep to find it, I thank you. You will be forever in my heart...."

What's New in 2018

Documentation – Good documentation is an essential part of our communication at all levels within the hospice unit. With leadership from the education team, significant changes were made to the Nursing Assessment Form and the Daily Nursing Care Plans. The new documentation is concise and insightful, giving back valuable time to staff to be with patients and their significant others.

Blanchardstown IPU Garden – This facility benefited from redevelopment by corporate volunteers. This has made a huge impact on the patients, promoting the peace and tranquillity of the unit and providing a beautiful aesthetic from the bedrooms.

St Francis Hospice Blanchardstown and Raheny Annual Statistics 2018

ST FRANCIS HOSPICE DUBLIN ALL SERVICES	
Total Patients:	1,713
Cancer:	74% (1,272)
Non-cancer:	26% (441)
Deaths:	1,114
Place of Death:	
At Home:	27% (296)
Hospital:	12% (138)
Nursing Home:	12% (134)
Inpatient Unit:	49% (546)

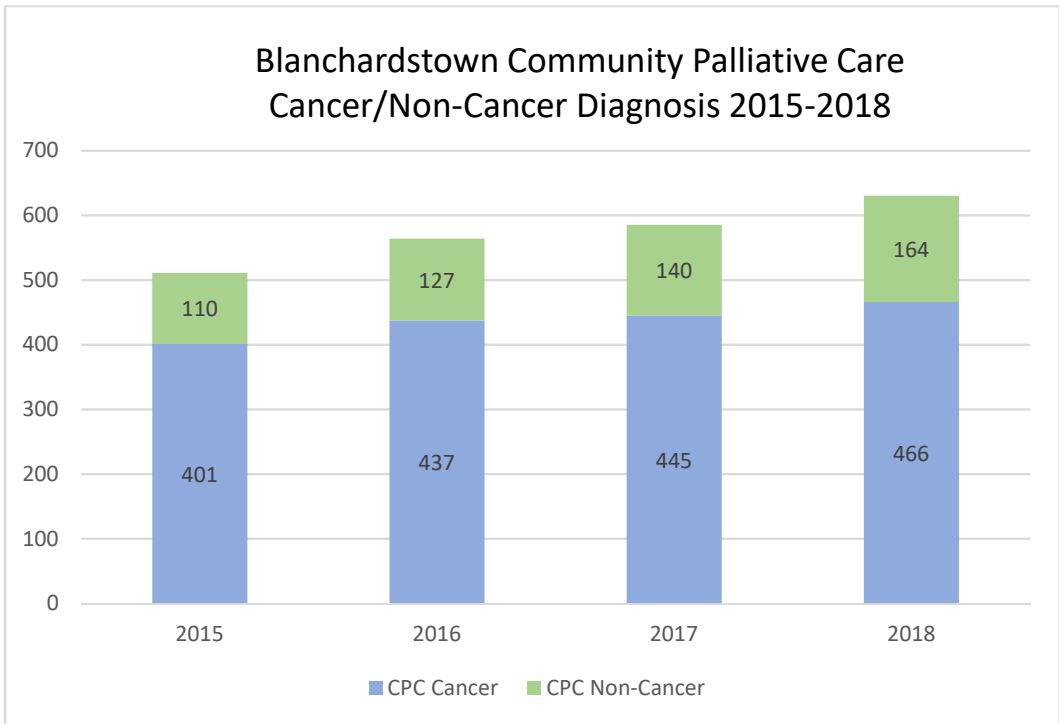
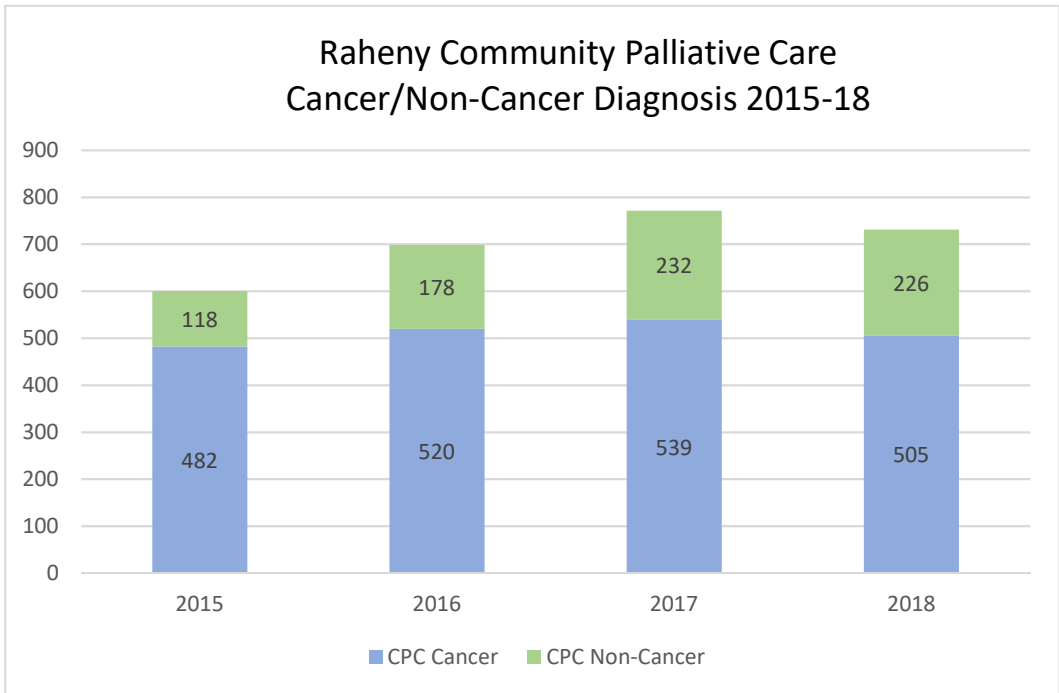
St. Francis Hospice Dublin Key Performance Indicators	
Inpatient Unit Raheny & Blanchardstown	92% of patients referred to our Inpatient service were admitted within 7 days
Community Palliative Care Raheny & Blanchardstown	93% of patients referred to our Community Palliative Care service received a visit within 7 days

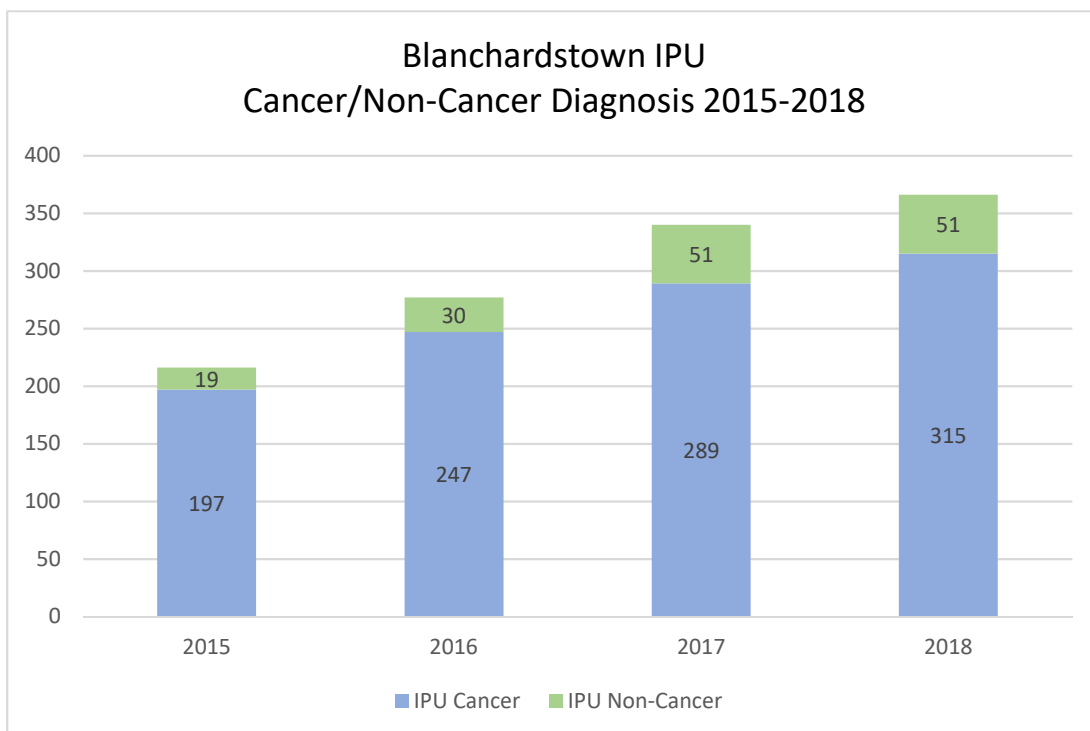
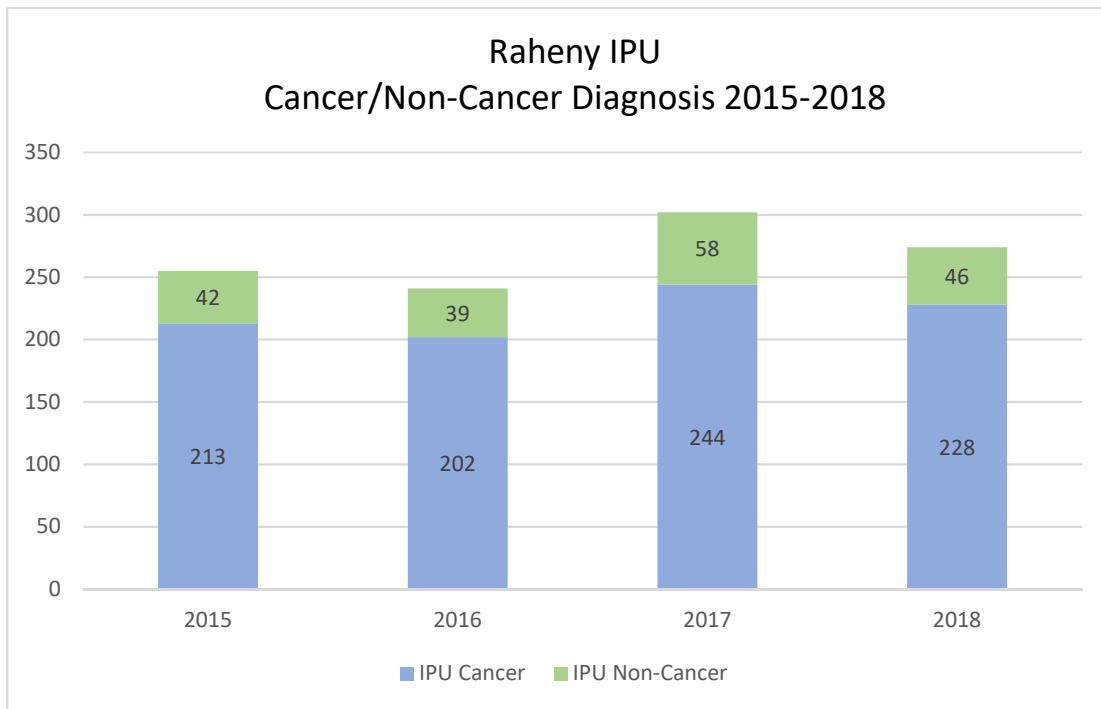
COMMUNITY PALLIATIVE CARE SERVICE		
	CPC Blanchardstown	CPC Raheny
Total Patients:	630	731
Cancer:	466	505
Non Cancer:	164	226
New Patients:	463	567
Under 18:	3	9
Total Nursing Visits:	4589	5442
Total Medical Visits:	366	477

HOSPICE DAY CARE SERVICE		
	HDC Blanchardstown	HDC Raheny
Total Patients:	54	96
New Patients:	34	71
Total Attendance:	713	1266

OUTPATIENT DEPARTMENT SERVICES		
	Outpatient Department Blanchardstown	Outpatient Department Raheny
Complementary Therapy Service:		
New Patients:	74	87
Total Patients:	98	117
Total Attendance:	410	1248
Lymphoedema Service:		
New Patients:	23	30
Total Patients:	25	36
Total Attendance:	51	87
Occupational Therapy Service:		
New Patients:		
Total Patients:		1
Total Attendance:		1
Oncology Lymphoedema Service:		
New Patients:		
Total Patients:		18
Total Attendance:		38
Physiotherapy Service:		
New Patients:	59	53
Total Patients:	75	66
Total Attendance:	244	223

INPATIENT SERVICE		
	Inpatient Unit Blanchardstown	Inpatient Unit Raheny
Admissions:	366	274
Discharges:	57	42
Deaths:	313	233
Cancer:	315 (86%)	228 (83%)
Non-cancer:	51 (14%)	46 (17%)
Referrals:	468	427





Services Provided Throughout the Hospice

Social Work

Social Workers work with patients and their family as they adjust to the news of a life limiting or terminal illness. Social workers help patients and families make sense of what is happening and manage the challenges that illness and loss can bring. This work includes helping patients and family to communicate about and adjust to the changes that are taking place, develop ways of expressing and managing strong emotions, deal with worries and conflict and to plan for the future. We work with individuals and family groups, including working with parents to support their children, direct work with children and other vulnerable people within the family. Parents often want support and guidance in how best to support and prepare their child for an impending death. The service is also extended to the family during their experience of bereavement through the provision of information, support and bereavement counselling, to both adults and children.

In 2018, the social work department offered a service to 555 patients and 515 clients (family members), totalling more than 4,300 sessions. We worked with 120 families about how best to support their children in relation to a family member's illness or death.

The social work department also takes the lead for policy and practice relating to safeguarding issues in relation to Vulnerable Persons and Children.

Group work

- A patient psychoeducational support group (PACES - Pacing & Coping Enhancing Support), facilitated by social workers and nurses in Hospice Day Care Blanchardstown ran three times in 2018. Over 4 sessions, patients report benefit of enhanced coping strategies and reduced stress levels following completion of the group.
- The social work team facilitates a 4-session carer support group with their nursing colleagues in Hospice Day Care Raheny. This group took place 3 times in 2018.
- We run an annual two-session psycho-educational group for parents on supporting children when the other parent has died.

Bereavement Services

The Social Work team also supports family members after the patient dies. This may include individual bereavement support and counselling, family group sessions, or work with children.

The Social Work Department supervises the Volunteer Bereavement Support Service (VBSS), a team of trained volunteers who offer one-to-one bereavement support to individuals on an on-going basis.

It is a confidential listening service. The VBSS provides bereavement support on a one to one basis to bereaved relatives who require extra support. There are presently 15 active volunteers working under the supervision of the social workers. This includes one volunteer counsellor. In 2018, we successfully applied for a grant to allow us to set up a social work bereavement post for a year. This will begin in April/May 2019. This project will enable us to run a recruitment and training campaign, so we can open an evening volunteer bereavement support service in Blanchardstown in 2020.

No. of Clients who received a service in bereavement		Individual face to face Contacts (In-patient visits, home visits, day care visit, office visit)	Family Support (2 or more people)	Phone calls
Social Work	313	519	17	548
Volunteer Support	240	517 bereavement support + 152 bereavement counselling Total = 669	14 (Joint SW/vol. sessions)	209 (SW assessment for suitability)

The social work department also organises a number of bereavement events each year. The Social Workers provide a short talk on the early stages of grief at the **Service of Remembrance**, which we facilitate with the Chaplaincy team. At the **Bereavement Information Evenings**, the Social Worker provides a longer talk about grief and how to cope. The event also includes an opportunity for bereaved relatives to talk with a Social Worker or bereavement volunteer. In 2018, we continued to use the video conferencing technology, to provide the Bereavement Information Evening across both sites, making it more accessible to all families, regardless of where they live in the area.

	No. of Events	No. of deaths covered by the event	Attendance
Service of Remembrance	8	1339	1699
Bereavement Information Evening	4	1172	543

What's New in 2018

Development Work – A social worker is on the Project Advisory Group for the development of a national adult bereavement care framework. The project is managed by the Irish Hospice and supported by the HSE. The work began in late 2018 and will conclude in Autumn 2019.

Chaplaincy



***“A single sunbeam is enough to drive away many shadows”
St Francis of Assisi***

Chaplaincy often goes beyond words; ‘presence’ is what touches people in ways that cannot be measured. People value the support they receive from everyone they meet in the hospice as expressed by a relative as follows:

“If you only believed in the sun you would never get through the night, but in St. Francis Hospice, the sun is always shining, thanks to the care, professionalism and empathy shown by all.”

The chaplains work as members of the multidisciplinary team providing spiritual and religious care and support to patients, family members, significant others, staff and volunteers in all areas. We are available to people of all faith traditions or none, acknowledging what is important and meaningful for them, at all times respecting and upholding the dignity of the person. Chaplains are privileged to join people at this stage of their life’s journey, as they deal with their illness.

We facilitate patients and family members to have access to spiritual care by members of their own faith tradition or worldwide view on request and where possible.

Service of Remembrance

The Service of Remembrance offers an opportunity to take some time with family and friends to remember the person who has died, and to give thanks for their lives. During 2018 we had four each in Raheny (St. John the Evangelist Church, Kilbarrack) and Blanchardstown (St. Brigid’s Church, Blanchardstown). The Chaplaincy Team works closely with the Social Work Team and a group of dedicated volunteers to deliver this important service for families which they greatly appreciate. People value this special time to honour their loved one and to receive support.

Tree of Life Ceremony

Tree of Life Ceremonies with carols, reflective readings, lighting of our Christmas tree and placing of the names of people remembered by family members & friends who died during the year at our tree took place during December in Raheny and Blanchardstown. These ceremonies were Chaplaincy led and supported by members of the multidisciplinary team and a number of groups from the local community. Family members from Ireland and around the world were able to follow our ceremonies on Facebook and it was wonderful to read their responses.

Physiotherapy

Physiotherapists in St Francis Hospice seek to support those affected by advanced life-limiting conditions by alleviating physical symptoms and maximising independence within the constraints of their situation. We aim to help patients to live their lives as fully and as independently as possible by showing them how to maintain and make the most of their physical abilities.

In 2018 our small team of 1.6 WTE physiotherapists provided physiotherapy services to the inpatient units in Raheny and Blanchardstown and a limited service to our community based patients through the outpatient department.

John and Patricia's Story:

John had been in hospital for 2 months with a chronic lung condition. A number of attempts to discharge him home were made were unsuccessful. The decision to transfer to SFH was made and Patricia was very upset. She felt she had let John down, not being able to care for him at home. As John was using an 'Airvo' hiflow humidified oxygen delivery system, this needed to be put in place prior to his transfer to the hospice. A physiotherapist met with Patricia when she delivered the equipment and showed her around the hospice. She was introduced to other members of the team at this time and by the end of the visit she felt very reassured that John's needs would be met in the hospice.

On the morning of the transfer, the physiotherapist set up the Airvo in the room and demonstrated to the ward staff how to use it and the rationale for it. When John arrived he was seamlessly transferred on to the Airvo and was very comfortable. The physiotherapist continued to work with John and Patricia, assessing his needs and facilitating time in the restaurant, using the hospice's portable oxygen concentrator for short periods of time. The time in the restaurant allowed John and Patricia to enjoy meals together as they had done during their lives together.

This is an example of the increasing complexity of patients being admitted to SFHD, such as those with complicated respiratory needs including hiflow oxygen and non-invasive ventilation devices. The physiotherapy staff continue to support and provide education to staff regarding this equipment. With the availability of portable oxygen concentrators in both sites, hours out and overnight stays for patients who are oxygen dependent, is facilitated. The physiotherapy staff educate patients and their families in the use of portable oxygen concentrators to ensure their oxygen needs were met.

With the successful recruitment of a senior physiotherapist in August 2018, we were able to re-introduce the highly successful Exhale programme for SFHD community based patients across both sites. The Exhale programme is an initiative designed to provide exercise and education for patients with advanced lung disease who are severely deconditioned, breathless at rest and unsuitable for inclusion in hospital and community based pulmonary rehabilitation programmes due to the significant burden of their symptoms and poor functional status. Results of the pilot programme showed 77% of patients improved in their walking distance, 88% improved in their self-reported symptoms and 65% of demonstrated improvements in their anxiety and depression scores.

The physiotherapy department ran a very successful education afternoon for our physiotherapy colleagues in Clontarf Hospital in November 2018. This education was requested as a result of the increased number of palliative care patients being admitted to Clontarf Hospital. The session included talks from both the physiotherapy department on palliative care rehabilitation, and the education team in relation to challenging communications. Similar education to the acute hospitals in SFHD catchment area is planned in 2019.

The physiotherapy department also contributed to the roll out of project ECHO in conjunction with the AIHPC.

The physiotherapy department aims to expand the Exhale programme to include patients earlier in their palliative care journey, and also to offer oxygen education sessions to all clinical staff to familiarise them with the wide variety of oxygen delivery systems currently being used by our patients.

What's New in 2018

Support for More Complex Needs – During 2018, SFHD saw an increase in the number of patients using specialised respiratory equipment, such as Airvos and non-invasive ventilation devices, transferring to our care from the acute sector. The physiotherapy expertise in the management of these patients has allowed the organisation to facilitate inpatient admission for end of life care.

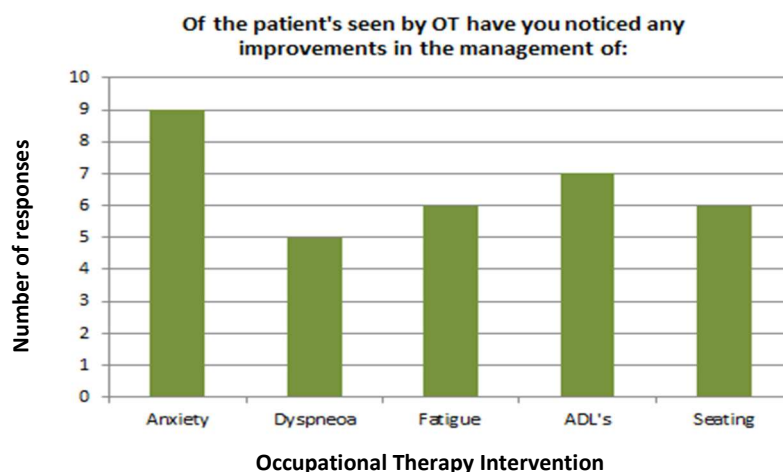
Occupational Therapy

Occupational therapy (OT) aims to help patients achieve their optimum independence in activities that are important to them. In 2018 the most frequent OT intervention was for seating and pressure relief. Providing appropriate chairs and wheelchairs allows for fulfilment of goals including sitting out of bed, engagement in usual daily activities, accessing the hospice gardens and facilities. Pressure care management in seating is a high priority for occupational therapy, and providing the appropriate type of pressure relieving cushion is essential.

The OTs assess patients for hours out, overnight stays at home and discharge. This requires assessing the person's abilities, their goals, the home environment (physical and social) and the person's engagement in activities of daily living. OTs prescribe equipment to facilitate patients to be at home and liaise with community OT colleagues to provide this. Occupational Therapy delivers symptom management programmes, helping the patient manage fatigue, breathlessness, pain and anxiety, which in turn enables participation in valued activities.

With a temporary increase in staffing, OT provided one half day input a week into Hospice Day Care over eleven weeks from June to August 2018. A questionnaire was devised by OT and completed anonymously by staff who work in Hospice Day Care to evaluate OT intervention (11 responses = 100% response rate). The staff working in Hospice Day Care identified improvements, in patients seen by OT, in a number of areas (see the graph below). These results emphasised:

- the need for occupational therapy for community based patients
- the importance of OT input in symptom management namely anxiety management



What's New in 2018

Call bells – OT facilitated an assistive technology upgrade in the in-patient unit in Blanchardstown to allow for accessible integrated call bells for patients who have difficulty managing the standard nurse call bell. A similar upgrade is planned for IPU Raheny next year.

IPU treatment room – The OT treatment room in the inpatient unit Blanchardstown was equipped, guided by the advice of the OTs, and is now available for patient use. Equipment includes specialised seating systems, commode/shower seats and a wheelchair weighing scales. Wireless electric Riser Recliner chairs were also purchased, providing patients with a variety of positions to achieve comfort without the trip hazards associated with trailing flexes.

Lymphoedema Therapy

Lymphoedema affects many St Francis hospice patients following surgical removal of lymph nodes or radiation therapy in the treatment of their cancer. Lymphoedema is a build-up of lymph fluid in tissues causing swelling and can have a significant negative effect on function and quality of life. Although not curable, Lymphoedema is manageable with specialised massage and the use of compression bandages or garments. In St Francis Hospice Dublin, we have three qualified Lymphoedema therapists available to all hospice patients to treat their Lymphoedema. One of our therapists has been part of the development of the Model of Care for Lymphoedema for the HSE and is also a representative on the compression garment procurement for the HSE as a stakeholder for Palliative Care.

Complementary Therapy

Complementary therapies are used alongside conventional health care to help ease patients' symptoms and help promote relaxation, ease discomfort, anxiety and stress. Treatments include reflexology, massage, aromatherapy and relaxation groups. Therapists are always mindful of patients' wishes and treatments are adapted to suit their individual needs.

The complementary therapy team consists of staff and volunteers who provide treatments to Outpatients, In-patients and Hospice Day Care patients in both Raheny and Blanchardstown.

	RAHENY	BLANCHARDSTOWN
TOTAL TREATMENTS 2018	1960	1247

We have three qualified aromatherapists who, along with providing aromatherapy massage, also use essential oil blends to create specialised creams, oils and mouthwashes specific to individual patient's symptoms such as dry/itchy skin, muscle and joint ease, neuropathy, dry and sore mouths. In 2018 there were 800 of these aromatherapy blends made specifically for St Francis Hospice patients. One patient gave this feedback:

"The itch had become unbearable and I had a tried numerous medicated creams. The community palliative care nurse got some of the itch cream made in St Francis Hospice and I can't believe the difference. I wouldn't use anything else now."

Education and Research

Education and research are core components of palliative care.

Education

Third level education – We partner University of Dublin Trinity College to offer an eLearning interdisciplinary MSc in Palliative Care. In 2018, there were 14 students progressing through year 1 and 4 students in year 2 of the programme. Additionally, input was provided to undergraduate and post graduate nursing programmes in University College, Dublin, Trinity College Dublin and Dublin City University. Research supervision at Masters and Doctorate level was provided.

The physiotherapy department provided a foundation year lecture to RCSI physiotherapy students. All medical students from the RCSI, during their GP attachment, attend St Francis Hospice for two half days for lectures and small group teaching.

Clinical Placements – We provided clinical placements for approximately 50 people from a variety of disciplines and clinical specialties in 2018.

Courses and study days – Staff from all departments of the hospice contribute their knowledge and clinical experience to teach on our courses. In 2018, we introduced a flipped classroom approach, with some content delivered through eLearning prior to each course.

In-service and journal clubs – In 2018, there were 509 attendances by staff at in-service training. Journal clubs are organised locally by various departments and contribute to the professional development of staff throughout SFHD.

Community outreach – In 2018, we visited several secondary schools in our catchment area and spoke with students about hospice/palliative care.

Kaleidoscope Conference – This 2-day event brought together nearly 300 healthcare professionals for education, discussion and networking.

Research

There is an active culture of research in St. Francis Hospice, overseen by the Research Ethics Committee. In 2018, SFHD Research Ethics Committee approved two research applications:

- *An exploratory study of the educational needs to support knowledge, skills and competencies of Community Palliative Care Specialist Nurses involved in initial assessments and subsequent management of patients with non-cancer conditions across all community settings* - Principal Investigator Dr Deirdre Finnerty
- *The effect of an educational intervention, the Project ECHO on the care of nursing home patients with palliative care needs* - Principal Investigator Dr Úna Molloy

What's New in 2018

MBSR – Mindfulness Based Stress Reduction 8-week course, facilitated by a specially trained member of the education team, was offered to staff of all disciplines and departments. This will be rolled out twice each year as a support initiative.

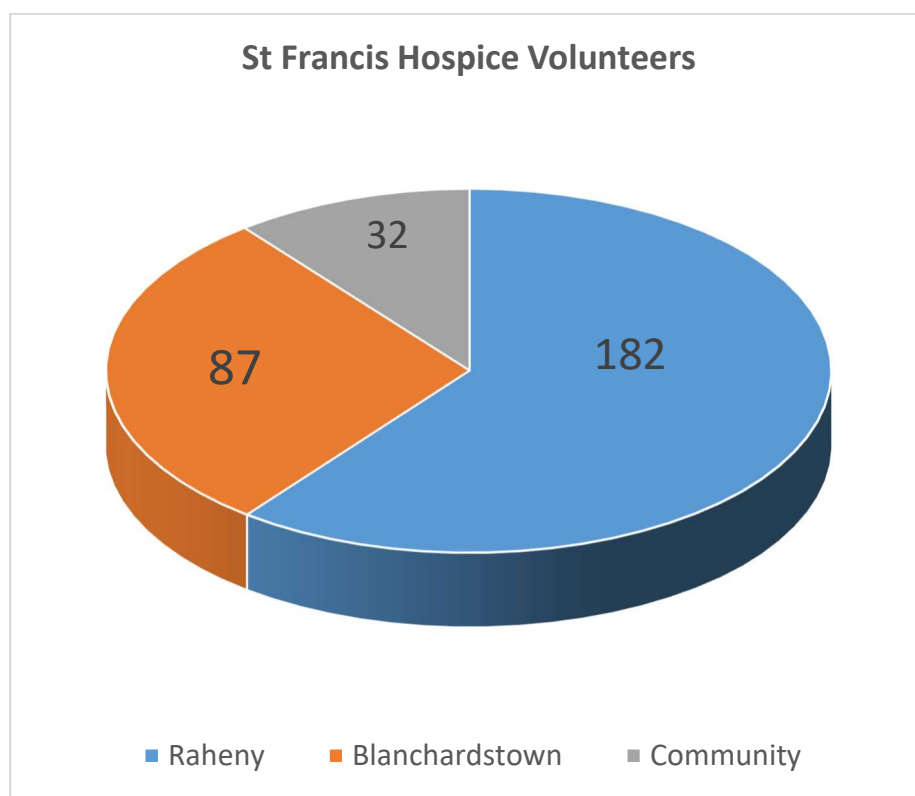
Healthcare Assistants Forum – This monthly cross-site meeting, facilitated by the education team, provides our healthcare assistants with an opportunity for ongoing education, discussion and reflection of relevant issues that arise in their work.

Volunteer Services

The role of the volunteer in St. Francis Hospice has always been recognised and valued as an essential part of the team. The hospice would not be able to provide the high level of care it achieves without the generous contribution made by the volunteers. As the hospice services have developed, so has the volunteer service. We strive to continue to provide a high level, supportive volunteer programme.

Volunteer Programme Statistics

- 301 volunteers supporting the services across St Francis Hospice Dublin
- Community volunteers include: Mite Box Coordinators & Home Visit volunteers



- Volunteers support St Francis Hospice Dublin across 44 roles.
- In 2018, 27 new volunteers were recruited. As the turnover of volunteers is quite low, we maintained and improved the current programme. All recruits were from a waiting list.

Investing in Volunteers

Throughout 2018, the volunteer department has been working towards achieving the Investing in Volunteers, Quality standard in Volunteer Management. The final step in the process was an assessment whereby an assessor will interview 41 volunteers, 2 directors, 9 staff across both hospices, (52 people in total). This assessment took place in October 2018. We will have the results of the assessment in early 2019.



Corporate volunteering

Symantec continued its strong relationship with St Francis Hospice by continuing to volunteer. Throughout 2018, they volunteered in the gardens in St Francis Hospice Blanchardstown by planting blubs and tidying the gardens. This year we also won their Q2 community grant of \$2,500.

Long Service Awards

Forty-three volunteers received Long Service Awards for their commitment and dedication to St Francis Hospice.

- 5 years in service – 22 Volunteers
- 10 years in service – 9 Volunteers
- 15 Years in service – 7 Volunteers
- 20 years in service – 4 Volunteers
- 25 years in service – 1 volunteer



2019 Plans

- Continue to maintain a high-level volunteer programme that engages with all departments within the Hospice.
- Celebrate the 30th Anniversary of St Francis Hospice and the input that volunteers have given over the past 30 years.

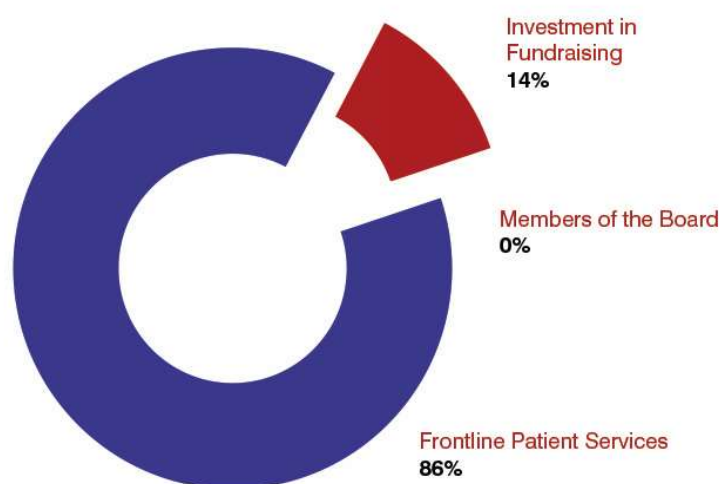
Fundraising

Our donors, once again, have been extraordinarily generous not only financially but also with the time that they have given to St. Francis Hospice in 2018. Their support, which comes in so many ways, ensures that the hospice can continue to provide a very high standard of care for patients and families.

Financially in 2018 a total of €4,875,449 was raised from Donations, Major Donors, Campaigns, Event, Projects and Legacies and we are very grateful to our donors for their ongoing support.

Blanchardstown Centre Oratory Group continues to support the hospice by holding two major events annually and also act as huge advocates for the hospice within the local community. This year the Blanchardstown Centre Oratory Group in tandem with the community raised the very generous amount of €220,784.

Where Your Money Goes



For every €100 raised €86 goes towards patient services.

Thank you for your support!

Looking to the future, in 2019 we will honour 30 years of caring for patients and families. Our fundraising efforts will be very reflective of this very special occasion and we invite all supporters to journey with us through 2019 and beyond so that we can achieve our mission of expanding Community Palliative Care Services, Bereavement Support Services and provide single rooms for patients at St. Francis Hospice Raheny.

In preparation for the provision of a single room for each patient and also additional space for families so that they are comfortable and feel supported, a new staff member who is skilled in Major Donations and Philanthropy Partnerships, will be appointed to the Fundraising Team in early 2019 with a view to beginning the journey of securing funding for this major capital project.

ST. FRANCIS HOSPICE DUBLIN

STATEMENT OF FINANCIAL ACTIVITIES FOR YEAR ENDED 31 DECEMBER 2018

	2018 Restricted Funds €	2018 Unrestricted Funds €	2018 Total €	2017 Restricted Funds €	2017 Unrestricted Funds €	2017 Total €
Income from:						
Donations and legacies	496,845	2,270,301	2,767,146	170,123	1,520,988	1,691,111
Charitable activities	11,068,120	65,674	11,133,794	11,046,782	102,446	11,149,228
Other activities	-	2,082,802	2,082,802	-	2,322,866	2,322,866
Investment income	-	37,200	37,200	-	37,709	37,709
Other income	65,219	35,869	101,088	-	33,669	33,669
Total	11,630,184	4,491,846	16,122,030	11,216,905	4,017,678	15,234,583
Expenditure on:						
Raising funds	-	610,789	610,789	-	558,206	558,206
Charitable activities	11,392,004	5,245,838	16,637,842	11,491,828	4,573,962	16,065,790
Total	11,392,004	5,856,627	17,248,631	11,491,828	5,132,168	16,623,996
Net Expenditure	238,179	(1,364,781)	(1,126,601)	(274,923)	(1,114,490)	(1,389,413)
Taxation	-	-	-	-	-	-
Transfer to restricted reserve from unrestricted reserve	(464,140)	464,140	-	-	-	-
Net expenditure For the financial year	(225,961)	(900,641)	(1,126,601)	(274,923)	(1,114,490)	(1,389,413)
Reconciliation of funds						
Total funds brought forward	1,840,329	26,058,592	27,898,921	2,115,252	27,173,082	29,288,334
Total funds carried forward	1,614,368	25,157,951	26,772,320	1,840,329	26,058,592	27,898,921

ST. FRANCIS HOSPICE DUBLIN

BALANCE SHEET FOR YEAR ENDED 31 DECEMBER 2018

	2018 €	2017 €
Fixed assets		
Tangible fixed assets	31,165,667	32,418,613
Financial fixed assets	100	100
	<u>31,165,767</u>	<u>32,418,713</u>
Current Assets		
Debtors	266,907	302,795
Cash at bank and in hand	1,767,967	2,242,856
	<u>2,034,874</u>	<u>2,545,651</u>
Creditors: amounts falling due within One year	<u>(1,939,756)</u>	<u>(2,247,283)</u>
Net current assets	95,118	298,368
Total assets less current liabilities	<u>31,260,885</u>	<u>32,717,081</u>
Creditors: amounts falling due after More than one year	<u>(4,488,565)</u>	<u>(4,818,160)</u>
Net Assets	<u>26,772,320</u>	<u>27,898,921</u>
Reserves and funds		
Accumulated funds – restricted	1,614,368	1,840,329
Accumulated funds – unrestricted	25,157,951	26,058,592
	<u>26,772,320</u>	<u>27,898,921</u>

The financial statements were approved and authorised for issue by the Board of directors on 29th May 2019 and signed on its behalf by:

Dermot McCarthy
Director

Patrick Kenny
Director

**ST. FRANCIS HOSPICE
RAHENY**



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**ST. FRANCIS HOSPICE
BLANCHARDSTOWN**



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Company Information

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Company Registration No. 153874

Registered Charity No. 20027193

Charitable Tax Exemption No. CHY 10568

