



Company Information

North West Hospice:

Registered Office: **The Mall, Sligo**

Company Registered Number: **119501**

Registered Charity Number: **CHY 7983**

Charity Regulator Number: **20018863**

Solicitors:

Michael J Horan Solicitors, Millennium House, St. Stephen St, Co. Sligo

Bankers:

Ulster Bank LTD, 25 Stephen Street, Sligo

Permanent TSB, 22 O'Connell Street, Sligo

Auditors:

Gilroy Gannon Financial Services, 25 Stephen Street, Sligo

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Chairperson's Statement

It is hard to believe that another year has passed in the life and continuous development of North West Hospice Palliative Care Services since compiling the 2016 Annual Report. This seemingly rapid passing of time is reflective in the increased activity associated with the implementation of objectives contained in our Strategic Plan 2016-2020, a number of which I will now address.

While envisaging the plan as a whole, the main focus during 2017 has been on objectives 2, 6 and 7. Objective 2 set out to increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care. In true partnership, members of the Estates Department CHO 1, HSE West offered and has provided their expertise to work with our Hospice Management team in tendering and selecting a Design Team to prepare a Design for this new build. This is currently a work in progress. The Board wish to express their gratitude for the very valuable contribution HSE Estates are making in progressing objective 2.

Objective 6 is to ensure the financial sustainability of North West Hospice as an organisation to provide its services to people with life-limiting illness. In meeting this objective, the Hospice Manager has led the fundraising team to continue to develop and deliver on the income generation plan. Despite the major investment and upheaval in re-organising the operational functions of North West Hospice in separating the administration/fundraising function from the clinical area, the team has successfully achieved and surpassed their financial target for the year.

Our five year strategy recognised that in managing and developing the organisation, change will be necessary with Objective 7 stating the need 'to ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements'. The report pointed to the changing regulatory regime within the healthcare sector, including the possibility of statutory licensing as drivers of this change. In initiating action on objective 7, the Board have commissioned a 'Governance Options Review' in an effort to establish the most appropriate governance arrangement to ensure the optimal management and functioning of North West Hospice in the provision of palliative care services into the future.

The Board of Directors would like to say a sincere 'thank you' to their dedicated management and staff including, medical, nursing, administration and the numerous support staff who on a day to day basis provide the highest quality care to the users of our service. This has only been made possible by the support of our very generous community who have contributed their time through volunteerism, organisation of numerous events, and consistent big-hearted donations through their support for Hospice fundraising events in addition to bequests and one-off contributions. Our Diaspora has never forgotten their homeland and continues to make a significant contribution for which we are grateful. A word of thanks also to the many HSE administrative and service staff for their cooperation and valued contribution to our service.

Mr Jim Callaghan, Chairperson, Board of Directors

Hospice Manager's Statement

Since my appointment as Hospice Manager on the 1st January 2017, I have been working with the Board of Directors and the Hospice staff on the eight Key objectives identified in our strategic plan 2016-2020. This strategic plan was officially launched on the 18th August 2016. I am pleased to advise that all of the objectives have been progressed further in 2017 with details on this progress outlined on page 20 of this report.

While the hospice recognises the expertise of our staff and volunteers in delivering our service, the hospice also acknowledges that the physical environment provided by our current inpatient unit structure is not fit for purpose into the future. To prepare for the future needs of our community which has seen an increase in referrals to the service by 42% since 2011, the Board of Management committed in our strategic plan, "to increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care" (objective 2). Notwithstanding the significant financial challenge, it is our objective that with the support of the HSE and the community that the Hospice will be in a position to precede with a new builds. Subsequently 2017 was a very exciting year as the Hospice tendered and engaged a Design team to work with the Hospice project team to design our new Hospice. I would like to acknowledge the support of HSE Estates in supporting the Hospice in this process. Great progress has been made to date with the intention of having planning permission submitted in late 2018.

The organisational changes recommended in the Strategic Plan 2016-2020 was further progressed in 2017 with the commissioning of an external governance appraisal report by the Board of Directors and supported by the HSE. It is recognised by the Board the importance of ensuring robust governance structures now and into the future to meet the growing regulatory requirements. The Board has been proactive by having this as a key objective in the Strategic plan and is working with the HSE to progress the necessary change as required and recommended in the report when finalised.

Key challenges remain as we are required to fundraise in excess of €1 million each year to maintain our current services and also progress a new build. A number of new fundraising initiatives were commenced in 2017 to increase our revenue stream, greater engagement with the corporate and diaspora community and the opening of our first charity shop in the Market Yard, Carrick on Shannon, Co. Leitrim. The re location of the fundraising team to our site in Wine Street car park has also proven to be very positive. It has allowed the clinical team more space on our site in the North West Hospice building and the fundraising team the facility to coordinate hospice led events in a high profile location in Sligo town. These new initiatives have led to a very successful year in fundraising with an increase of 52% compared with 2016 figures. This increase in fundraising is also

reflective of a very generous community who continue to be satisfied with our service and the expertise and compassion of our clinical team. This is also reflected in the feedback that we actively encourage and receive from our patients and families. The Quality/ Safety/Practice Development report on page 15 has some examples of this positive feedback.

Over the years the North West Hospice has harnessed the widespread local community support since it was founded in 1986 by members of the local community. This support has directly influenced the success of North West Hospice and continues to ensure that the focus remains on the free delivery of high quality specialist palliative care to patients and families that require it in our community.

In presenting this report, I wish to acknowledge all that contribute to North West Hospice, the dedicated Board of Management, staff and volunteers, the HSE and local community groups i.e. Sligo Leader, local County Council, Sligo Social Services, the local community and each patient and family that we have the privilege to care for.

Ms Nuala Ginnelly, Hospice Manager

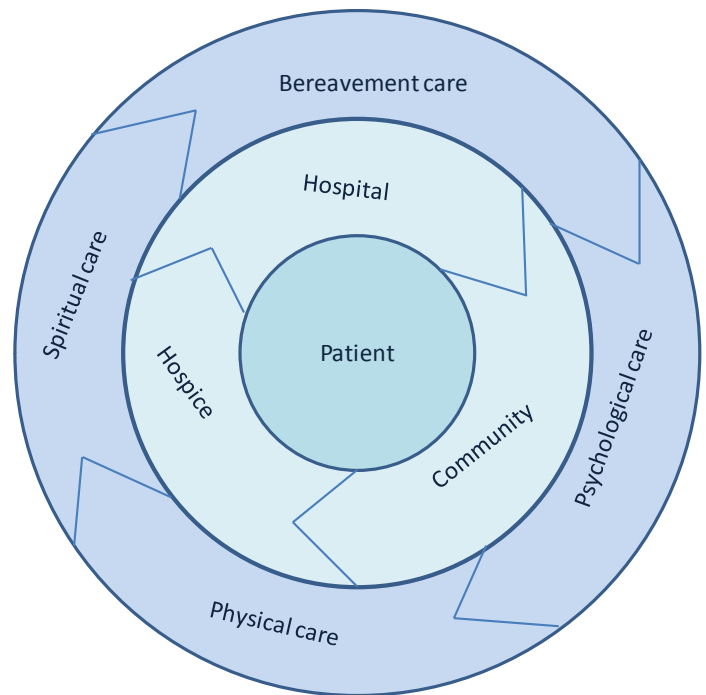
Our Services

We provide specialist palliative care with compassion for those living with life-limiting illness in our communities in Sligo, Leitrim, South Donegal and West Cavan – a catchment area of approximately 110,000 persons. All our care is provided free of charge to patients and their families.

Our Integrated services is provided through

- Our **8-bed Inpatient Unit** – this Unit has eight beds (three single rooms and a five-bed area) where people are cared for by a multi-disciplinary team for a range of reasons such as symptom control, respite, as well as end-of-life care. Our team includes specialist palliative consultants, medical, nursing, social work, occupational therapy and physiotherapy staff. We also provide pastoral care, complimentary therapies, and a wide range of volunteer services.
- Our **Community Palliative Care Team** working across the North-West – we visit patients in their own homes or other care settings such as nursing homes or community hospitals. This team of Clinical Nurse Specialists, a social worker and a doctor work very closely with the patient's GP and Public Health Nurse to provide care to the patient.
- Our **Hospital Palliative Care Team** based in Sligo University Hospital - provides palliative care to patients at Sligo University Hospital and their families, and provides support to the hospital's medical and nursing teams. The Team provides a seamless link in the flow of care between the hospital, the hospice In-Patient Unit and Community Palliative Care, assisting patients and their families to make the most appropriate decisions according to their individual care needs.
- Our **Social Work** service – Social workers are an integral part of the palliative care multi-disciplinary team. The team provides psychosocial and emotional support to patients and their families who are receiving palliative care service at home or in the Inpatient unit. The social work team also provides a bereavement support and advice to those whose loved one died under the care of North West Hospice
- Our **Specialist Education Support** service – we recognise the importance of ensuring the continuous professional development of our staff, and our activities include monthly education sessions for staff, learning and sharing from practical examples of clinical practice, and the development of policies, procedures and guidelines related to service quality.
- Our **Volunteer** Programme – our volunteers provide essential support in areas such as reception cover, holistic care (massage, music, reflexology, etc.), and driving, fundraising and other activities.

The services provided by North West Hospice are highly integrated, and our Bereavement, Education, Spiritual and Volunteer supports are integral to our specialist palliative care service. The diagram (pictured right) illustrates the integrated nature of what we do, all of it centred on the needs of our patients and their families:



Mission, Vision & Values

Mission

The mission of North West Hospice is to provide specialist care with compassion for those living with life-limiting illness in our community.

Vision

Our vision is to be at the centre of palliative care services in the North West, working to ensure that everyone who needs palliative care can access services.

Values



Service Statistics and Staffing

1.1 Service statistics

Total number of New Referrals to the service and % increase from 2011- 2017

2011	2012	2013	2014	2015	2016	2017	% increase since 2011
429	413	466	502	528	579	609	42%

Community Palliative Care

	New referrals	Re-referrals	Discharges	Deaths	CNS visits	Total Visits	Phone calls
2016	303	41	64	227	2256	2424	11870
2017	335	37	66	275	2210	2361	13445

Hospital Palliative Care

	New referrals	Re-referrals	Discharges	Deaths	CNS visits	Total Visits	Phone calls
2016	391	166	377	150	3935	4719	1022

2017	474	211	124	165	2150	2829	775
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Inpatient Unit

	New referrals	Re-referrals	Discharges	Deaths
2016	158	55	66	129
2017	146	30	50	132

Social Work service – Number of families who received a service

2016	149
2017	169

1.2 Total Staffing in North West Hospice

Positions	WTE
Administration	7.5
Community Relations	2.00
Volunteer Coordinator	0.5
Medical Staff	5.00
Nursing Staff	31.0
Social Work	2.00
Cleaning/ Catering	2.00
Total	49.5

Structures and Governance

North West Hospice is a registered charity and a company limited by guarantee. It is governed by a Board of Directors. Our Board is responsible for corporate governance and works closely with our management team to deliver our vision, mission and strategic objectives. All our Directors are volunteer members who generously contribute their experience, knowledge, and resources to ensure that North West Hospice is effectively run.

The Board of Directors of North West Hospice is:

Chairperson- Mr. Jim Callaghan

Vice- Chairperson – Ms. Mary Curran

Other Directors- Ms. Aisling Barry, Mr. Declan Hegarty, Mr. Pat Dolan, Ms. Dymphna Gorman, Mr. Noel Scott, Ms. Winifred McDermott, Dr. Fiona Quinn, Mr. Noel Walsh, Mr. George Chadda,

Resignations from the Board in 2017

Mr. John Mc Ateer

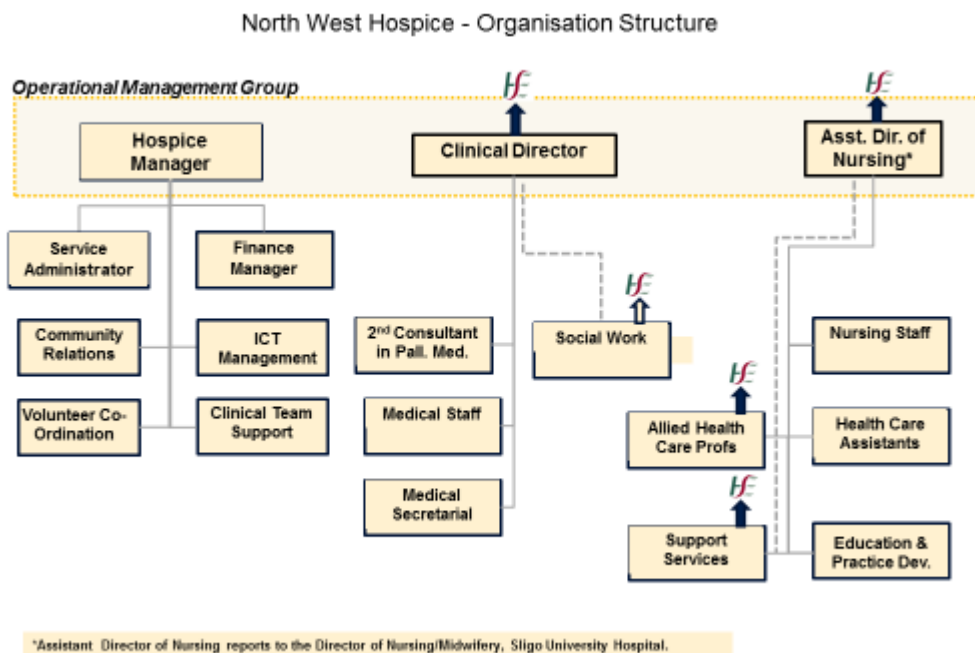
New appointment to Board in 2017

No new appointments to Board

The business of the Board is supported by the following sub- committees:

- Board Development Committee
- Human Resource Committee
- Finance and Audit Committee
- Board representation on Hospice Quality/ Safety and Capital Plan committee

Our current Organisational Structure (as below)



Medical Statement

2017 was another busy year for all at North West Hospice. The last decade has seen a year-on-year increase in referrals to the entire service and 2017 was no exception with a five per cent increase - a total of 609 patients referred to the palliative care service. The service comprises of a community team (covering counties Sligo, Leitrim, South Donegal and West Cavan), a hospital team reviewing patients in Sligo University Hospital and an In-Patient Unit with a total of 8 beds - 3 single rooms and a 5-bed ward area.

Over the years the patients we see and the way we receive referrals has changed. Previously, the majority of referrals were those with a cancer diagnosis (over 95%). Currently, over a quarter of our community patients have non-cancer illnesses (such as kidney/heart failure or end stage lung disease/dementia). In the hospital, over half of our referrals have a non-cancer diagnosis - most commonly pneumonia.

In the community, over 35% of our patients are aged 80 and over. Almost 20% of our community patients are residents in nursing homes or community hospitals compared to less than 5% ten years ago. We work closely with the primary care team, namely the GP and the Public Health Nurse, to provide care to these community patients. Traditionally, the majority of referrals came from GPs whereas now over 80% of referrals originate in the hospital.

All parts of the service have seen an increase in demand. Continuing to provide a specialist service which meets this demand can be challenging given that our staff numbers and funding from the HSE have remained static over the past number of years. Our costs have increased every year and while

we acknowledge the support of the HSE, there is no doubt that without the generous donations from the public we simply could not continue to do the work we do.

Our focus in the coming year is to ensure that we provide a high quality service; whether that is in the community, In-Patient Unit or the Hospital. Education on the role of palliative care for the general public and also healthcare professionals is particularly important and we want to focus on this. Feedback is important to us and can guide us regarding where improvements can be made. We are planning to repeat a patient and family survey later this year to identify areas to focus on.

The major area which needs to change to improve the quality of the service is the In-Patient Unit physical space. We are proud to have an In-Patient Unit. However, over the last few years (particularly over the winter months) we simply do not have enough beds to meet the increasing demand. Last year we admitted 176 patients to the Unit. Our current facilities are dated and not fit for purpose. There is a lack of privacy and space for patients and families. Our lack of single rooms is a huge drawback to our service. Most patients want the privacy of a single room and for others; the presence of infection dictates that they need their own room.

At North West Hospice, we have a five-bed ward area which is mixed male/ female. Patients need their own room. You will have seen other hospices around the country redesigning their facilities to provide this. Our plan – which is in the design stage – is to build a new 12 bed In-Patient Unit with 12 single rooms, on the site of our current building. It would also provide office accommodation for our fundraising and administration team who have temporarily relocated to Wine Street Car Park due to the lack of space at the North West Hospice building. The total cost of this new build is estimated at €8.9 million and is a priority to meet the increasing demand of our local community.

On behalf of all of us at North West hospice, thank you for your generosity over the last 32 years which has allowed us to continue in our vital work.

Dr Cathryn Bogan, Consultant in Palliative Medicine and Clinical Lead at North West Hospice

Nursing Statement

North West Hospice Palliative Care Nursing Services extend across hospital, community and inpatient settings providing the delivery of palliative care. The nursing team continues to build on the existing working relationships with our medical and nursing colleagues in Sligo University Hospital and the Community services. This helps to make the transition of our patients from the hospital setting to the North West Hospice as seamless as possible.

Conventionally palliative care came about in order to improve the quality of life of people with cancer, but this has extended now to the care of people with other life-limiting conditions and their families. The foundation of palliative care is good symptom control but by attending to the holistic care of the patient for example their psychological, social and spiritual needs and to those that matter to them we aim to provide a more encompassing and person-centered approach to care. Members of our nursing team include nurse managers, clinical nurse specialists, nurses and health care assistants work in partnership with our medical, social work, allied health professionals and chaplaincy to provide that care.

Our Community Palliative Care team are based in North West Hospice building on Sligo University Hospital campus but they continue to cover a large geographical area, namely Sligo, Leitrim, South Donegal and West Cavan and work closely with the GPs and Public Health nurses as well as supporting nurses in Community Hospitals and Nursing Homes. As Clinical Nurse Specialists (6 in total plus 1 Clinical Nurse Manager) they play a key role in advising, supporting and educating staff in all these areas in the delivery of a palliative approach to care. The continuous supporting of non-

palliative specialist staff, who is working with syringe driver pumps and the review of any accompanying documentation, is on-going. Members of the team have attended national conferences as part of their commitment to professional development which enhances their ability to deliver evidence based care to the people that they are caring for. The total number of patients that receive Community Palliative care support is approximately 120 patients and their families each month.

The 8 bedded Inpatient Unit has approximately 25 nursing team members, including 6 Health Care Assistants, a Clinical Nurse Manager 11 and this year we were delighted to welcome a Clinical Nurse Manager 1 to the team. The Inpatient Unit, in particular supports clinical placements for student nurses and nurses undertaking the Post Graduate Diploma in Palliative Care. This is a Placement the Students feel they get a lot from due to the ethos of teaching from our Palliative team members.

A significant development for the Inpatient Unit in 2017 was the approval of the Board to tender a design team to design a new hospice build. This is now included in the HSE Capital Plan and will ensure availability of single rooms for up to 12 patients. This will significantly improve provision of privacy, dignity and respect for all patients and their families into the future. These plans are still on course and we look forward to this work commencing in the near future.

The Hospital Palliative Care Team consists of 3 Clinical Nurse Specialists dedicated to Sligo University Hospital. Their role is to advise nursing staff caring for patients requiring palliative care on general wards and to also meet and support patients with life-limiting conditions and their families.

Continuous professional development for staff is on-going and supported by an Education/Practice Development Coordinator. This process will be strengthened by staff engaging in professional development planning in conjunction with their clinical nurse managers, this enables the North West Hospice to identify training needs and then plan programmes to meet those needs.

The nursing and medical teams are involved routinely in clinical audits to monitor practice to ensure delivery of safe and quality care. We encourage all staff to participate and encourage suggestions. Reports and minutes of all group meetings e.g. Policy Governance Group, Integrated Quality and Safety Group are available on the Shared Folder as are all policies for easy access for staff.

The North West Hospice is very privileged to have a team of nurses who demonstrate a high level of nursing expertise and skills throughout the service. Their commitment to their work and their flexibility ensures adequate provision of staff when we are challenged by unexpected or unplanned events.

We strive to do our best for those we care for by engaging and learning how we can always improve on the care that we give.

Ms Catherine Regan, Assistant Director of Nursing

Social Work & Bereavement Statement

There is one Senior Social Worker and one Social Worker employed in the Palliative Care Service at North West Hospice.

Social Workers are an integral part of the multi- disciplinary team providing a service to those receiving palliative care services in their home or in the In Patient unit. Working in a person centred and holistic way social workers understand the impact of illness on psychological and emotional wellbeing. They provide supportive counselling, emotional and practical support to individuals and families. The social work team works in partnership with parents, guardians and other family members to offer support, advice and guidance as to how to prepare and support children and vulnerable adults when a family member is ill. The Social Work service provides bereavement support, information and advice as appropriate to families whose loved one died under the care of North West Hospice. Our annual Remembrance Evening was held in November 2017, which provided families and friends with an opportunity to reflect and remember their family member or friend who had died.

Social workers are registered with CORU professional body and actively participate in service development initiatives. They are committed to enhancing social work practice through continuous professional development in the area of social work in specialist palliative care.

Ms Michelle O Reilly, Senior Social Worker

Quality/ Safety/ Practice Development Report

Quality and Patient Safety remain a key function as we endeavour to develop a service that truly provides safe, compassionate care for the people for whom we care. Initiatives to strengthen governance of this function were approved with the formation of a Quality and Safety Subcommittee of the Board. This group reports directly to the Board on its oversight of the work of the Integrated Quality and Safety Committee. Review of all clinical incidents, analysis of trends and implementation of quality improvement plans comprises the work of this operational group. Our commitment towards compliance with the National Standards for Safer, Better Healthcare provides a roadmap to fulfilling our Quality and Safety function.

Practice Development is enhanced through implementation of new policies and the revision of existing policies informed always by national and international best practice. Service Development is also influenced by feedback directly from people who use the service and our Comment/Feedback form is now available on our website and on Hospice premises.

North West Hospice continues to work with Centre for Nursing and Midwifery Education in implementation of Palliative Care Needs Assessment Guidance programme. Interdisciplinary staff from community and acute settings attended with the aim of changing the culture of care in their own settings in relation to the delivery of palliative care. This course highlights the role all health care professionals in the delivery of palliative care so that patients can access this service no matter where they are, no matter the nature of their disease. Palliative Care is everyone's business!

Staff members regularly attend weekly journal clubs and case reviews and demonstrate commitment to personal and professional development by completion of courses at post-graduate levels and higher.

We continue to support student nurses at undergraduate level and facilitate clinical placements for post graduate students. This has proved an enriching experience for all involved.

North West Hospice is committed to ensuring that the service we provide is guided by patient and family feedback. We invite patients and visitors to complete "Feedback Forms" so that we can gather information on how the service is experienced by them. These are available on website and in the Inpatient Unit. In 2017 we received comments and complaints totalling twelve in all, two of which were formal complaints and were resolved. Comments received prompted us to review certain aspects of the patient experience e.g. the television system in the Inpatient Unit was updated because patients reported that they could not watch the Gaelic matches! All of these comments/complaints are discussed at quarterly Quality and Safety meetings along with a review and analysis of all clinical incidents.

- *"Very impressed with overall conduct etc. of all staff- and the surroundings area, garden etc. contributed to peacefulness and serenity of the Hospice."*
- *"The calm tranquil feeling generated by all staff. The sense of "Love" held for each patient & family. The willingness to always go the extra mile. Thank you."*
- *"You couldn't ask for any more help the staff are very friendly and helpful."*
- *"The staffs at Sligo Hospice are incredible; they are selfless, caring, genuine and invaluable. How can you find words to express how each person's skills contribute to supporting the patient and family? They personally make a difference in everything they do."*
- *"The care and "family" feeling given by all the staff. We are all so grateful for the "compassion". Thank you sincerely."*

We had a total of 58 clinical incidents in 2017, the majority of which were in the negligible to minor category under four main areas of pressure ulcers, slips/trips/falls, medication and a small number under "miscellaneous" which included incidents of violence/aggression/harassment towards staff. No serious incidents were recorded for 2017. Resulting quality improvement plans led to development and review of twenty-four policies overseen by the Policy Governance Group.

We are continuously working towards embedding quality and safety in the way we deliver our care.

Ms Hazel Smullen
Quality/ Safety/ Practice Development Coordinator for North West Hospice

Volunteer Service Report

‘No act of kindness, no matter how small, is ever wasted.’ These words by Aesop are the foundation of the North West Hospice Volunteer Programme. They reflect the spirit of generosity and support we have received from each of the many volunteers who have joined the Volunteer Programme to date.

Initiated in January 2012 the North West Hospice Volunteer programme has since gone from strength to strength with an ever expanding range of services provided. Now an integral supportive part of our Service throughout the various disciplines within the North West Hospice, Volunteers main purpose is to ‘support and enhance the existing North West Hospice services by providing a wide range of skills and resources which improve the quality of life of the People we care for and their families’.

Our Volunteers, who vary in age, bring with them a wide range of experience, knowledge, skills, energy and enthusiasm to provide support to our organisation in their free time and for free. While not an exhaustive list, some examples of current volunteering roles in the North West Hospice include Fundraising, Reception, Driving, Hairdressing, Aromatherapy, Massage Therapy, Reflexology, Hospitality, Music, Gardening, Flower arranging, Home Baking, Chiropody, Beauty Therapy, Dog Therapy, Chiropody, Podiatry, Photography, Collecting Boxes and working in the Hospice Shop. Accordingly Volunteers support the North West Hospice to accomplish our goal of providing services both in the most compassionate, but also importantly, in the most cost effective manner possible.

Many volunteers are retired people or people who, while living busy lives, have some time to spare and wish to contribute to the North West Hospice: professionals who wish to provide their skills to the organisation and to keep their skills honed, students, parents and family members who wish to 'give something back' after having been touched by the Hospice in their own personal lives or people with an interest in volunteering generally in order to support the North West Hospice Service in their communities.

Our Dog Therapy programme has been in abeyance but will be re-commenced in the near future. Not to be overlooked our Volunteer Programme participants and many others volunteer at major once off events whose support and assistance is of significant importance to the North West Hospice.

There continues to be on-going opportunities to add to and expand our Volunteer Programme with new ideas presenting themselves. There are also however many challenges too in ensuring that we can continue to not only provide and sustain the services outlined, to provide reception cover in our new office in Wine Street on occasion as well as in the Hospice itself, but also to ensure that any new services introduced are appropriate for the people we care for and their families and that our Volunteers are trained and supported in their roles.

As the current North West Hospice Volunteer Co-Ordinator I would like to take this opportunity to acknowledge and thank our many Volunteers for their continued and invaluable work and support for our Service.

Table 2 presents a summary table of the Volunteer programme:

Volunteer Role	Number of Volunteers	Hours per Month
Reception Cover	52	300 + hrs.
Hospitality	3	32
Massage Therapist	2	Flexible
Reflexologist	2	16
Musician	2	16
Beautician	1	flexible
Chiropodist	1	flexible
Hairdresser	1	8
Driver	2	flexible
Home baking	5	32
Gardener	1	10
Photographer	1	Flexible
Volunteer Collector	7	Flexible
Graphic Designer	1	Flexible
Collection Box Coordinator	2	Flexible
Community Massage Therapist	2	Flexible
Flower Arranging	1	8

Dog Therapy	1	8
Totals:	87	430 + Extra

Ms Paula Cooney, Volunteer Co-Coordinator

Fundraising Report

To maintain our current level of service, we must raise in excess of €1million every year from fundraising events, voluntary contributions, donations and bequests. Given the fact that our catchment area has a relatively small population of 110,000 people, this is a huge challenge and one which we can only meet through the generosity and goodwill of individuals and groups in the community.

2017 was an incredibly busy year for the Fundraising and Communications team at North West Hospice with an overall increase of 52.1% on 2016. The work of the team is to organise North West Hospice led events and also to support North West Hospice supporters in the community to run their own events. During 2017, the team supported well over 200 supporter initiated events. Typically, each of these events require the following support to be provided: letters of support, Gardaí permits, PR, Social Media, posters, attendance at events and cheque presentation

The 2017 North West Hospice Coffee Morning brought in €120,718.13, a €10,000 increase from 2016. There was a number of new Coffee Mornings and corporate support of the event which helped this increase so substantially. The success of Coffee Morning as an event is testament to the amount of loyal supporters we have in our community and we are incredibly grateful to all our donors, supporters and volunteers.

In 2017, North West Hospice initiated some new campaigns which greatly enhanced fundraising income. We had our first major Corporate Fundraising Campaign where we reached out to the business community of the North West to help us secure our future in a time of increased demand and rising costs. Our 'Bridge to the Future' campaign raised over €30,000 which went directly

towards paying for new service developments. We also hugely developed one event, our Hospice Memorial Walk. Held last October, this event saw 400 people gather together in Sligo to walk in memory of those we have loved and lost. The event raised €35,000 for North West Hospice, up over €30,000 on the previous year. Again, these funds went directly towards funding our growing services in 2017.

Operating our Fundraising and Communications Department from our Hospice Centre in Wine Street is continuing to have a positive impact on our operations. The community feel that we are accessible now and they frequently 'drop in' to make donations or volunteer their support for our events. The plan is to remain here until our new hospice In-Patient Unit is built in the coming years. We will then re-locate to The Mall and re-join our clinical colleagues.

On behalf of all those who use North West Hospice services, their families and friends, we would like to extend our most grateful thanks to all our supporters. Our generous supporters and donors continue to be at the heart of all that we do at North West Hospice. Thanks to their continued compassion and commitment we can continue to provide excellent, loving care to all our patients, residents and their families.

Ms Bernadette Mc Garvey, Head of Communications & Ms Mary Forte, Fundraising Coordinator

Strategic Plan 2016-2020 – Progress in 2017

Mr. John Hennessey, HSE National Director for Primary Care officially launched the North West Hospice 5 years Strategic Plan 2016-2020 on the 18th August 2016. Eight objectives were identified. The progress to date on all eight objectives is outlined in below table.

1	To reaffirm our commitment to our patients and their families, ensuring that our standards of specialist palliative care and associated holistic support are delivered at the highest level	Progress in 2017
<ul style="list-style-type: none"> Regularly review and evaluate the provision of patient care, incorporating the views of patients, families and healthcare professionals, to ensure its quality and appropriateness 	<ul style="list-style-type: none"> Three-yearly evaluations of each of our three main services Results of evaluations included in our annual report 	<ul style="list-style-type: none"> Review/evaluation of services each year Results included in annual report Self- assessment of standards "Towards excellence in Palliative care" is on going Incidents /complaints/ comments/ feedback reviewed and standing item on Quality and Safety committee meeting

<ul style="list-style-type: none"> ■ We will run an annual survey of our stakeholders (patients, families, carers, staff, healthcare professionals and people in our wider community) to help us understand people's views on the work of the Hospice and our future priorities 	<ul style="list-style-type: none"> ■ Annual survey results reported on our website and within our published annual report 	<ul style="list-style-type: none"> ■ Annual survey and reporting 	<ul style="list-style-type: none"> ■ Facilities for feedback on Hospice site i.e. comment boxes ■ Complaints / feedback log form updated to record written and verbal complaints/ feedback ■ Stakeholders participated in National Research Survey, awaiting results
<ul style="list-style-type: none"> ■ We will engage with patients and their families in order to understand the perspectives of those who use our services and to discuss future priorities for North West Hospice 	<ul style="list-style-type: none"> ■ We will establish and implement a mechanism for engagement 	<ul style="list-style-type: none"> ■ Engagement to commence by early 2016 	<ul style="list-style-type: none"> ■ Facilities in place to receive feedback and standing item on Quality & Safety committee
<ul style="list-style-type: none"> ■ We will review the range of spiritual support provided within North West Hospice on an inclusive basis, recognising the diversity of those who use our services, and make enhancements or changes as necessary 	<ul style="list-style-type: none"> ■ Review and recommendations will be brought to the Board and an appropriate implementation process commenced 	<ul style="list-style-type: none"> ■ Review and recommendations by early 2016 ■ Implementation from early 2016 onwards 	<ul style="list-style-type: none"> ■ 2nd Social Worker in post ■ Hospice linked with chaplaincy in Sligo University Hospital ■ Further support being explored via the volunteering programme

2	To increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care		Progress in 2017
<ul style="list-style-type: none"> ■ We will examine the demand for inpatient palliative care services within our region, in order to inform our analysis of the optimum size of the North West Hospice in-patient 	<ul style="list-style-type: none"> ■ Analysis to be included in formal Business Case to the HSE 	<ul style="list-style-type: none"> ■ Business case submitted to HSE Q1 2016 ■ Formal response from HSE by Q2 of 2016 <u>If approved (tentative timescales only):</u> 	<ul style="list-style-type: none"> ■ Design team in place since quarter 4 2017 ■ Hospice Project team selected to work with the Design team

unit		<ul style="list-style-type: none"> ■ Development control plan 2016 ■ Detailed design / planning 2017 ■ Construction 2018-19 ■ Opening of new North West Hospice 2019-2020 	<ul style="list-style-type: none"> ■ To progress in 2018
<ul style="list-style-type: none"> ■ We will submit a formal business case to the HSE in respect of the capital funding required for our proposed redevelopment, options 	<ul style="list-style-type: none"> ■ Submission of formal Business Case to the HSE 	<ul style="list-style-type: none"> ■ Board sign-off of Business Case and submission to HSE during Q2 of 2016 	<ul style="list-style-type: none"> ■ Capital plan approved on HSE National Development plan for 2021. Discussions on going to escalate this to 2018 ■ Planning permission submission in 2018
3	To provide a palliative care service in all areas of our work – within our in-patient unit, within Sligo University Hospital, and within our community palliative care teams – which is in line with international best practice		Progress in 2017
<ul style="list-style-type: none"> ■ We will deliver palliative care services in line with the annual Service Plan agreed with the HSE 	<ul style="list-style-type: none"> ■ Service Plan to be agreed with the HSE and signed off by both parties 	<ul style="list-style-type: none"> ■ Final sign-off by end of Q2 annually 	<ul style="list-style-type: none"> ■ As per Service level agreement with the HSE
<ul style="list-style-type: none"> ■ We will ensure that we are appropriately resourced with senior clinical staff, to reflect our growing caseload and complexity of work 	<ul style="list-style-type: none"> ■ We will aim to recruit a second full-time Consultant in Palliative Medicine ■ We will aim to have a dedicated Assistant Director of Nursing in position on a full-time, dedicated basis 	<ul style="list-style-type: none"> ■ Confirmed by end of Q2 2016 ■ Confirmed by end of Q2 2016 	<ul style="list-style-type: none"> ■ Discussions on-going with local and national HSE to approve 2nd Consultant post as permanent post. Locum Consultant in place ■ Replacement post maintained 0.5. For further review in 2018.

<ul style="list-style-type: none"> ■ We will examine best practice in palliative care within each of our care settings as part of on-going Quality and Safety / Training and Education initiatives 	<ul style="list-style-type: none"> ■ We will implement “Towards Excellence in Palliative Care Self-Assessment tool” against the “National Standards for Safer Better Healthcare”, 2014 ■ Agreed Quality Improvement recommendations from self-assessment brought to the North West Hospice executive and Board, and prioritised as appropriate ■ Service improvements will be reported in our Annual Report 	<ul style="list-style-type: none"> ■ Self-assessment complete by end of Q2, 2016 ■ Quality Improvement plans for all three care settings will be progressed and completed Q2 2016 ■ On-going self-assessment to continue to monitor progress ■ Annual: Included in Annual Report Q2 2016 	<ul style="list-style-type: none"> ■ On-going self-assessment in collaboration with National Committee led by Hospice Manager and the Quality & Safety /Education Coordinator ■ Included in Annual Report under Quality/ Safety Report
<ul style="list-style-type: none"> ■ We will continue to work in close partnership with our colleagues in Sligo University Hospital, and with GPs, nurses and other health professionals across the North West, to ensure that we provide a highly integrated service across all aspects of care and all care pathways 	<ul style="list-style-type: none"> ■ Partnership working and service integration will be specifically reported in our Annual Report 	<ul style="list-style-type: none"> ■ Annual: Included in Annual Report Q2 2016 	<ul style="list-style-type: none"> ■ Included in annual report under “Quality/ Safety “ Report

4	To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organisations			Progress in 2017
■ We will continue to engage with Co-Operation and Working Together (CAWT) in respect of possible cross-border initiatives	■ On-going contact and reporting to the North West Hospice Board on progress	■ Annual report to the Board	■ On-going engagement with HSE projects relevant to palliative care	
■ We will liaise with other organisations providing services which are relevant or complementary to palliative care	■ Engagement with other service providers, and signing of Memoranda of Understanding in relation to complementary work / joint projects	■ On-going over life of strategy	■ On-going	
■ We will further develop relationships with key decision-makers in relation to services which North West Hospice can offer	■ Regular engagement and six-monthly “strategic contact” report by the Hospice Manager to the North West Hospice Board	■ Six-monthly report to the Board	■ On-going engagement with MDT in North West Hospice to ensure resources can meet the demand.	

5	To cherish and develop our staff and volunteers so that they can continue to provide the highest levels of compassionate care to patients and their families			Progress in 2017
■ Organisational development plan approved by North West Hospice Board	■ Development and implementation of an organisational development plan for North West Hospice	■ End of Q2 2016 – development of plan ■ On-going during 2016 – implementation of plan	■ Organisational Structure in place, further work on going to continue to foster clear accountability structures with North West Hospice and HSE. Governance Option Appraisal Report commissioned in quarter 3 2017.	
■ Training and Development Plan	■ We will enhance the training and development of Board directors, management, staff and volunteers	■ Annual submission to North West Hospice	■ Training and development for Board of Directors on going ■ Training/ Education policy for staff / Volunteers Implemented ■ Professional Development plans commenced and further progressed in 2018	
■ Improved data collection mechanisms identified and developed that can improve delivery or affect services	■ Develop management information system for strategic decision-making	■ End of Q2 2016	■ Further capacity of current systems i.e. ICARE and CHAMP developed in 2017	
■ Staff feedback mechanism	■ Safe and supportive working environment for North West Hospice staff	■ To be implemented by end Q1 2016 and on-going over life of plan	■ Staff Support/ Training / Education Policy agreed and approved in 2016 with on-going review. ■ Access to	

			Occupational Health for all staff
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7	To ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements			Progress in 2017
■ We will work on the development of a succession plan for the Board to ensure continuity and the managed replacement of Board members reaching the end of their term of office	■ Board succession plan to be drafted and discussed annually	■ Annual	■ In place	
■ We will continue to strengthen the Board and our governance arrangements, including introducing new Board members with skill sets and experience which can add real value	■ New Board members to be added as current members reach the end of their terms of office, and Board makeup to be kept under review	■ On-going	■ On-going	
■ We will move to full compliance with the new regulatory arrangements for charities	■ Quarterly compliance report to North West Hospice Board by Hospice Manager	■ Quarterly	Governance update is standing item at each Board meeting	
■ We will be transparent and open regarding how money is spent within North West Hospice	■ Annual report detailing our income and expenditure, in line with best practice and regulatory standards for charities	■ Annual	■ Annual report detailing all audited accounts	
■ We will engage with HIQA, the HSE and Department of Health as appropriate in respect of future licensing	■ Report and recommendations to North West Hospice Board as necessary	■ On-going; to be formally tabled for discussion at least annually	■ Self-assessment of “Towards Excellence in Palliative Care” standards on going and reported back to Board of Directors	
■ We will maintain our formal risk register and update it monthly	■ Formal Risk Register presented quarterly to NWH Board	■ Complete by end Q2 2016	■ Risk Register standing item at Board meeting ■ To progress establishing Quality & Safety Board sub-	

			committee in 2018
8	To develop our organisational structure, resources and capacity in order to enable North West Hospice to deliver all aspects of our strategic plan over the next five years		Progress in 2017
<ul style="list-style-type: none"> ■ Recognising that our organisational structure has current capacity constraints, we will strengthen our executive and administrative structure / resources by making targeted changes and additions to our structure ■ Continuous monitoring 	<ul style="list-style-type: none"> ■ Report and recommendations to North West Hospice Board ■ New positions in place via formal recruitment process 	<ul style="list-style-type: none"> ■ New positions in place by end Q2 2016 	Further organisational structural review progressed in 2017 in collaboration with Board of Directors and HSE by commissioning of Governance Option Appraisal Report, awaiting final report/ recommendation.
<ul style="list-style-type: none"> ■ We will ensure that we are appropriately resourced with senior clinical staff, to reflect our growing caseload and complexity of work (in line with Objective 3 above) 	<ul style="list-style-type: none"> ■ We will aim to recruit a second full-time Consultant in Palliative Medicine ■ We will aim to have a dedicated Assistant Director of Nursing in position on a full-time, dedicated basis 	<ul style="list-style-type: none"> ■ Confirmed by end of Q3 2016 ■ Confirmed by end of Q3 2016 	<ul style="list-style-type: none"> ■ 2nd Consultant in Palliative Medicine in post, awaiting permanent approval from HSE. ■ 0.5 Assistant Director of Nursing in post
<ul style="list-style-type: none"> ■ We will ensure that our organisation has effective reporting, internal control and accounting systems 	<ul style="list-style-type: none"> ■ Review and reports on the systems of internal control, reporting and accounting to ensure that they are sufficient to support North West Hospice to the best standards 	<ul style="list-style-type: none"> ■ Initial report by end of Q2 2016 followed by a bi-annual review 	<ul style="list-style-type: none"> ■ "Towards Excellence in Palliative Care" standards adopted from HIQA "National Standards for Safer Better Healthcare" determines same, work on going.
<ul style="list-style-type: none"> ■ Using the scorecard presented in this strategic plan, we will develop performance management arrangements to help us monitor and report progress and achievement against targets 	<ul style="list-style-type: none"> ■ Agree performance management targets and reporting mechanism ■ Reporting of achievement against targets 	<ul style="list-style-type: none"> ■ Board agreement by end of Q1 2016 ■ Monthly (internal); Annually (external reporting) 	<ul style="list-style-type: none"> ■ Identified objectives discussed at BOM. ■ Progress on all objectives in Annual Report yearly

North West Hospice Company Limited by Guarantee

Directors and other information

Directors	<p>Mr. James Callaghan Mr. Noel Walsh Ms. Winifred Mc Dermott Ms. Dymphna Gorman Ms. Aisling Barry Mr. Patrick Dolan Ms. Mary Curran Mr. Declan Hegarty Mr. Noel Scott Dr. Fiona Quinn Mr. George Chadda Mr. John McElhinney (Appointed 7th March 2018)</p>
Secretary	Mr. Noel Scott
Company number	119501
Charity number	CHY 7983
Registered office	The Mall Sligo
Business address	The Mall Sligo
Auditor	<p>Gilroy Gannon Chartered Accountants and Statutory Audit Firm Stephen Street Sligo</p>
Bankers	<p>Ulster Bank Stephen Street Sligo</p> <p>Permanent TSB 22 O'Connell Street Sligo</p>

North West Hospice Company Limited by Guarantee

Directors and other information

Solicitors

Michael J Horan
Floor 1
Millennium House
Stephen Street
Sligo

North West Hospice Company Limited by Guarantee**Directors Report****For the financial year ended 31st December 2017**

The directors present their annual report and the audited financial statements of the company for the financial year ended 31st December 2017.

Companies Act 2014

The Companies Act 2014 commenced on 1st June 2015. On 1st December 2016, this company was converted to a Company Limited by Guarantee, registered under Part 18 of the Companies Act 2014.

Directors

The names of the persons who at any time during the financial year were directors of the company are as follows:

Mr. James Callaghan	Mr. Patrick Dolan
Mr. Noel Walsh	Ms. Mary Curran
Dr. Cathryn Bogan	Mr. Declan Hegarty
Ms. Winifred Mc Dermott	Mr. Noel Scott
Ms. Dymphna Gorman	Dr. Fiona Quinn
Mr. John McAteer	Mr George Chadda
Ms. Aisling Barry	

Principal activities

North West Hospice is a company limited by guarantee and a registered charity. Our purpose is to provide specialist care with compassion for those living with life-limiting illness in Sligo, Leitrim, South Donegal and West Cavan. We offer a full range of consultant-led specialist palliative care services through our In-Patient Unit, our Community Palliative Care Team and our Hospital Support Team. We receive limited statutory funding and rely on voluntary contributions to fund our services.

Development and performance

Directors are satisfied with results for the year. The company's income increased by 19% to €2,339,636. The company received funding from the Health Service Executive and Tulsa Family Support Agency. The primary reason for the increase in income was an increase in fundraising and other income and in donations and legacies received during the year.

Results for the financial year

	€
Surplus for the financial year amounted to	208,430

Assets and liabilities and financial position

The net assets of the company amount to €2,297,710 at 31st December 2017, compared to €2,089,280 at 31st December 2016.

Principal risks and uncertainties

The directors are aware of the major risks to which a charity is exposed and are satisfied that systems are in place to mitigate exposure to those risks. Risks are documented and managed in the company's risk register, which is reviewed and updated on a regular basis.

The major financial risks include management of resources and cashflow, as the organisation endeavours to maintain services in an environment of funding reductions. The major operational risks centre on the consistent delivery of quality services to people in need of specialist palliative care, for both the individual and North West Hospice staff. These risks are addressed through appropriate systems and controls.

North West Hospice Company Limited by Guarantee

Directors Report

For the financial year ended 31st December 2017

Likely future developments

The directors expect to operate at a similar level of activity in the forthcoming year.

The company has engaged with the HSE to develop a new Hospice building on the existing site at The Mall, Sligo in accordance with the objectives of its Strategic Plan 2016-2020.

In 2017, the company commenced a tendering process supported by the HSE Estates to commission a Design team to design a new 12 bedded all single room Inpatient unit on the current site. The Design team was selected and approved in November 2017 with meetings agreed to begin on the design process in early January 2018.

Events after the end of the reporting period

There have been no significant events after the end of the financial year.

Research and development

The company is not involved in any research and development.

Directors and secretary and their interests

The company is limited by guarantee, not having a share capital. Therefore the directors and secretary, held no interest in share capital of the company during the financial year.

Accounting records

The measures taken by the directors to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting personnel with appropriate expertise and the provision of adequate resources to the financial function. The accounting records of the company are located at The Mall, Sligo.

Relevant audit information

In the case of each of the persons who are directors at the time this report is approved in accordance with section 332 of Companies Act 2014:

- so far as each director is aware, there is no relevant audit information of which the company's statutory auditors are unaware, and
- each director has taken all the steps that he or she ought to have taken as a director in order to make himself or herself aware of any relevant audit information and to establish that the company's statutory auditors are aware of that information.

Auditors

In accordance with Section 383(2) of the Companies Act 2014, the auditors, Gilroy Gannon Chartered Accountants and Statutory Audit Firm will continue in office.

This report was approved by the board of directors on 6th June 2018 and signed on behalf of the board by:

Director

Mr. James Callaghan

Director

Mr. Noel Walsh

North West Hospice Company Limited by Guarantee

Directors Report

For the financial year ended 31st December 2017

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Director

Mr. James Callaghan

Director

Mr. Noel Walsh

North West Hospice Company Limited by Guarantee

Directors Responsibilities Statement

For the financial year ended 31st December 2017

The directors are responsible for preparing the directors' Report and the financial statements in accordance with Irish law and regulations.

Irish company law requires the directors to prepare financial statements for each financial year. Under the law, the directors have elected to prepare the financial statements in accordance with the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", applying Section 1A of that Standard, which is issued by the Financial Reporting Council, and promulgated by the Institute of Chartered Accountants in Ireland ("relevant financial reporting framework"). Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

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

- select suitable accounting policies and then apply them consistently;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and surplus or deficit of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and directors report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent auditor's report to the members of
North West Hospice Company Limited by Guarantee
For the financial year ended 31st December 2017

Report on the audit of the financial statements

Opinion

We have audited the financial statements of North West Hospice Company Limited by Guarantee for the year ended 31st December 2017, which comprise the Income and Expenditure Account, Balance Sheet, Statement of Changes in Equity and notes to the financial statements, including a summary of significant accounting policies set out in note 2. The financial reporting framework that has been applied in their preparation is Irish Law and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31st December 2017 and of its surplus for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the company in accordance with ethical requirements that are relevant to our audit of financial statements in Ireland, including the Irish Auditing and Accounting Supervisory Authority's (IAASA's) Ethical Standard and the provisions available for small entities, in the circumstances set out in note 20 to the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (Ireland) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that:

- in our opinion, the information given in the directors' report is consistent with the financial statements; and
- in our opinion, the directors' report has been prepared in accordance with the Companies Act 2014.

We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report.

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

Respective responsibilities**Responsibilities of directors for the financial statements**

As explained more fully in the directors' responsibilities statement set out on page 5, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf. This description forms part of our auditor's report.

The purpose of our audit work and to whom we owe our responsibilities

Our report is made solely to the company's members, as a body, in accordance with section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Bryan Kilfeather
For and on behalf of
Gilroy Gannon
Chartered Accountants and Statutory Audit Firm
Stephen Street
Sligo

Date: 6th June 2018

North West Hospice Company Limited by Guarantee

Income and expenditure account

For the financial year ended 31st December 2017

	Note	2017 €	2016 €
Income	4	2,339,636	1,960,249
Gross surplus		2,339,636	1,960,249
Establishment costs		(110,159)	(130,772)
Administrative expenses		(2,033,063)	(2,150,601)
Operating surplus/(deficit)	5	196,414	(321,124)
Interest receivable and similar income	8	12,016	5,138
Surplus/(deficit) for the financial year		208,430	(315,986)
Surplus/(deficit) for the financial year and total comprehensive income		208,430	(315,986)

The notes on pages 12 to 22 form part of these financial statements.

North West Hospice Company Limited by Guarantee

Statement of Changes in Equity

For the financial year ended 31st December 2017

	Income and expenditure account €	Total €
Balance at 1st January 2016	2,405,266	2,405,266
Deficit for the financial year	(315,986)	(315,986)
Total comprehensive income for the financial year	(315,986)	(315,986)
Balance at 31st December 2016 and 1st January 2017	2,089,280	2,089,280
Surplus for the financial year	208,430	208,430
Total comprehensive income for the financial year	208,430	208,430
Balance at 31st December 2017	2,297,710	2,297,710

North West Hospice Company Limited by Guarantee

Balance sheet

As at 31st December 2017

	Note	€	2017 €	€	2016 €
Fixed assets					
Tangible assets	12	101,832		133,351	
Financial assets	13	1,742,478		1,729,123	
			1,844,310		1,862,474
Current assets					
Debtors	14	432,220		77,685	
Cash at bank and in hand	15	181,539		324,017	
		613,759		401,702	
Creditors: amounts falling due within one year	16	(145,359)		(144,896)	
Net current assets			468,400		256,806
Total assets less current liabilities			2,312,710		2,119,280
Creditors: amounts falling due after more than one year	17		(15,000)		(30,000)
Net assets			2,297,710		2,089,280
Capital and reserves					
Income and expenditure account	19		2,297,710		2,089,280
			2,297,710		2,089,280

These financial statements have been prepared in accordance with the Small Companies' Regime.

These financial statements were approved by the board of directors on 6th June 2018 and signed on behalf of the board by:

Director
Mr. James Callaghan

Director
Mr. Noel Walsh

The notes on pages 12 to 22 form part of these financial statements.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

1. General information

The financial statements comprising the Income and Expenditure Account, the Statement of Changes in Equity, the Balance Sheet, and the related notes constitute the individual financial statements of North West Hospice Company Limited by Guarantee for the financial year ended 31st December 2017.

North West Hospice Company Limited by Guarantee is a private company limited by guarantee (registered under Part 18 of the Companies Act 2014), incorporated and registered in the Republic of Ireland (CRO number 119501)). The address of the registered office is The Mall, Sligo which is also the principal place of business of the company. The nature of the company's operations and its principal activities are set out in the Directors' Report.

Statement of Compliance

The financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (FRS 102), applying section 1A of that Standard.

Currency

The financial statements have been presented in the Euro currency (€) which is also the functional currency of the company.

2. Summary of significant Accounting Policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the company's financial statements.

Basis of preparation

The financial statements have been prepared on the going concern basis and in accordance with the historical cost convention modified to include certain items at fair value. The financial reporting framework that has been applied in their preparation is the Companies Act 2014 (the Act) and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland. The company qualifies as a small company for the period, as defined by section 280A of the Act, in respect of the financial year, and has applied the rules of the 'Small Companies Regime' in accordance with section 280C of the Act and Section 1A of FRS 102.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

Judgements and key sources of estimation uncertainty

The directors consider the accounting estimates and assumptions below to be its critical accounting estimates and judgements:

Going Concern

The directors have prepared budgets and cash flows for a period of at least twelve months from the date of the approval of the financial statements which demonstrate that there is no material uncertainty regarding the company's ability to meet its liabilities as they fall due, and to continue as a going concern. On this basis the directors consider it appropriate to prepare the financial statements on a going concern basis. Accordingly, these financial statements do not include any adjustments to the carrying amounts and classification of assets and liabilities that may arise if the company was unable to continue as a going concern.

Useful Lives of Tangible Fixed Assets

Long-lived assets comprising primarily of leasehold property and fixtures, fittings and equipment represent a significant portion of total assets. The annual depreciation charge depends primarily on the estimated lives of each type of assets and, in certain circumstances, estimates of residual values. The directors regularly review these useful lives and change them if necessary to reflect current conditions. In determining these useful lives management consider technological change, patterns of consumption, physical condition and expected economic utilisation of the assets. Changes in the useful lives can have significant impact on the depreciation charge for the financial year. The net book value of Tangible Fixed Assets subject to depreciation at the financial year end date was €101,832 (31st December 2016: €133,351).

Income

Income is derived from government funding and other sources including donations, legacies and general fundraising.

Income from other sources is recognised when it is received.

Income from the rendering of services is measured by reference to the stage of completion of the service transaction at the end of the reporting period provided that the outcome can be reliably estimated. When the outcome cannot be reliably estimated, income is recognised only to the extent that expenses recognised are recoverable.

Taxation

The company is limited by guarantee under the Companies Act 2014 and is not established for the profit or gain of its members. The company is solely trading for the mutual benefit of its members and accordingly is not liable to corporation tax.

North West Hospice Company Limited by Guarantee**Notes to the financial statements****For the financial year ended 31st December 2017****Tangible assets**

All tangible fixed assets are initially recorded at historic cost. This includes legal fees, stamp duty and other non-refundable purchase taxes, and also any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management, which can include the costs of site preparation, initial delivery and handling, installation and assembly, and testing of functionality.

Depreciation

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost or valuation, less estimated residual value, of each asset systematically over its expected useful life, on a straight-line basis, as follows:

Long leasehold property	- 10%
Fittings fixtures and equipment	- 15/20%

The residual value and useful lives of tangible assets are considered annually for indicators that these may have changed. Where such indicators are present, a review will be carried out of the residual value, depreciation method and useful lives, and these will be amended if necessary. Changes in depreciation rates arising from this review are accounted for prospectively over the remaining useful lives of the assets.

Financial assets

Financial assets are initially recorded at cost, and subsequently stated at cost less any provision for diminution in value. Listed investments are measured at fair value with changes in fair value being recognised in profit or loss.

At the end of each reporting period, the company assesses whether there is objective evidence of impairment of any financial assets that are measured at cost or amortised cost, including unlisted investments, loans, trade debtors and cash. If there is objective evidence of impairment, impairment losses are recognised in the Profit and Loss account in that financial year.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

Impairment

At the end of each reporting period, the company assesses whether there is any indication that the recoverable amount of an asset is less than its carrying amount. If any such indication exists, the carrying amount of the asset is reduced to its recoverable amount, resulting in an impairment loss. Impairment losses are recognised immediately in the income and expenditure account.

Where the circumstances causing an impairment of an asset no longer apply, then the impairment is reversed through the income and expenditure account.

The recoverable amount of tangible fixed assets is the higher of the fair value less cost to sell of the asset and its value in use. The value in use of these assets is the present value of the cash flows expected to be derived from those assets. This is determined by reference to the present value of the future cash flows of the company which is considered by the directors to be a single cash generating unit.

Government grants

Grants are recognised at fair value of the asset receivable using the accruals model when there is reasonable assurance that the grant will be received and all attaching conditions will be complied with. Grants towards capital expenditure are credited to deferred income and are released to the income and expenditure account over the expected useful life of the related assets, by equal annual instalments. Grants towards revenue expenditure are released to the income and expenditure account as the related expenditure is incurred.

Under the accrual model, government grants relating to revenue are recognised on a systematic basis over the periods in which the company recognises the related costs for which the grant is intended to compensate. Grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the entity with no future related costs are recognised in income in the period in which it becomes receivable.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

Financial instruments

A financial asset or a financial liability is recognised only when the company becomes a party to the contractual provisions of the instrument.

Cash and cash equivalents

Cash consists of cash on hand and demand deposits. Cash equivalents consist of short term highly liquid investments that are readily convertible to known amounts of cash that are subject to an insignificant risk of change in value.

Other financial assets

Other financial assets including trade debtors, are initially measured at the undiscounted amount of cash receivable from that debtor, which is normally the invoice price. If payment is deferred beyond normal business terms or is financed at a rate of interest that is not a market rate, this constitutes a financing transaction, and the financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Subsequently, other financial assets are measured at amortised cost less impairment, where there is objective evidence of impairment.

Other financial liabilities

Financial liabilities, including trade creditors, are initially measured at the undiscounted amount owed to the creditor, which is normally the invoice price. Liabilities that are settled within one year are not discounted. If payment is deferred beyond normal business terms or is financed at a rate of interest that is not a market rate, this constitutes a financing transaction, and the financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Subsequently, other financial liabilities are measured at amortised cost.

Impairment of financial assets

At the end of each reporting period, the company assesses whether there is objective evidence of impairment of any financial assets that are measured at cost or amortised cost. If there is objective evidence of impairment, impairment losses are recognised in the Income and Expenditure account in that financial year.

Retirement benefit costs

The company operates a defined contribution scheme. Retirement benefit contributions in respect of the scheme for employees are charged to the income and expenditure account as they become payable in accordance with the rules of the scheme. The assets are held separately from those of the company in an independently administered fund. Differences between the amounts charged in the income and expenditure account and payments made to the retirement benefit scheme are treated as assets or liabilities.

Once-off termination payments that are not required by contract, legislation, or other obligations or commitments, are recognised in the financial year in which they become payable.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

3. Limited by guarantee

The liability of the members of the company is limited. The maximum liability of each member will not exceed €1.27.

4. Income

Income arises from:

	2017	2016
	€	€
Health Service Executive grant	966,780	1,041,520
Fundraising and Other Income	882,064	579,939
Donations and Legacies	484,092	333,590
Tusla Family Support Agency Grant	4,000	3,200
Other grants	2,700	2,000
	<u>2,339,636</u>	<u>1,960,249</u>

The whole of the income is attributable to the principal activity of the company which is wholly undertaken in Ireland.

5. Operating surplus/(deficit)

Operating deficit is stated after charging/(crediting):

	2017	2016
	€	€
Amortisation of capital grant recognised in:		
Establishment costs	(15,000)	(15,000)
Depreciation of Tangible assets	47,875	50,100
Audit fees payable for the audit of the financial statements	<u>3,998</u>	<u>3,998</u>

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

6. Staff costs

The average monthly number of persons employed by the company during the financial year, including the directors was 43 (2016: 44).

The aggregate payroll costs incurred during the financial year were:

	2017	2016
	€	€
Wages and salaries	1,600,782	1,637,387
Social insurance costs	170,155	173,155
Other retirement benefit costs	104,724	96,965
Other staff costs	59,026	46,867
	<u>1,934,687</u>	<u>1,954,374</u>

All of the above amounts were treated as an expense of the company in the financial year.

There was no directors remuneration paid during the year.

7. Employee benefits

Defined contribution plans

The amount recognised in the income and expenditure account in relation to defined contribution plans was €104,724 (2016: €96,965).

8. Interest receivable and similar income

	2017	2016
	€	€
Bank deposits	<u>12,016</u>	<u>5,138</u>

9. Companies Act 2014 S291(6)

The directors have availed of the provisions of sections 291(5) of the Companies Act 2014 to use a format for the financial statements that better describes the activities of a company not trading for profit. The main change is the replacement of the title "Profit & Loss" with the title "Income & Expenditure" and consequential changes in the description of certain items to be consistent with the descriptions appropriate to the not for profit sector.

10. Tax on surplus

No corporation tax liability arises as the company has charitable status (CHY 7983).

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

11. Appropriation of income and expenditure account

	2017	2016
	€	€
At the start of the financial year	2,089,280	2,405,266
Surplus/(deficit) for the financial year	208,430	(315,986)
At the end of the financial year	2,297,710	2,089,280

12. Tangible assets

	Long leasehold property	Fixtures, fittings and equipment	Total
	€	€	€
Cost			
At 1st January 2017	793,515	288,159	1,081,674
Additions	-	16,356	16,356
At 31st December 2017	793,515	304,515	1,098,030
Depreciation			
At 1st January 2017	727,843	220,480	948,323
Charge for the financial year	19,052	28,823	47,875
At 31st December 2017	746,895	249,303	996,198
Carrying amount			
At 31st December 2017	46,620	55,212	101,832
At 31st December 2016	65,672	67,679	133,351

The basis by which depreciation is calculated is stated in Note 2.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

13. Financial assets

	Interest bearing investments	Total
	€	€
Cost		
At 1st January 2017	1,729,123	1,729,123
Interest received	13,355	13,355
At 31st December 2017	1,742,478	1,742,478
Provision for diminution in value		
At 1st January 2017 and 31st December 2017	-	-
Carrying amount		
At 31st December 2017	1,742,478	1,742,478
At 31st December 2016	1,729,123	1,729,123

14. Debtors

	2017	2016
	€	€
Other debtors	409,556	55,072
Prepayments	22,664	22,613
	432,220	77,685

15. Cash and cash equivalents

	2017	2016
	€	€
Cash at bank and in hand	181,539	324,017
Bank overdrafts	(251)	(160)
	181,288	323,857

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

16. Creditors: amounts falling due within one year

	2017	2016
	€	€
Amounts owed to credit institutions	251	160
Trade creditors	5,811	1,445
Tax and social insurance:		
Payroll taxes	43,797	47,131
Accruals	80,500	81,160
Government grants (note 18)	15,000	15,000
	<u>145,359</u>	<u>144,896</u>

17. Creditors: amounts falling due after more than one year

	2017	2016
	€	€
Government grants (note 18)	<u>15,000</u>	<u>30,000</u>

18. Government grants

	2017	2016
	€	€
As at the start of the financial year	45,000	60,000
Released to income and expenditure	(15,000)	(15,000)
As at the end of the financial year	<u>30,000</u>	<u>45,000</u>

The amounts recognised in the financial statements for government grants are as follows:

	2017	2016
	€	€
Recognised in creditors:		
Deferred government grants due within one year	15,000	15,000
Deferred government grants due after more than one year	15,000	30,000
	<u>30,000</u>	<u>45,000</u>

19. Reserves

The income and expenditure account represents retained surpluses and deficits from activities in the current and previous years.

20. Ethical standards

In common with many other businesses of our size and nature we use the company's accountants to assist with the preparation of the financial statements.

North West Hospice Company Limited by Guarantee

Notes to the financial statements

For the financial year ended 31st December 2017

21. Controlling party

The company is limited by guarantee not having a share capital. The company is controlled by its members.

22. Approval of financial statements

The board of directors approved these financial statements for issue on 6th June 2018.

