



North West  
Hospice

Annual Report and  
Financial Statements 2020

## 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 Chartered Accountants and Statutory Audit Firm

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## Chairperson's Statement



I have been a Board Director since 2012, and Chairperson since June 2019. In the year 2020, Health Services were faced with the most serious public health crisis that the world has seen for a century-COVID. However, the Hospice remained open, and we continued to provide the full range of Palliative Care Services, both on an inpatient basis, within the Community and to the acute hospital Sligo University Hospital. Needless to say, this presented significant challenges, and I must commend the Hospice Operational Management team, the clinical teams, medical, nursing, allied health professionals, admin, as well as all the support staff, for continuing to deliver a quality service in such difficult circumstances. In addition, ensuring that staff and patient safety continued to be an ongoing priority.

COVID presented another significant challenge for the Hospice! "Fundraising during a Pandemic". Because of COVID restrictions, conventional fundraising methodologies could not be undertaken. However, with the guidance of our fundraising team, and the determination and commitment of our supporters to succeed, many innovative methods of fundraising (COVID compliant) were enacted which resulted in achieving our fundraising target. An absolutely amazing achievement in such a year of uncertainty and I would like to express the Boards' appreciation to the fundraising team and all our fundraisers and donors. This achievement far exceeded our expectations especially as our 2 charity shops were closed for large parts of 2020 as a consequence of COVID.

### ***Progress in 2020.***

Despite the COVID restrictions, I am very happy to report, that the Hospice made significant progress in 2020. In the 2019 Annual Report, our priorities were defined as follows-

- Engage with the HSE, to "Agree a funding framework to reduce the dependency on fundraising income to cover the costs of core services".
- Agree a Capital Framework to ensure "The NEW BUILD" is progressed to Construction.

I am pleased to advise that the Minister for Health and the HSE approved additional funding in 2020 to compensate for the "loss of Income" caused by COVID and also approved some recurring revenue funding to lessen the dependency on fundraising.

The Board are also very happy to confirm that the new Hospice Building has been included in the Capital Development Plan for the period 2021-2023. This is absolutely great news for our service users and staff.

The estimated cost is 9.7 million euros with tenders expected to be issued in mid-2021.

### ***Development of a Strategic Plan for 2021-2023.***

Our previous Strategy expired in 2020.

The new Strategy was developed after a period of significant consultation with key stakeholders. The survey engaged with patients, their families or support persons, staff volunteers, healthcare professionals and others. The respondents were enormously positive about the Hospice. "The friendliness, kindness and understanding of staff, as well as their professionalism, were widely acknowledged."

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The only weakness identified was "There is need for a bigger, more appropriate facility, from which to provide the service."

### ***Board Membership***

North West Hospice are very fortunate to have Board Directors, with a wide range of expertise and give their time free of charge. The necessity to be fully compliant with the demands of the Charity Regulator, External Audit Requirements and Contractual requirements of the HSE, requires a range of diverse skills, and the need for a number of sub-committees which can be very demanding in terms of time.

I wish to record my sincere thanks to the Board Directors and to the Hospice Management for their support throughout a difficult year.

**Mr. Pat Dolan, Chairman**

## Hospice Manager's Statement



“Hope smiles from the threshold of the year to come, whispering ‘it will be happier’....” (Alfred Tennyson).

I do not recall a time in my lifetime where the word “hope” has been more widely used in conversation. Each one of us with an overwhelming desire and expectation for COVID to end and a return to a life that resembles “normality” as we knew it. A world where we can take for granted again a spontaneous hug, a handshake, a face-to-face conversation with our families, friends, work colleagues and you our supporters and community. Where patients and families will again recognize their nurse, doctor, health care worker and in many cases see them for the first time without a facemask. Families can visit freely to the hospice without restriction or screening and our health care workers, nurses, doctors, social workers can visit our patients homes with the same freedom. All these simple aspects of our lives and work as we knew it were snatched from us overnight on that indelible day, 12<sup>h</sup> March 2020 when the then Taoiseach spoke to us from Washington, USA on the measures needed to tackle Covid 19. Little did we know then that it would continue for all of 2020 and leave such a trail of destruction for so many people with every single person in our society affected in some way by this pandemic.

North West Hospice was no different to the rest of society where a dramatic period of change and adjustment had to take place very quickly to protect our patients, families, staff, volunteers and our supporters. No doubt the greatest impact of this change was felt in our ability to deliver palliative care in the very holistic way that is associated with our service where the patient and the significant people in their lives is and remain the center of all we do. The hospice continued to deliver a full service in our inpatient unit, the community, and the acute service to Sligo University Hospital throughout the pandemic. However, staff and volunteers had to work within very strict public health compliance which was very much in conflict with our practice. Palliative care is a service where expressions of touch, close interaction, open visiting to the hospice and patients’ homes is key to what we do and how we do our work. The overnight requirement to wear face masks, aprons, gloves in all interactions with our patients was alien to us, and to our patients and their families. In every effort to minimize transmission of COVID to our vulnerable patients, we were required to introduce very rigid visiting restrictions and overnight facilities for families had to cease. For families with limited access to visit, they were required to dress in apron, gloves, facemask. Our volunteer programme was suspended overnight, again in an effort to minimize transmission to our vulnerable patients and also to protect our volunteers who for many due

to their age profile were in the high to medium risk. The service acknowledges that while the restrictions were and remain in conflict with the ethos of our work, we are very confident in 2021 that we will return to a more “normal” work practice as the successful vaccination programme continue to roll out. To date there has been no evidence of transmission of COVID in the hospice unit which is to the great credit of staff, patients and families who have complied so rigidly to COVID regulation, often under very difficult situations. (My clinical colleagues have provided more detail on the impact of COVID in their respective areas of the service as detailed further in this report).

Our fundraising programme for 2020 was decimated overnight with all events cancelled and our Charity shops closed with short periods of re-opening in the 9 months. Hospice management and the Board were concerned at the potential to generate the level of revenue required to maintain the service with such a dependency on fundraising income. I am very glad to report that these concerns were not realized as yet again like so many times in the hospice’s 34-year history, our loyal supporters with our fundraising team put their shoulder to the wheel and with great determination, innovation and hard work, our fundraising stream was maintained in 2020.

(Further details on fundraising and the charity shops is documented later in the report).

I would like to acknowledge our partners and largest contributor to our funding, the HSE. For a number of years, the HSE has recognized the overdependence on fundraising to maintain our services and in 2020 committed to additional recurring funding each year. This additional funding ensures that we can develop our services now and into the future to respond and meet the growing demand for our services which is very evident in the ongoing increase of referrals each year as recorded on page 11 of this report, while also continuing to deliver the highest quality of care in line with national and international best standards. I would like to also acknowledge the huge support that the HSE team locally and nationally has been in ensuring that the Hospice received and continue to receive up to date information, protocols, public health recommendations etc. on COVID and for ensuring that we had adequate supply of PPE. The HSE also provided access to COVID testing for our health care workers and patients as required in a very timely way. This support was and remains invaluable and demonstrates the very strong positive working relationship between the Hospice and our HSE colleagues.

As a follow on to our strong working relationship with the HSE, great progress has been made in advancing the design of our new 12 bedded inpatient unit with funding secured from HSE. It is expected that construction tenders will be sought in mid-2021 with construction commencing in early 2022. I would like to acknowledge HSE Estates who are leading the project with the design and clinical teams.

In 2020, the Board and management recognized that a new Strategic plan was required to

replace the current plan which ends in December 2020. This 3-year plan (2021 – 2023) was approved in November 2020 and is available on our website. This plan is a continuation of our current plan with 11 core objectives. All these objectives will be reviewed, and progress reported back to you in our annual report. The progress on current strategic plan is detailed further in this report. All of these objectives are very important to progress and reaffirms our commitment to our patients, their families, staff, volunteers, our funders and you the general public in ensuring our standards of specialist palliative care and associated holistic support are delivered at the highest level, and in compliance with all regulatory and statutory requirements.

The hospice as a registered charity has been working throughout 2020 to register full compliance with the Charity Regulator Governance Code which is mandatory for all charities to comply with by December 2021. I am glad to report that North West Hospice is on target to register full compliance 6 months ahead of this deadline, in June 2021. I would like to acknowledge the work of the hospice Board and staff who recognized the absolute need to prioritize this work and be ahead of schedule as the charity regulator governance code gives significant reassurance to our donors and fundraisers.

While the start of this report described the very negative impact of Covid on our service and society as a whole, I would like to conclude on a very positive note by acknowledging the great work of all our staff , medical, nursing, admin, allied health workers, catering , household, maintenance who has remained steadfast in delivering the best care possible in very difficult circumstances and to our fundraising team who worked so well in supporting our community and creating alternative fundraising ideas to generate essential funding. I would like to particularly acknowledge the leadership and management of the operational management committee. This committee demonstrated great skill and decision making in a time of great uncertainty with frequent daily updates on COVID and yet throughout remained compassionate to the needs of our patients and families.

To our Board of Directors under the leadership of Pat Dolan as Chairperson has again surpassed all expectations as they have remained a constant support to the operational management committee throughout this pandemic. All the Board Directors has continued in their roles and given their time, wealth of skills and knowledge freely. I particularly want to acknowledge their availability to meet, often at very short notice in the last 12 months. We are very fortunate to have secured two additional Board Directors in 2020. Mr. Hubert Mc Hugh and Ms. Susanne Kerins. Hubert is very well known in the North West not just for his time working as a dedicated psychiatric nurse in the region but also for all his fundraising and volunteering achievements. Ms. Susanne Kerins has vast knowledge and skills in the area of marketing and communication.



Finally, I wish to acknowledge **all** that supported us in any way during 2020, the HSE, TUSLA, local community groups i.e., Sligo Leader, local County Council, Sligo Social Services, the local community, our volunteers that we look forward to welcoming back to our clinical site in 2021 and each patient and family that we have the privilege to care for.

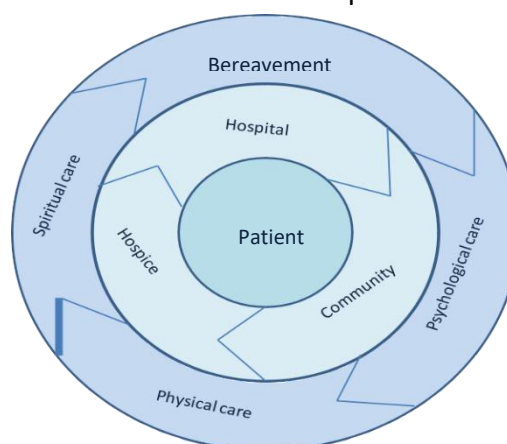
**Ms. Nuala Ginnelly, North West Hospice Manager**

## 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 who’s loved one died under the care of North West Hospice
- Our **Specialist Education Support** service – we recognize 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, charity shop assistants 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 centered 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 center of palliative care services in the North West, working to ensure that everyone who needs palliative care can access services.

### Values

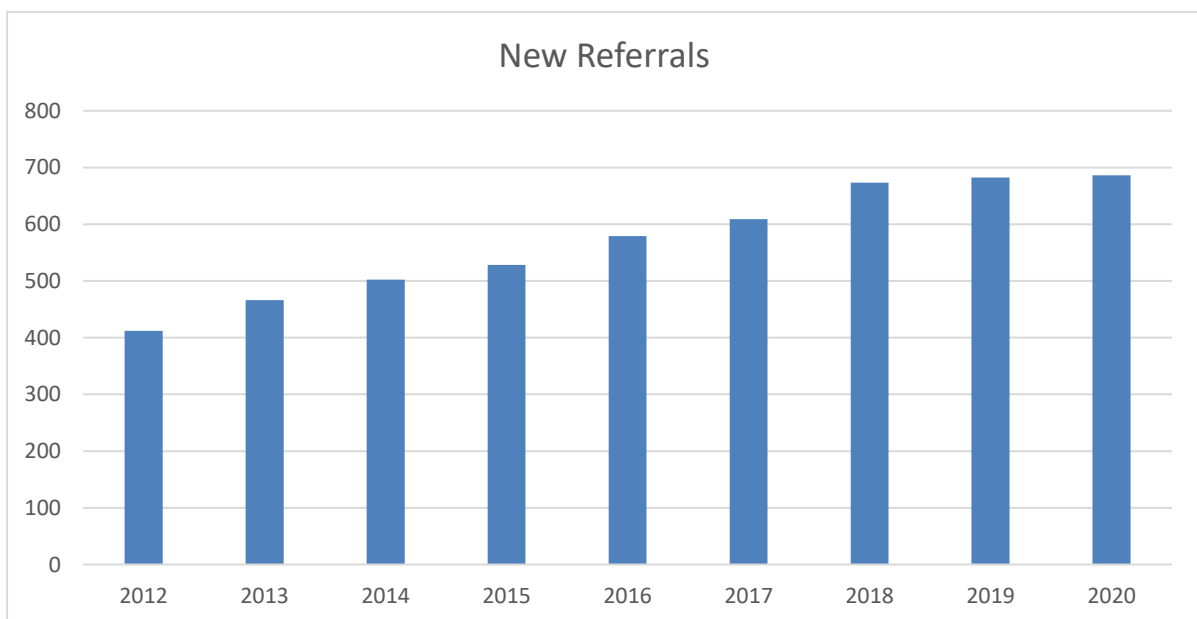


## Service Statistics and Staffing

### 1.1 Service statistics

#### New Referrals

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
New	413	466	502	528	579	609	673	682	686



#### Community Palliative Care Service

Year	New referrals	Re-referrals	Discharges	Deaths	CNS visits	Total Visits
2015	324	38	79	235	2537	2883
2016	303	41	64	227	2256	2424
2017	335	37	66	275	2210	2361
2018	327	55	78	274	2034	2218
2019	313	94	107	274	2166	2298
2020	346	43	62	308	1391	1530

### Hospital Palliative Care Service

	New referrals	Re-referrals	Discharges	Deaths	CNS visits	Total Visits
2015	372	189	456	136	5310	5343
2016	391	166	377	150	3935	4719
2017	474	211	537	165	2150	2829
2018	479	279	579	162	3079	5596
2019	503	296	620	124	2589	3832
2020	442	191	496	140	2396	3586

### Inpatient Unit Palliative Care Service

	New referrals	Re-referrals	Discharges	Deaths
2015	133	92	117	120
2016	158	55	66	129
2017	146	30	50	132
2018	174	22	43	161
2019	178	25	30	172
2020	157	88	23	152

### 1.2 Total Staffing in North West Hospice

Positions	WTE
Administration	11
Community Relations	3
Charity Shop	2
Volunteer Coordinator	0.5
Medical Staff	6
Nursing Staff	38
Social Work	2
Cleaning/ Catering	2
<b>Total</b>	<b>64.5</b>
<b>Note *Not all staff work full time hours</b>	

## 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:

<b>Chairperson</b>	<b>Mr. Pat Dolan</b> <i>Retired Senior HSE Manager</i>
<b>Vice Chairperson</b>	<b>Ms. Siobhan O Dowd</b> <i>Senior Manager, Accenture</i>
<b>Other Directors</b>	<p><b>Ms. Aisling Barry</b> <i>Digital Consultant</i></p> <p><b>Mr. Declan Hegarty</b> <i>Solicitor</i></p> <p><b>Dr. Jim Callaghan</b> <i>Retired HSE Nurse Tutor</i></p> <p><b>Mr. George Chadda</b> <i>Communications &amp; Chartered Engineer</i></p> <p><b>Mr. Daniel Browne</b> <i>Commercial Manager</i></p> <p><b>Ms. Mary Curran</b> <i>Retired Director of Public Health Nursing, HSE</i></p> <p><b>Mr. Noel Scott</b> <i>Retired HSE Manager</i></p> <p><b>Dr. Fiona Quinn</b> <i>General Practitioner</i></p> <p><b>Mr. John Mc Elhinney</b> <i>Quality &amp; Safety Manager, HSE</i></p> <p><b>Mr. Shane Ward</b> <i>Chartered Accountant</i></p> <p><b>Mr. Hubert Mc Hugh</b> <i>Retired Psychiatric Nurse</i></p> <p><b>Ms. Susanne Kerins</b> <i>Head of Marketing, Cora Systems</i></p>

**Resignations from the Board in 2020**

No resignations

**New appointment to Board in 2020**

Mr. Hubert Mc Hugh- 11<sup>th</sup> June

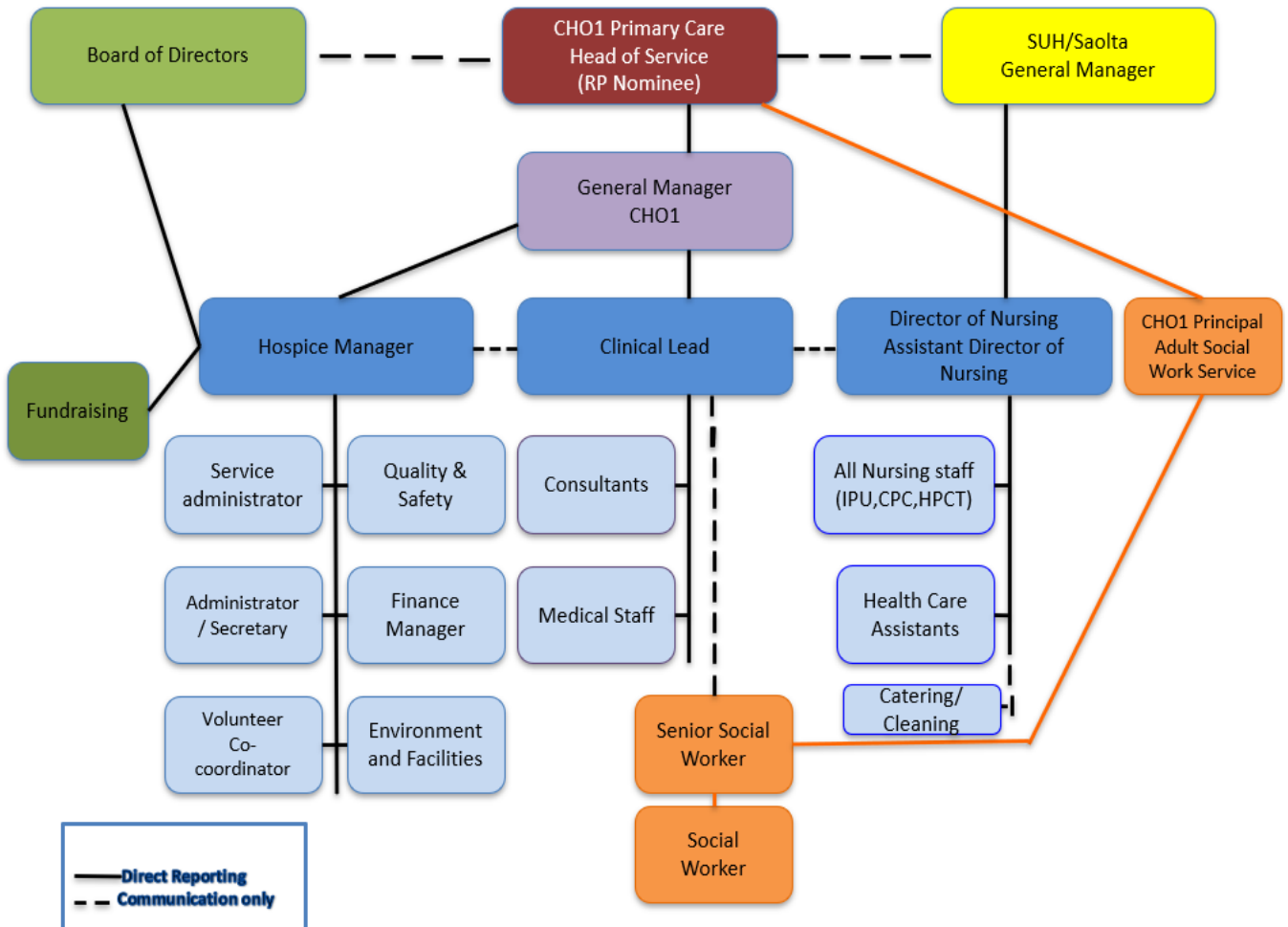
Ms. Susanne Kerins- 26<sup>th</sup> November

**The Governance and oversight of the Board is supported by the following sub- committees:**

<b>Board Development <u>subcommittee</u></b>	<b>Human Resource <u>subcommittee</u></b>	<b>Finance and Audit <u>subcommittee</u></b>	<b>Quality and Safety <u>subcommittee</u></b>
<p><b>Chairperson:</b> Noel Scott</p> <p>Siobhan O Dowd</p> <p>Jim Callaghan</p> <p>Declan Hegarty</p>	<p><b>Chairperson:</b> Mary Curran</p> <p>Daniel Browne</p> <p>Jim Callaghan</p> <p>Noel Scott</p> <p>Nuala Ginnelly (Hospice Manager)</p>	<p><b>Chairperson:</b> Aisling Barry</p> <p>Shane Ward</p> <p>Pat Dolan</p> <p>George Chadda</p> <p>Nuala Ginnelly (Hospice Manager)</p> <p>Georgina Meehan (Finance Manager)</p> <p><b>IT Oversight Committee</b></p> <p><b>Chairperson</b> Nuala Ginnelly Dee Henry, IT project Lead. George Chadda Pat Dolan Catherine Regan ADON Dr. Cathryn Bogan, Consultant in Palliative Medicine.</p>	<p><b>Chairperson</b> Mr. John McElhinney</p> <p>John McElhinney Dr Fiona Quinn Mary Curran</p> <p><b>Operational Management Committee:</b></p> <p><b>Chairperson</b> Nuala Ginnelly (Hospice Manager)</p> <p>Director of Nursing: Marion Ryder</p> <p>Assistant Director of Nursing: Catherine Regan</p> <p>Consultant in Palliative Medicine and Clinical Lead: Dr. Anna Cleminson</p>



**Our current Organisational Structure (as below)**



## Medical Statement



This time last year we were in the beginning of an unknown chapter for the hospice, the county and the country as we tried to understand and adapt to a world in which COVID 19 brought change, challenge and uncertainty. Central to our response at the hospice was maintaining care and support for patients and families as well as maintaining safety. In a profession in which relationships between patients, their families and staff are vital and where contact and communication has always been paramount, finding this place of compassion with safety has been a daily concern and goal for our service.

All members of our staff have been vital to the continuing service that we have provided. The healthcare staff used the phone more often than before to contact patients and families regularly so that they could continue to offer support but limit risk of infection transmission to our patients. On these calls they checked in and assessed family units and when needed donned PPE and continued to see patients in their homes, communities and the hospital. It wasn't ideal, phone calls are not the same as visits and PPE can impede communication. But, as I know from personal experience and from the 'thank-yous' received by the hospice throughout the pandemic, these barriers can and were overcome. Words, thoughtful actions and care can breakthrough fear, and the physical barriers of masks and goggles.

Visiting within the In-Patient Unit (IPU) was and continues to be important while bringing some risk, and this was something as managers and staff we wrestled with. Throughout the pandemic visits to our patients continued though the numbers of visitors had to be limited. We therefore created guidelines that are reviewed regularly and adapted to individual circumstances to try and offer best care and continued safety to all in the IPU.

Each week, we as a management team reflected on how we offered care throughout the hospice service and the effect and effectiveness of our safety measures, making sure compassion remained central to our actions. As the months have progressed, vaccines rolled out and numbers of people in the community with COVID 19 decreased we have been able to adapt our measures and offer care that is more often in person and IPU visiting increased significantly.

As a hospice service we have also supported our colleagues in caring for patients and their families throughout the pandemic. We have taken part in developing ethical guidelines and in Sligo University Hospital provided education to community nursing homes and helped develop COVID related referral routes. We have also participated in the creation of national medication guidelines and provided education around these and other communication tools in SUH and the community. Through this work we aimed to enable good care for people with life limiting illness wherever they might be living.

One of the vital sections of our team, the volunteer service, had to be paused as we reduced numbers coming into the hospice. Their presence at the door greeting patients and managing phone calls was a loss to staff, staff patients and families. It was also necessary for safety. I am

delighted to say however that as the clinical picture around the country has changed, lock down restrictions eased, and volunteers are now back providing important services and a friendly greeting at the door.

The administration team within the hospice have also done a great job throughout lock down. Some have worked from home, and others onsite. Together as well as doing the routine duties required to keep the hospice running, they have coordinated PPE access and successfully progressed plans for a 12 bedded hospice for which work should begin in 2022. This will be a great benefit to patients in the region offering more access to the hospice and a better caring environment.

The Fundraising team had to work hard to find alternative ways to raise funds that are vital to our service and that augment the funding from the HSE. These funds do vital work including paying for nursing staff. The general public responded to this call with many sponsored and virtual events that kept funds flowing and allowed the day-to-day work in the hospice to continue.

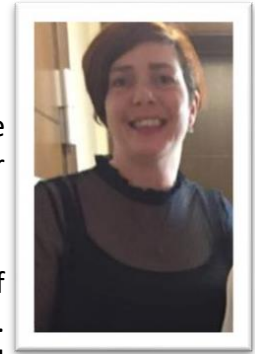
I would therefore like to thank all who have been involved in allowing North West Hospice to continue to provide supportive compassionate care in a safe environment. I would especially like to thank Dr. Cathryn Bogan who had to take on extra work when I was unavoidably off during a period of this year. I would also like to thank the general public for their generosity, fundraisers for their ingenuity and effort and all member of the staff of North West Hospice for their hard work. We could not have provided our service without each and every one of you.

**Dr. Anna Cleminson**  
**Consultant in Palliative Medicine,**  
**Sligo University Hospital/North West Hospice.**

## Nursing Statement

The North West Hospice has been in operation since 1986 when Claire Campbell a social worker in the North West of Ireland identified the need for specialist care to support people with cancer and their families.

Since then, we have been committed to working under the ethos of specialist palliative care for our patients within our large catchment area. We have grown both professionally and in numbers to reflect the need and the demand for specialist palliative care.



Within NWH there is a dedicated 8 bedded in-patient unit, this unit has Clinical Nurse Managers, staff nurses, health care assistants, social workers and a vast MDT in-patient to enable us to be a dedicated site. Our hospital support team includes clinical nurse specialists, doctors and a Consultant, which work on site of Sligo University Hospital. Our Community Palliative care team consists of Clinical Nurse Manager 3 and Clinical nurse specialists, social worker and Doctors as well as Consultants. This team works closely with patients' GP's and Public Health teams to ensure optimal care is provided to those who need symptom control, those coming to the end of their life limiting illness. or their cancer journey and who need holistic supportive care. These many members of our teamwork in unison to provide expert care to those who require it. The collective expertise and the cohesiveness of this team is what makes our service unique, and specialist and you can be assured that the best possible provision of care is being delivered to your loved one at their most vulnerable stage of life.

In March 2020 the world as we know it changed when the WHO confirmed that we were in the midst of a global pandemic called Coronavirus or Covid 19. This pandemic struck at the heart of palliative care and what it stands for. The immediate reduction in non-essential contact was as foreign to our team as it was to those who were within our service. Isolating our in-patients from those who know and love them was a task that was as unconceivable in its meaning as it was to those who had to carry it out. Covid 19 changed our fundamental belief and our ethos in palliative care. However, we worked very hard to ensure that no compromise was given to any inpatient or patient at home who required specialist palliative care. The physical presence of families may have been missing in our inpatient unit but the team in the North West Hospice ensured that they became the families at the bedsides for these patients.

In unprecedented times our teams provided care to those who needed it most under the most challenging of circumstances. We remained clear that we had a duty of care and we wanted to give this care to our patients in the safest of manner for them and for us. We set up a response team and this team met daily and looked at every possible scenario imaginable that would affect our patients or increase the risk of Covid 19 being transmitted. We were guided by the WHO, NPHET and Infection Control at all times. Locally we had to respond to the pandemic in real time and ensure training was rolled out and this continued on a continuous momentum to our teams. Daily risk assessments were carried out, plans were put in place to ensure the care of all patients was paramount but that any patient that was Covid-19 positive, pathways had to

be designed. Our staff worked tirelessly while we changed normal practice and looked toward the new “normal”. Caring for patients under the constraints of PPE became standard and this was embraced as it meant that we could provide the care and comfort so badly needed. We had a bond with Sligo University Hospital and our community teams and colleagues, this was never stronger and that gave us strength and unity in numbers that helped us believe together we could take on the fight of this pandemic.

Palliative care is a crucial service and our key approach during this pandemic was safe care. In particular we needed to look at the management of the psychosocial and spiritual distress of our patients and anticipatory grief of them and their families. We were supported in this by our colleagues in the social work department and our community palliative care clinical nurse specialists who when not allowed to do what is normal practice of home visits manned phones and dealt (over the phone), concerns from patients and relatives, this somewhat eased pain and discomfort by listening and advising where they could.

Our home visit numbers had to drop as we were no longer allowed to cross the threshold of people’s homes as it would not have been safe to do so. Home care as we know it took on a different meaning. At this stage we were only allowed to visit absolutely essential calls in the home to those at the end stage of their disease trajectory. These home visits took on a new meaning and a new look. No longer was the friendly face of the nurse at the door, but patients and their families were met by a nurse wearing gowns, masks, aprons and gloves, a barrier between us and the patients but also a much-needed barrier to protect our patients against the pandemic.

As we moved further into 2020 and we came slowly out of the lock down we began to resume some sort of normal service to our palliative care patients. We continued to work with our education team in the North West Hospice and liaise with the education team in Sligo University Hospital and in the community to ensure we were following all the best possible guidelines and up to date information to ensure that safe care would be delivered to all those who needed it. Our hospital support team along with one of our consultants maintained our service in Sligo University Hospital as they have always done. This service was a much needed service in extremely difficult times where communication was never needed more, as friends, relatives and loved ones were restricted from visiting their families and friends in hospital to help them through the most difficult time in their lives. Communication devices were used, Zoom and Skype to ensure that the links between home and hospital were kept open and that anyone who needed a much needed phone call or to see a familiar face from a relative was given access to the same. As we moved into the later stages of 2020 and we moved back into further lock down situations we once again had to look at our resource and work situations and continue to look at local and national guidelines on the pandemic and assess what was deemed safe or unsafe to do. Advanced care planning was never more needed as once again we had to shut our doors to our community as such and restructure visiting loved ones and keep the same to the essential and minimum to ensure the safety of the patients was paramount at all times. We felt a little more confident at the end of 2020 that we had come through this crisis in March and that we would come through this one.

As we look to the future, and we continue to live in uncertain times, one of the things COVID has shown us is the fragility of life and indeed the fragility of the structures that allow us to care

for those at the end of life. With vaccine roll out now well under way we hope that we can return, albeit slowly to the way things were. We at the north west hospice continue to strive to deliver the best possible service to our patients and their families, to ensure the best possible support mechanisms are in place that provide holistic patient centered care to those we care for.

*“It is during challenging times that we find out what we are made of...for that is the power of our spirit”.*

**Ms. Catherine Regan**  
**Assistant Director of Nursing.**

## Social Work & Bereavement Statement



The Social Work Team at North West Hospice are an integral part of the multi-disciplinary team in providing a service to the In-Patient Unit, Community Palliative Care Team and providing bereavement support to those whose loved one died under the care of North West Hospice. In November 2020 a HSE position for a Senior Social Work Practitioner was secured and this has been a very welcome and positive development for the service.

In March 2020 the Covid 19 pandemic had an unprecedented effect on the lives of patients, their families and the wider community. Social workers supported patients and their families in coping with the challenges of illness while recognizing that the pandemic had impacted on many of social supports which people relied upon. The social workers also provided bereavement support to families and developed a bereavement information pack with resources which would be beneficial.

As a Palliative Care Team, we provide a service to those in Sligo, Leitrim, West Cavan and South Donegal. It was important to work collaboratively in sharing information and resources with other agencies who were also supporting families experiencing grief. We circulated our bereavement information pack to Nursing Homes and Community Hospitals in our catchment area enabling them to utilize and adapt the information pertaining to their service. We had 164 referrals to the service in 2020.

An integral part of our work is working in partnership with parents and guardians to offer support, advice and guidance on how to prepare and support children and vulnerable adults when a family member is ill. During the Covid 19 pandemic we were very aware of the impact that restrictions had on children who were facing an impending loss and those who were bereaved. With the support of our local Tusla PPFs, we received funding enabling us to provide age-appropriate resources, story books and material to children and their parents/guardians. We also provided information on grief and loss on our website. In 2020 the social work department provided support to 164 families.

Prior to the Covid 19 pandemic the Senior Social Worker was involved at a national level with the Hospice and Palliative Care Social Work Group in developing research and evidence-based guidelines for the delivery of bereavement care. This document titled "Guidance for Bereavement Support provided by Specialist Palliative Care Social Workers in Ireland" was circulated nationally and internationally and was particularly helpful in informing social work practice during the Covid 19 pandemic. An addendum to these guidelines were published in February 2020 by colleagues in the HPCSW.

We are committed to providing education and support to our colleagues and other health care professionals. In 2020 NWH social work co-presented to MSW Social Work Students in Sligo IT on grief and loss. We attended a focus group and have provided feedback to help inform education around the implementation of the Assisted Decision-Making (Capacity Act) 2015 and the

implications this legislation has for practice. We have participated in feedback on the impact that Covid 19 has had on those experiencing grief and loss which can inform service need and development. Social Workers are registered with CORU professional body and actively participate in service development initiatives.

**Ms. Michelle O Reilly, Senior Social Worker**



## Quality/ Safety/ Practice Development Report



The challenge of maintaining the health and safety of patients and staff, visitors and members of the public in the prevention of the spread of COVID-19 in 2020 was paramount. Following a process of risk assessment this necessitated the development of the North West Hospice COVID Response Plan based on advice and guidance provided by the HSE at local and national level and also by the Department of Health. This provided clarity in uncharted waters for patients, staff and stakeholders alike.

It encompassed strategies which applied across all levels of the service from education and support of all staff to looking creatively at different ways of working. Reconfiguration of the Inpatient Unit from an eight bed to a five bedded unit and its division into two nursing teams facilitated the safe provision of care for both COVID Positive and COVID Negative patients. Where possible staff who could work from home did so, in an effort to reduce physical numbers in the Hospice buildings, and to reduce the risk community spread. Hospital and Community calls were restricted to essential visits, but clinical teams maintained regular communication with patients, families and healthcare colleagues by phone and other HSE approved platforms.

Restriction of visitors proved to be the greatest challenge of all as we struggled at times to maintain a good balance between patient/visitor/staff safety and the emotional and psychological importance of the presence of loved ones at end of life.

Working from Home and Return to Work protocols were put in place. Weekly checklists were completed and returned to North West Hospice COVID Lead to ensure compliance with all requirements. Our established Quality and Safety schedule continued e.g. clinical audit, nursing metrics, environmental, GDPR and tissue viability audits etc. with high rates of compliance.

The numbers of clinical incidents reported on NIMS (National Incident Management System) were reduced on previous years. An issue related to the reliability of batteries used in our medication administration pumps was identified locally through a total of 22 reported incidents. This necessitated escalation nationally through various channels to HPRA (Health Products Regulation Authority) and has since been resolved. There were no Serious Reportable Events and the three chief categories of incidents recorded remain the same i.e. pressure ulcers, slips/trips/falls and medication incidents (mainly related to reliability of batteries). These and all other incidents fall within the negligible to minor risk categories with one reported incident designated as moderate. All incidents are managed following the HSE Incident Management Framework (2020) and are reviewed quarterly by the Integrated Quality and Safety Group to identify need for further review and suggest quality improvements to ensure that any learning is shared and communicated to staff. As before governance of the work of this group is assured by the Board Quality and Safety Sub-Committee. This sub-committee with representation from HSE and the Board (NWH) convene quarterly and report directly to the Board of Directors, North West Hospice.

All comments, complaints and compliments are managed under the NWH Management of Feedback Policy strongly influenced by the HSE policy, “Your Service, Your Say”. Most are

*“We appreciate all of your efforts to make the last remaining days of her 95<sup>th</sup> year so pain free and joyful as she was so precious to us all, as her family”*

resolved locally while a small number are referred to North West Hospice Complaints Officer.

*“We just want to thank you all for the care, kindness, patience and understanding...the work you do is not easy, but it is clear to see how you always put your patients’ needs first on a daily basis.”*

It has been a very different year, full of uncertainty for our patients, families and staff alike. We deeply appreciate the kind words of thanks and encouragement from those we care for and no quality tool captures this as eloquently as their own words.

*“...the wonderful care, kindness and compassion you all showed ...is something we will always remember”*

**Ms. Hazel Smullen, Quality and Safety Coordinator**

## Volunteer Service Report

2020 was, for everyone globally, a year in which their lives became different. Covid 19 was to create a 'new normal' as it was now termed, but in the North West Hospice, service to the local community and those most in need of compassion and care went on regardless.



Volunteering in the Hospice was brought to a very abrupt halt in March of 2020 when we made the very difficult decision to pause the volunteering programme in the inpatient unit. This was done to ensure the health of both the service users and the volunteers themselves. Many of our volunteers were very quick to offer their services in whatever way we could make use of them and while their services were so very sorely missed during this unprecedented time, their safety was at the forefront of our mind and so they patiently waited in the wings to be of help whenever was needed. As the pandemic moved on and in to stages of relaxed lockdowns, the volunteers who provide services that do not require patient contact such as reception cover or musician came back in a changed way. They were no longer able to be in twos and they were performing changed but much needed services. They took on the role of meeting visitors and families at the door and going through the very important task of placing on PPE, filling in Covid 19 Track and Trace forms, and directing the families to the unit to visit with their loved ones. This task was happily taken on by the returning volunteers and deeply appreciated and noted by the staff in the unit as it was a task that took them away from patient care and was very time consuming. Volunteers went through retraining in order to come back which they were happy to undertake and showed again their immense dedication and kindness to the hospice. They bring with them an energy and positivity that is palpable and energizing and felt by both patients and staff alike.

During normal times our wonderful and dedicated team of volunteers in the inpatient unit fulfil roles such as reception cover, musician, bakers, florists, reiki, chiropody, hospitality and so on. The commitment that they make to the hospice each year is truly astounding and humbling. With ages ranging from 20 years up to 86 years old our volunteers continue to bring much needed relief and distraction to patients and families. They are often people who have experienced first-hand the wonderful work of the hospice and may have had loved ones who were under our care. They bring this forward with them in their volunteer work for us but showing the compassion and kindness to those going through some of the most difficult times of their lives.

As Covid 19 hopefully moves forward into the new stages of suppression with vaccinations and social distancing our volunteers will continue to be of service to the hospice. They will continue to bring joy and kindness and we will support them as much as we can to enable that. The volunteering programme will hopefully expand in the coming years, with roles such as Home Visitor being considered moving forward. The North West Hospice is a richer place for the input, dedication and kindness shown by our wonderful volunteer and I would like to take the opportunity to thank and recognize each and every one of them for all they do.

**Dee Henry, Volunteer Coordinator**

Volunteer Role	No. of Volunteers	No. of hours/annum
Receptionist	49	3555.50 (approx.)
Hospitality	3	384 (approx.)
Musician	4	192 (approx.)
Hairdresser		Flexible
Graphic Designer	1	Flexible
Home Baker	3	268 (approx.)
Gardener	2	96 (approx.)
Flower Arranger	1	96 (approx.)
Dog Therapist	1	96 (approx.)
Box Collector	5	Flexible
Reflexologist	2	384 (approx.)
Driver	2	Flexible
Photographer	1	Flexible
Massage Therapist	2	Flexible
Podiatrist	1	Flexible
Chiropodist	1	Flexible
Barber	1	Flexible
Charity Shop	39	Flexible

## Fundraising & Communication update

The work of the Fundraising and Communications team at North West Hospice is to organize North West Hospice-led events and also to support North West Hospice supporters in the community to run their own events. Hundreds of large and small events take place in aid of the Hospice every year. Typically, each of these events require the following support to be provided: Advice, letters of support, Garda permits, PR, Social Media, posters, attendance at events and cheque presentations.



The first quarter of 2020 began like most others and was a quite a busy time for the Fundraising and Communications team at North West Hospice. We set out with our annual income target of €1.3 million and fundraised income was very impressive in the first quarter.

In March 2020, the landscape changed dramatically with the arrival of Covid-19 to Ireland and the resulting restrictions posed a huge challenge for fundraising. In many ways, fundraising was essentially decimated by the pandemic as many hospice-led events and supporter events simply could not take place due to the resulting restrictions. Our much-loved Memorial Walk had to be cancelled along with bag-packs, church gate collections and our annual flag day. The loss of income expected from these events meant we had to re-strategies and innovate our approach to fundraising. It became clear that world of virtual, online fundraising would be vital for the Hospice and we adopted new methods of doing things to adapt to the digital world.

We held our first online “Virtual” event in April 2020 called “Run, Donate, Nominate”. This event saw people run/ walk 5km, donate €5 to the Hospice and nominate 5 friends to do the same. This event generated €4710.

In 2020, as part of our digital strategy, we also registered with the social media platform Facebook to receive donations through people’s personal Facebook profiles. People held Facebook fundraisers for their birthdays, for anniversaries and in memory of loved ones and an amazing €83,476 was generated in Facebook donations in 2020.

Sunflower Days, our annual national Hospice street collection day had to be cancelled due to the pandemic. We launched an appeal around the days in June asking people to make a donation to North West Hospice. We continued to appeal for online donations throughout the year and with the Fundraising Office closed for some time and footfall greatly reduced with people working from home, online donations were a vital income stream in 2020. We made it as easy as possible for people to make online donations and donate over the phone, supporting them as needed. Donations from the public brought in €323,403 in 2020 an almost 50% increase on 2019 and this appears to be down to the donation strategy adapted by the fundraising team throughout the year.

Hospice Coffee Morning together with Bewley’s is our biggest annual fundraiser and runs every September. Hundreds of hosts hold an event in their home, workplace, school or parish hall to raise funds for the Hospice. Pandemic restrictions had eased somewhat during the Summer of 2020 but it was a precarious time, so we needed to run the event in a safe manner in line with

HSE Covid-19 guidelines. Under the umbrella of “Together for Hospice: The National Hospice Movement” we worked with our colleagues in other hospices in a collaborative approach to Coffee Morning 2020. Participants were invited to take part virtually and safely with guidelines on ideas for Covid-19 friendly events. Participants hosted virtual coffee mornings, outdoor events and take-away Coffee Mornings and despite many in-door Coffee Mornings being cancelled the event still raised an impressive €75,025.

Every year the local communities of Sligo, Leitrim, South Donegal and West Cavan continue to hold hundreds of events in aid of North West Hospice. Despite the pandemic the local community continued to do this and innovated their events and ideas to work in the time of Covid-19 restrictions. Community events generated an amazing €292,688 in 2020 a decrease of just 10% on 2019 which is quite a feat given the effects of the pandemic.

One of our biggest annual community events is the Lough Gill Hospice Swim. The swim was in its 10<sup>th</sup> year in 2020 and couldn't take place in the way it usually would be due to restrictions. The Swim Committee innovated the event and asked people to Swim local to them as they couldn't come together at Lough Gill like they normally would. The Swim raised a huge €80,925 an increase of almost 50% on 2019.

North West Hospice Radio Bingo has continued to grow in strength annually. We work closely with Ocean FM in running it and have a great working relationship and huge support from our local radio station. The Bingo raised €92,345 for North West Hospice in 2020 and is a vital income stream for us.

Our Christmas events are a vital part of our annual fundraising. Due to Level 5 restrictions throughout November and continued restrictions in December, Christmas events and sales were greatly hampered. The Memorial Tree, which was a fully online campaign, did well and raised €6,778 a 22% increase on 2019. We also pushed the sales of our new Christmas Baubles and as these were sold predominantly online, they raised €1,786 a 200% increase on 2019. Despite many of our usual partner retail outlets being closed, Christmas cards still raised €10,789 in 2020.

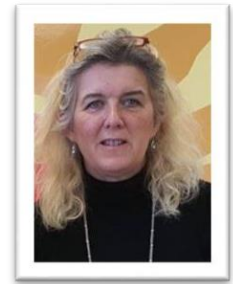
We are incredibly grateful to all our donors, supporters and volunteers. Despite a global pandemic and extremely tough restrictions North West Hospice raised a total of €1,368,941 in 2020 exceeding our target of €1.3 million.

On behalf of all those who use North West Hospice services, their families and friends, we would like to extend a heartfelt thanks to all our loyal supporters. Our generous local community continue to be at the heart of all that we do at North West Hospice.

Thanks to their continued support, we can continue to provide palliative care services free-of-charge to all in our community who need it.  
Together, we make a difference.

**Ms. Bernadette Mc Garvey, Head of Communications & Fundraising**

## Charity Shops Update



Following on from a phenomenal 2019 for our shops. 2020 started off with an excellent first couple of months. Then as you know the end of March brought the Covid Pandemic and changed our lives forever.

From March we underwent various public lockdowns until December totaling 22 weeks. We diversified with "Click & Collect" sales through our new "Done Deal" Shop and a marketing campaign on Facebook. We committed to applying best practice as directed by the government, HSE and WHO. We also put a lot of work into making the shops as safe as possible for both customers and staff and volunteers by introducing Covid 19 policies and procedures in line with best practice. Some of these measures included installing screens at checkouts, hand sanitizer at entrance and exit, sanitizing rotas, cashless payments restricting numbers of customers in shop at any one time and sourcing a new storage facility to allow for isolation of donations before including in shop stock for purchase.

Along with support from radio and media, we have been able to maintain our community profile during these lockdowns for which we are very grateful. This has been a very rewarding challenge in no uncertain terms due to the dedication of our shop staff and volunteers. The public have continued to be very generous in their donations to help make this possible.

We have also been able to maintain a very good relationship with our volunteers despite not being able to meet and chat while we were closed and indeed all were very eager to return when we reopened.

The result was a very challenging year but financially considering our doors were open for only 58% of the trading year, our turnover was only down by 18% on 2019 figures. Again, I would like to point out none of this would have been possible without the support of our wonderful community who donate such wonderful furniture, clothing etc., and an amazing group of volunteers whose attitude has let us just get on and work with what we have and make it work. I would also like to thank "Sligo leader" with their Tus programme who support us with several participants to help with staffing the shops and who's support is greatly appreciated.

Our Carrick on Shannon shop continues to trade well with a great team of volunteers. It had challenged this year in that the whole of the Market Yard was covered in by an amazing, suspended roof which has totally enhanced the whole area. However, this took some time and caused disruption to trade over a number of months while under construction. Notwithstanding this our volunteers persevered and had a good financial year.

Last but not least a big thank you to our customers who come through our doors to make their purchases. With the huge success of 2019 we are confident that sales figures will continue to grow in 2021.

**Ms. Mary Forte Commercial Manager**

## Strategic Plan 2016-2020 – Progress in 2020

The North West Hospice 5 years' Strategic Plan 2016-2020 identified eight objectives. The progress to date on all eight objectives is outlined in below table.

A new 3-year strategic plan was approved in November 2020 which includes objectives not fully realized by end of 2020.

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 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>Regularly review and evaluate the provision of patient care, incorporating the views of patients, families and healthcare professionals, to ensure its quality and appropriateness</li> </ul>	<ul style="list-style-type: none"> <li>Three-yearly evaluations of each of our three main services</li> <li>Results of evaluations included in our annual report</li> </ul>	<ul style="list-style-type: none"> <li>Review/evaluation of services each year</li> <li>Results included in annual report</li> </ul>	<ul style="list-style-type: none"> <li>All stakeholders took part in evaluation/survey of all 3 aspects of service in 2020 as part of new strategic plan.</li> <li>Results of survey were reported back to Board and service and included in this report under "Quality and Safety" update</li> <li>Incidents /complaints/ comments/ feedback reviewed and standing item on operational Integrated Quality and Safety committee meeting and overseen by the Board Quality and Patient Safety subcommittee.</li> <li>Policy/Procedure and audit report presented to Board Quality and Patient Safety committee as standing agenda item.</li> </ul>	
<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Annual survey results reported on our website and within our published annual report</li> </ul>	<ul style="list-style-type: none"> <li>Annual survey and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Annual survey completed in 2020 and reported back to services and Board. Also included in this report under "Quality and Safety" update.</li> <li>Facilities for feedback on Hospice site i.e., comment boxes</li> <li>Complaints / feedback log form updated to record written and verbal complaints/ feedback</li> </ul>	



<ul style="list-style-type: none"> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ We will establish and implement a mechanism for engagement</li> </ul>	<ul style="list-style-type: none"> <li>■ Engagement to commence by early 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ Facilities in place to receive feedback from patients and families.</li> <li>■ Annual survey completed in 2020 and reported back to Board and services.</li> </ul>
<ul style="list-style-type: none"> <li>■ We will review the range of spiritual support provided within North West Hospice on an inclusive basis, recognizing the diversity of those who use our services, and make enhancements or changes as necessary</li> </ul>	<ul style="list-style-type: none"> <li>■ Review and recommendations will be brought to the Board and an appropriate implementation process commenced</li> </ul>	<ul style="list-style-type: none"> <li>■ Review and recommendations by early 2016</li> <li>■ Implementation from early 2016 onwards</li> </ul>	<ul style="list-style-type: none"> <li>■ Commitment in new North West Hospice 2021 – 2023 strategic plan to progress implementation of recommendations in early 2022</li> <li>■ Hospice linked with chaplaincy in Sligo University Hospital</li> <li>■ All religious denominations accessible for patients and families.</li> </ul>

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 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>We will examine the demand for in-patient palliative care services within our region, in order to inform our analysis of the optimum size of the North West Hospice in-patient unit</li> </ul>	<ul style="list-style-type: none"> <li>Analysis to be included in formal Business Case to the HSE</li> </ul>	<ul style="list-style-type: none"> <li>Business case submitted to HSE Q1 2016</li> <li>Formal response from HSE by Q2 of 2016</li> </ul> <p><b><u>If approved (tentative timescales only):</u></b></p> <ul style="list-style-type: none"> <li>Development control plan 2016</li> <li>Detailed design / planning 2017</li> <li>Construction 2018-19</li> <li>Opening of new North West Hospice 2019-2020</li> </ul>	<ul style="list-style-type: none"> <li>Final stages of design progressed in 2020.</li> <li>Funding secured from HSE and included in HSE National Capital Plan</li> <li>Project to progress to construction tender in mid-2021 with expectation to commence construction in Q1 2022.</li> <li>Discussion ongoing with clinical team and design team to formulate plan on facilitating current level of service onsite during construction.</li> </ul>	
<ul style="list-style-type: none"> <li>We will submit a formal business case to the HSE in respect of the capital funding required for our proposed redevelopment, options</li> </ul>	<ul style="list-style-type: none"> <li>Submission of formal Business Case to the HSE</li> </ul>	<ul style="list-style-type: none"> <li>Board sign-off of Business Case and submission to HSE during Q2 of 2016</li> </ul>	<ul style="list-style-type: none"> <li>Completed – funding secured for project and included in HSE National Capital Development plan</li> </ul>	

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 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>■ We will deliver palliative care services in line with the annual Service Plan agreed with the HSE</li> </ul>	<ul style="list-style-type: none"> <li>■ Service Plan to be agreed with the HSE and signed off by both parties</li> </ul>	<ul style="list-style-type: none"> <li>■ Final sign-off by end of Q2 annually</li> </ul>	<ul style="list-style-type: none"> <li>■ As per Service level agreement with the HSE and signed by Board of management in Feb 2020.</li> </ul>	
<ul style="list-style-type: none"> <li>■ We will ensure that we are appropriately resourced with senior clinical staff, to reflect our growing caseload and complexity of work</li> </ul>	<ul style="list-style-type: none"> <li>■ We will aim to recruit a second full-time Consultant in Palliative Medicine</li> <li>■ We will aim to have a dedicated Assistant Director of Nursing in position on a full-time, dedicated basis</li> </ul>	<ul style="list-style-type: none"> <li>■ Confirmed by end of Q2 2016</li> <li>■ Confirmed by end of Q2 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ Completed – Permanent 2<sup>nd</sup> Consultant in Palliative Medicine</li> <li>■ Proposal to convert Assistant Director of nursing position to Director of Nursing position dedicated to Hospice only.</li> </ul> <p>Included in North West Hospice new strategic plan 2021-2023 as a priority to progress in 2021.</p>	
<ul style="list-style-type: none"> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ We will implement “Towards Excellence in Palliative Care Self-Assessment tool” against the “National Standards for Safer Better Healthcare”, 2014</li> <li>■ Agreed Quality Improvement recommendations from self-assessment brought to the North West Hospice executive and Board, and prioritized as appropriate</li> <li>■ Service improvements will be reported in our Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>■ Self-assessment complete by end of Q2, 2016</li> <li>■ Quality Improvement plans for all three care settings will be progressed and completed Q2 2016</li> <li>■ On-going self-assessment to continue to monitor progress</li> <li>■ Annual: Included in Annual Report Q2 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going self-assessment in collaboration with National collaborative Committee</li> <li>■ Quality Improvement plans agreed with Operational Management team and reviewed at integrated Quality and Safety and Board Quality and Safety subcommittee.</li> <li>■ Included in Annual Report under Quality/ Safety Report</li> </ul>	
<ul style="list-style-type: none"> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ Partnership working and service integration will be specifically reported in our Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>■ Annual: Included in Annual Report Q2 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ Included in annual report under “Quality/ Safety “Report</li> </ul>	

4	To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organizations		Progress in 2020
Objectives and Activities	Output	Time Scale	Progress in 2020
<ul style="list-style-type: none"> <li>■ We will continue to engage with Co-Operation and Working Together (CAWT) in respect of possible cross-border initiatives</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going contact and reporting to the North West Hospice Board on progress</li> </ul>	<ul style="list-style-type: none"> <li>■ Annual report to the Board</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going engagement with HSE projects relevant to palliative care</li> </ul>
<ul style="list-style-type: none"> <li>■ We will liaise with other organizations providing services which are relevant or complementary to palliative care</li> </ul>	<ul style="list-style-type: none"> <li>■ Engagement with other service providers, and signing of Memoranda of Understanding in relation to complementary work /joint projects</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going over life of strategy</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going engagement with Centre for Nurse / Midwifery Education and St. Angela's College to support on-going education for nursing staff</li> </ul>
<ul style="list-style-type: none"> <li>■ We will further develop relationships with key decision-makers in relation to services which North West Hospice can offer</li> </ul>	<ul style="list-style-type: none"> <li>■ Regular engagement and six-monthly "strategic contact" report by the Hospice Manager to the North West Hospice Board</li> </ul>	<ul style="list-style-type: none"> <li>■ Six-monthly report to the Board</li> </ul>	<ul style="list-style-type: none"> <li>■ North West Hospice provides education/ training to clinical staff providing palliative care in level 2 facilities and staff in the community services i.e., PHNs, GPs, Home help providers.</li> </ul>

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 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>■ Organizational development plan approved by North West Hospice Board</li> </ul>	<ul style="list-style-type: none"> <li>■ Development and implementation of an organizational development plan for North West Hospice</li> </ul>	<ul style="list-style-type: none"> <li>■ End of Q2 2016 – development of plan</li> <li>■ On-going during 2016 implementation of plan</li> <li>■ Governance Appraisal Report 2018</li> </ul>	<ul style="list-style-type: none"> <li>■ Agreement and new organizational structure agreed to accompany 2020 Service Level Agreement.</li> </ul>	
<ul style="list-style-type: none"> <li>■ Training and Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>■ We will enhance the training and development of Board directors, management, staff and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>■ Annual submission to North West Hospice</li> </ul>	<ul style="list-style-type: none"> <li>■ Training and development for Board of Directors on going with training attended in 2019.</li> <li>■ Training/ Education policy for staff / Volunteers Implemented</li> <li>■ Professional Development plans continues in 2020</li> <li>■ Board of Directors approved dedicated funding in 2020 for the purpose of staff training and development.</li> </ul>	
<ul style="list-style-type: none"> <li>■ Improved data collection mechanisms identified and developed that can improve delivery or affect services</li> </ul>	<ul style="list-style-type: none"> <li>■ Develop management information system for strategic decision-making</li> </ul>	<ul style="list-style-type: none"> <li>■ Compliance with GDPR legislation introduced on 18<sup>th</sup> May 2018.</li> <li>■ Compliance with Charity Regulator Governance Code by end of 2021</li> </ul>	<ul style="list-style-type: none"> <li>■ Extensive work completed of data collection mechanisms to comply with General Data Protection legislation introduced on 18<sup>th</sup> May 2018.</li> <li>■ GDPR internal audits introduced in 2019 and continued in 2020</li> <li>■ Dedicated funding approved by Board in 2020 to upgrade all IT hardware and to maximize the use of current software packages.</li> <li>■ Temporary appointment of IT project Lead approved for 12 months to progress project in 2021.</li> </ul>	
<ul style="list-style-type: none"> <li>■ Staff feedback mechanism</li> </ul>	<ul style="list-style-type: none"> <li>■ Safe and supportive working environment for North West Hospice staff</li> </ul>	<ul style="list-style-type: none"> <li>■ To be implemented by end Q1 2016 and on- going over life of plan</li> </ul>	<ul style="list-style-type: none"> <li>■ Staff Support/ Training / Education Policy agreed and approved</li> <li>■ Access to Occupational Health for all staff</li> <li>■ Dedicated Education and Practice development funding approved by Board in 2020 with agreed application process approved to access same</li> </ul>	

6	To ensure the financial sustainability of North West Hospice as an organization and of its services to people with life-limiting illness			Progress in 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>■ In order to focus on the sustainability of North West Hospice as a whole, we will assess the breakeven position of each of our main activities on an annual basis</li> </ul>	<ul style="list-style-type: none"> <li>■ Annual breakeven review of each activity area, and reports to the North West Hospice Board</li> </ul>	<ul style="list-style-type: none"> <li>■ Q3 / Q4 of each year, in line with annual business planning process</li> </ul>	<ul style="list-style-type: none"> <li>■ Finance Manager attends each Board meeting.</li> <li>■ Board Finance subcommittee in place where detailed Financial reports is provided and then fed back to the other Board Directors by Chair at each Board meeting.</li> <li>■ Additional HSE recurring revenue funding secured in 2020 to reduce over reliance on fundraising</li> </ul>	
<ul style="list-style-type: none"> <li>■ So that we may ensure our future financial sustainability, diversify our income streams and establish new revenue sources, we will develop an Income Generation Plan for approval by the Board</li> </ul>	<ul style="list-style-type: none"> <li>■ Income Generation Plan with clear revenue targets from each of our identified activity areas.</li> </ul>	<ul style="list-style-type: none"> <li>■ Sign-off of Income Generation Plan by North West Hospice Board no later than end of Q1 2016, and each succeeding year on an annual basis (ideally by end Q3 in succeeding years).</li> </ul>	<ul style="list-style-type: none"> <li>■ Events and targets agreed with lead responsibilities assigned to Community Relations Coordinators</li> <li>■ New revenue streams Targeted.</li> </ul>	
<ul style="list-style-type: none"> <li>■ We will engage with the HSE in respect of the capital funding required for our proposed redevelopment</li> </ul>	<ul style="list-style-type: none"> <li>■ Submission of formal Business Case to the HSE</li> </ul>	<ul style="list-style-type: none"> <li>■ Board sign-off of Business Case and submission to HSE during second half of 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ Capital plan approved on HSE National Capital Plan and funding secured in 2020</li> </ul>	
<ul style="list-style-type: none"> <li>■ We will decentralize our premises to establish an accessible center in Sligo Town, which can house our fund-raising and non-clinical office space</li> </ul>	<ul style="list-style-type: none"> <li>■ New town center premises open</li> </ul>	<ul style="list-style-type: none"> <li>■ By end of Q1 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ new lease agreement secured in 2020 on current building</li> </ul>	

7 To ensure the organization is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements			Progress in 2020
Objectives and Activities	Output	Time Scale	Progress in 2020
<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Board succession plan to be drafted and discussed annually</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>	<ul style="list-style-type: none"> <li>Board Development subcommittee in place and reviews the succession plan / makes recommendations to board</li> </ul>
<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>On-going</li> </ul>	<ul style="list-style-type: none"> <li>2 new Board Directors appointed in 2020 with skill sets to complement the existing Board.</li> </ul>
<ul style="list-style-type: none"> <li>We will move to full compliance with the new regulatory arrangements for charities</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly compliance report to North West Hospice Board by Hospice Manager</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>Governance update is standing item at each Board meeting.</li> <li>North West Hospice subcommittee in place to ensure full compliance with Charity Regulator mandatory governance as required by end of 2021. On target to register compliance in June 2021 in advance of Dec 2021 deadline.</li> </ul>
<ul style="list-style-type: none"> <li>We will be transparent and open regarding how money is spent within North West Hospice</li> </ul>	<ul style="list-style-type: none"> <li>Annual report detailing our income and expenditure, in line with best practice and regulatory standards for charities</li> </ul>	<ul style="list-style-type: none"> <li>Annual</li> </ul>	<ul style="list-style-type: none"> <li>Annual report detailing all audited accounts in SORP format as per Charity Regulator requirements.</li> <li>Available on North West Hospice website</li> </ul>

<ul style="list-style-type: none"> <li>■ We will engage with HIQA, the HSE and Department of Health as appropriate in respect of future licensing</li> </ul>	<ul style="list-style-type: none"> <li>■ Report and recommendations to North West Hospice Board as necessary</li> </ul>	<ul style="list-style-type: none"> <li>■ On-going; to be formally tabled for discussion at least annually</li> </ul>	<ul style="list-style-type: none"> <li>■ Policy/ procedure/guidelines and audit process in place and reported back to Board of Directors via Board Quality and safety subcommittee Chair.</li> <li>■ Standing agenda item for all Board meetings</li> </ul>
<ul style="list-style-type: none"> <li>■ We will maintain our formal risk register and update it monthly</li> </ul>	<ul style="list-style-type: none"> <li>■ Formal Risk Register presented quarterly to NWH Board</li> </ul>	<ul style="list-style-type: none"> <li>■ Complete by end Q2 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ Board Quality &amp; Safety sub- committee Chair reports at each Board meeting</li> </ul>



8		To develop our organizational 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 2020
Objectives and Activities	Output	Time Scale	Progress in 2020	
<ul style="list-style-type: none"> <li>■ Recognizing that our organizational structure has current capacity constraints, we will strengthen our executive and administrative structure / resources by making targeted changes and additions to our structure.</li> <li>■ Continuous monitoring</li> </ul>	<ul style="list-style-type: none"> <li>■ Report and recommendations to North West Hospice Board</li> <li>■ New positions in place via formal recruitment process</li> </ul>	<ul style="list-style-type: none"> <li>■ New positions in place by end Q2 2016</li> <li>■ Further work in 2019 to regularize Hospice Manager and ADON post.</li> </ul>	<ul style="list-style-type: none"> <li>■ Further progress made in 2020 with Hospice Manager post regularized and permanent with agreed job description</li> <li>■ Commitment in new strategic plan 2021 – 2023 to prioritize other key posts i.e., dedicated Director of Nursing</li> </ul>	
<ul style="list-style-type: none"> <li>■ 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)</li> </ul>	<ul style="list-style-type: none"> <li>■ We will aim to recruit a second full-time Consultant in Palliative Medicine</li> <li>■ We will aim to have a dedicated Assistant Director of Nursing in position on a full-time, dedicated basis</li> </ul>	<ul style="list-style-type: none"> <li>■ Confirmed by end of Q3 2016</li> <li>■ Confirmed by end of Q3 2016</li> </ul>	<ul style="list-style-type: none"> <li>■ 2<sup>nd</sup> permanent Consultant in Palliative Medicine in post</li> <li>■ Proposal to convert Assistant Director of Nursing in post to a full-time dedicated post is a priority in new strategic plan 2021-2023.</li> </ul>	

<ul style="list-style-type: none"> <li>■ We will ensure that our organization has effective reporting, internal control and accounting systems</li> </ul>	<ul style="list-style-type: none"> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ Initial report by end of Q2 2016 followed by a bi- annual review</li> </ul>	<ul style="list-style-type: none"> <li>■ Policy/ Procedure/ Guidelines committee and audit committee in place. The committees oversee and reviews all policies/procedures and audits and reports progress to Board Quality and Safety sub committee.</li> <li>■ Monthly activity and KPIs returned to HSE</li> <li>■ Audited accounts published in annual report yearly</li> <li>■ Internal financial audits continuing.</li> </ul>
<ul style="list-style-type: none"> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ Agree performance management targets and reporting mechanism</li> <li>■ Reporting of achievement against targets</li> </ul>	<ul style="list-style-type: none"> <li>■ Board agreement by end of Q1 2016</li> <li>■ Monthly (internal) Annually (external reporting)</li> </ul>	<ul style="list-style-type: none"> <li>■ Detailed progress on all eight objectives reported in Annual Report</li> </ul>

## Financial Statement & Accounts

North West Hospice Company Limited by Guarantee

Notes to the Financial Statements  
Financial year ended 31st December 2019

Company registration number: 119501



North West  
Hospice

Annual Report and  
Financial Statements 2020



**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**

**FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED 31<sup>st</sup> DECEMBER 2020**

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE  
FINANCIAL STATEMENTS YEAR ENDED 31<sup>st</sup> DECEMBER 2020**

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**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE  
DIRECTORS AND OTHER INFORMATION AT DATE OF APPROVAL OF FINANCIAL  
STATEMENTS**

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**BOARD OF DIRECTORS**

Patrick Dolan (*Chairperson*)  
James Callaghan  
Mary Curran  
Noel Scott  
George Chadda  
Shane Ward  
Hubert McHugh

Siobhan O'Dowd (*Vice Chairperson*)  
Aisling Barry  
Declan Hegarty  
Dr. Fiona Quinn  
John McElhinney  
Daniel Browne  
Susanne Kerins  
Noel McLoughlin

**SECRETARY**

Noel Scott

**REGISTERED OFFICE**

The Mall, Sligo

**AUDITORS**

Gilroy Gannon  
Chartered Accountants  
& Statutory Audit Firm  
Stephen Street  
Sligo

**BANKERS**

Ulster Bank  
Stephen Street  
Sligo

Permanent TSB  
O'Connell Street  
Sligo

**SOLICITOR**

Michael J Horan  
Floor 1  
Millennium House  
Stephen Street  
Sligo

**CHARITY NUMBER**

CHY7983

**REGISTERED CHARITY NUMBER (RCN)**

20018863

**COMPANY NUMBER**

119501



## NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE DIRECTORS' REPORT

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The directors present their annual report and the audited financial statements of the company for the financial year ended 31<sup>st</sup> December 2020.

### PRINCIPAL ACTIVITIES AND BUSINESS REVIEW

North West Hospice Company Limited by Guarantee (“the Company”) is a public benefit entity which is a Not-for-Profit Organization. The Company does not have a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding €1.27.

The Company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association (or Constitution) and managed by a Board of Directors/Trustees.

The Company has been granted charitable tax status under Sections 207 and 208 of the Taxes Consolidation Act 1997, Charity No CHY 7983 and is registered with the Charities Regulatory Authority.

The Company’s objectives and principal activities are to provide a Specialist Palliative Care Service to persons suffering from life limiting illness. The services are offered free of charge. It provides this service through a Home Care service, an Inpatient Centre and Bereavement Support services. It receives partial funding from the Health Service Executive (HSE) towards providing these services and funds the deficit in HSE funding by way of a Fundraised income from various sources including donations, managed events, and its charity shops income. It also funds and conducts education and research projects in accordance with the Articles of the Company. Our integrated service 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. A new Inpatient Unit with 12 single beds is due to begin development as part of the HSE Capital Development plan for 2021. 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. 177 patients were admitted during 2020.

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. During 2020 the homecare team provided care and support to 410 patients.

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. 638 patients were cared for by the Hospital Palliative care team in 2020.

Our **Social Work service** – Social workers are an integral part of the palliative care multidisciplinary 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.), driving, fundraising, charity shop assistants and other activities. This was curtailed during 2020 due to the COVID-19 pandemic.

The results for the financial year and the financial position at the balance sheet date were considered satisfactory by the directors. The Company recorded an overall surplus of €1,023,112 (2019: Surplus €153,535) for the financial year to 31 December 2020. North West Hospice gratefully acknowledges the core support from the HSE that is essential for the provision of services. The balance of income was raised through a wide range of fundraising events, charity shop revenue, donations, and bequests. The year-on-year variance arises mainly as a result of a significant increase in HSE funding during 2020. There were some one-off costs in relation to bringing the New Hospice Build project to the planning permission stage in 2019 which did not reoccur in 2020. These positive variances were partially offset by unfunded pay increases (in line with HSE pay agreements) which were paid to staff in 2020.

Staff costs in 2020 amounted to €2,112,008 (2019: €1,993,571) out of total expenditure of €2,418,578 (2019: 2,345,586). Fundraising costs were €280,612. (2019: €296,442) and governance costs were €19,768 (2019: €8,569). The Hospice Manager's salary was paid directly by the HSE and is reflected the Service Level Agreement. In 2020 pension contributions of €110,125 (2019: €113,270) were made.

The Company had €3,771,430 (2019: €2,507,645) cash on deposit at the financial year end.

#### POST BALANCE SHEET EVENTS

There have been no events since the balance sheet date which would necessitate revision of the figures included in the financial statements or inclusion of a note thereto.

#### RESERVES POLICY

The key principle is that our reserves should be sufficient to manage a severe situation in which our cash inflows significantly fail to meet our cash outflows. In such a "worst case" scenario, the reserves can be drawn upon to meet operating cash shortfalls. In addition to this, any additional cash available is primarily held to meet service development and future capital expenditure requirements as identified from time to time.

#### FUTURE DEVELOPMENTS

##### **Strategic Plan 2021-2023**

The Hospice launched a new strategic plan in 2021 which covers the period from 2021 to 2023 and it sets out the vision of the directors, management, and staff for providing high quality and safe services for all our service users and developing those services in line with best national and international practice. The plan has the following these key focus areas:

- 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*
- 2 *To develop our pastoral care and holistic therapies.*
- 3 *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*
- 4 *To provide a palliative care service in all areas of our work – within our inpatient unit, within Sligo University Hospital, and within our community palliative care teams which is in line with national and international best practice*
- 5 *To explore how the provision of care provided by the Hospice will change following Covid-19*
- 6 *To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organisations*
- 7 *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*
- 8 *To ensure the financial sustainability of North West Hospice as an organisation and of its services to people with life-limiting illness*
- 9 *To ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements*
- 10 *To develop our organisational structure, resources, and capacity to enable North West Hospice to deliver all aspects of our strategic plan over the next three years*
- 11 *To review the enhancement of corporate information both in the office and in clinical care activities.*

Our annual operational plans detail the specific actions that we will take to meet these strategic objectives.

## **NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE DIRECTORS' REPORT**

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### **DEVELOPMENT PLANS**

North West Hospice Company Limited by Guarantee is planning to build a new facility. The company has obtained planning permission and financial support has been secured from the HSE as this project has been included on the national HSE Capital Plan.

### **STRUCTURE GOVERNANCE AND MANAGEMENT**

The directors are responsible for the management of the business of the Hospice and for exercising their powers in pursuit of the charitable objects of the Hospice. The directors are committed to maintaining the highest standards of Corporate Governance and they believe that this is a key element in ensuring the proper operation of the Hospices activities.

The Board is responsible for providing leadership, setting strategy, and ensuring control. There are 15 non- executive directors. The Boards non-executive directors are drawn from diverse backgrounds and bring their expertise and decision-making skills to the Board deliberations.

The Hospice has a comprehensive process for reporting management information to the Board. The Board is provided with regular information for all aspects of the organisation.

To support their governance activities the Board has established several Committees who report directly to the Board. Each Committee has its own terms of reference.

The committees of the Board are:

- Board Development subcommittee
- Human Resource subcommittee
- Finance and Audit subcommittee
- Quality and Safety subcommittee
- IT Systems and Hardware Subcommittee

The senior management team is made up of

- Hospice Manager Nuala Ginnelly
- Clinical Lead – Dr. Anna Cleminson
- Director of Nursing Marion Ryder
- Assistant Director of Nursing Catherine Regan
- Head of Finance Georgina Meehan
- Head of Communications/Fundraising Bernadette McGarvey
- Commercial Manager Mary Forte

### **STAFF AND VOLUNTEERS**

The Hospice could not function and provide the level of care and support to patients and families without the help of the Staff and Volunteers. The directors wish to express their thanks to all Staff and Volunteers for the excellent care that they provide.

#### PRINCIPAL RISKS AND UNCERTAINTIES

The directors together with the senior management team follow a process to manage risks to which the Hospice is exposed. They particularly concern themselves with operational and financial risks. They are satisfied that appropriate systems are in place to mitigate against their risks and limit exposure. The principal risks facing The North West Hospice Company Limited by Guarantee are:

*Clinical Risks to patients under our care either as inpatients or in their home environment:* These risks are mitigated by the use of appropriately qualified and trained clinical staff, working within safe systems of care, having appropriate equipment which reduces risk, having appropriate policies and procedures in place and our incident reporting system which includes reporting near misses so that future incidents can be prevented.

*Covid 19:* The Hospice continues to engage with the HSE infection control team and Public Health. The Hospice has taken precautions to prevent and mitigate an outbreak of the virus by putting in place precautions as recommended by both the HSE and the Public Health. Access to the hospice building has been restricted to essential staff and families. The volunteer activities have been suspended in line with National Guidance. The virus has had an impact on fundraising activities and the Hospice has developed contingency plans and campaigns to seek to minimize this impact and there has been huge public support for these.

*Failure to comply with Statutory/Regulatory Requirements:* The Hospice is subject to stringent regulations across all aspects of its activities and has appropriate processes in place to monitor adherence and compliance with legislation and regulations impacting its operations

*General Data Protection Regulation:* North West Hospice continue to Implement GDPR regulations to achieve compliance. Risk assessments and risk minimization actions are put in place in the areas of non-compliance. The Board are advised on these matters and all risks as identified in the risk register via the Board Quality and Safety Sub-Committee Chairperson at each board meeting.

*Financial Dependency on the HSE:* The Hospice is dependent on the ongoing support of the HSE for funding to deliver core services. This risk is mitigated by developing ongoing relationships with the HSE and agreeing annually our Service Agreement. This has been further mitigated by the welcome increase in recurring annual funding that will be provided under our Service Agreement.

*Insufficient Funding for future Capital Developments:* The Hospice has plans to develop a new state of the art facility to enhance patient care. This project will be funded by HSE Capital Estates and formally identified on the HSE capital plan. There is a risk that the funding given may not be sufficient to complete the project with rising costs and supply issues post Brexit and Covid Pandemic.

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**DIRECTORS' REPORT**

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**DIRECTORS AND SECRETARY**

The names of the individuals who were directors at any time during the year ended 31st December 2020 are set out below. All directors served for the entire year unless otherwise stated.

<b>Board Director</b>	<b>Attendance</b>
Patrick Dolan ( <i>Chairperson</i> )	4/4
Siobhan O'Dowd ( <i>Vice Chairperson</i> )	4/4
Noel Scott ( <b>Secretary</b> )	4/4
Shane Ward ( <b>Treasurer</b> )	4/4
James Callaghan	3/4
Mary Curran	4/4
George Chadda	4/4
Hubert McHugh	3/3
Aisling Barry	3/4
Declan Hegarty	4/4
Dr. Fiona Quinn	1/4
John McElhinney	4/4
Daniel Browne	2/4
Susanne Kerins	1/1

**DIRECTORS AND SECRETARY AND THEIR INTERESTS**

There were no contracts or arrangements of any significance in relation to the Company's business in which the directors or secretary of the Company had any interest.

**GOING CONCERN**

The directors have reviewed the company's financial projections and after taking account the potential negative impact on fundraising income from the Covid-19 pandemic have a reasonable expectation that the company resources are adequate to continue in operational existence for the foreseeable future. Thus, they continue to adopt the going concern basis in preparing the annual financial statements.

Further details regarding the adoption of the going concern basis can be found in note 3 to the financial statements.

**PAYMENT OF CREDITORS**

The directors acknowledge their responsibility for ensuring compliance with the provisions of the EC (Late Payment in Commercial Transactions) Regulations 2012. It is the Company's policy to agree payment terms with all suppliers and to adhere to those payment terms.

**POLITICAL CONTRIBUTIONS**

There were no political contributions made by the Company during the financial year.

## NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE DIRECTORS' REPORT

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### ACCOUNTING RECORDS

The measures that the directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 regarding the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The Company's accounting records are maintained at the Company's registered fundraising and finance office at Hospice Centre, Adelaide Building, Wine Street Car Park, Sligo.

### STANDARDS

The directors are committed to maintaining high standards of corporate governance. The board has adopted the Charities Regulator, Charities Governance Code and prepares an annual report and financial statements in full compliance with the Charities SORP (Statement of Reporting Practice under FRS102) and made available to the public on our website.

### STATEMENT ON RELEVANT AUDIT INFORMATION

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

- (a) So far as each director is aware, there is no relevant audit information of which the company's statutory auditors are unaware, and
- (b) 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.

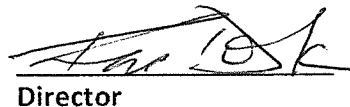
### AUDITORS

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 17<sup>th</sup> June 2021 and signed on behalf of the board by:



Director



Director

## **NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE DIRECTORS' RESPONSIBILITIES STATEMENT**

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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" issued by the Financial Reporting Council. 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.

The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in Ireland governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF  
NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**

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**Report on the Audit of the financial statements**

***Opinion***

We have audited the financial statements of North West Hospice Company Limited by Guarantee (the 'company') for the year ended 31st December 2020, which comprise the Statement of Financial Activities, the Statement of Financial Position, the Statement of Cash Flow and notes to the financial statements, including the summary of significant accounting policies set out in note 3. 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 31<sup>st</sup> December 2020 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 Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), 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.

We have relied on the exemption provided by the Irish Auditing and Accounting Supervisory Authority's Ethical Standard - Section 6 - Provisions Available for Audits of Small Entities in the circumstances as outlined in note 17 to the financial statements.

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE

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### ***Conclusions relating to going concern***

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors in respect of going concern are described in the relevant sections of this report.

### ***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 applicable legal requirements.
- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE

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In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and the 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 9, 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 the directors 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.


**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF  
NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**

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A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [www.iaasa.ie](http://www.iaasa.ie), under "Description of auditor's responsibilities for audit". This description forms part of our auditor's report.

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

This 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.



**Sinead McHugh**

**For and on behalf of**

**Gilroy Gannon**

**Chartered Accountants and Statutory Audit Firm**

**Stephen Street**

**Sligo**

**Date: 17-06-2021**


NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE  
STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31<sup>st</sup> DECEMBER 2020


	Note	Designated Funds €	Restricted Funds €	Unrestricted Funds €	Total Funds € 2020	Total Funds € 2019
<b>INCOME</b>						
<i>Charitable Activities</i>	4	-	18,517	2,054,758	2,073,275	1,075,589
<i>Donations &amp; Legacies</i>	4	17,660	46,500	323,621	387,781	360,612
<i>Fundraising &amp; other income</i>	4	-	-	969,485	969,485	1,062,920
<i>Interest</i>		-	-	11,149	11,149	-
<b>Total Income</b>		<b>17,660</b>	<b>65,017</b>	<b>3,359,013</b>	<b>3,441,690</b>	<b>2,499,121</b>
<b>EXPENDITURE</b>						
<i>Charitable Activities</i>		-	(18,517)	(2,099,681)	(2,118,198)	(2,040,575)
<i>Fundraising Costs</i>		-	-	(280,612)	(280,612)	(296,442)
<i>Governance Costs</i>		-	-	(19,768)	(19,768)	(8,569)
<b>Total Expenditure</b>		<b>-</b>	<b>(18,517)</b>	<b>(2,400,061)</b>	<b>(2,418,578)</b>	<b>(2,345,586)</b>
<b>Surplus for the Year</b>		<b>17,660</b>	<b>46,500</b>	<b>958,952</b>	<b>1,023,112</b>	<b>153,535</b>
Total Funds Brought Forward		178,593	-	2,325,864	2,504,457	2,350,922
Transfer of Funds		958,952	-	(958,952)	-	-
<b>Total Funds Carried Forward</b>		<b><u>1,155,205</u></b>	<b><u>46,500</u></b>	<b><u>2,325,864</u></b>	<b><u>3,527,569</u></b>	<b><u>2,504,457</u></b>

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**STATEMENT OF FINANCIAL POSITION AS AT 31<sup>ST</sup> DECEMBER 2020**

	Note	€	2020 €	€	2019 €
<b>Fixed assets</b>					
Tangible assets	8	107,115		206,625	
Financial assets		1,668,825		1,657,676	
			<u>1,775,940</u>		<u>1,864,301</u>
<b>Current assets</b>					
Debtors	9	124,865		91,275	
Cash at bank and in hand		2,102,605		849,969	
		<u>2,227,470</u>		<u>941,244</u>	
<b>Creditors:</b>					
due within one year	10	(475,841)		(301,088)	
<b>Net Current Assets</b>			1,751,629		640,156
<b>Total Assets less Current Liabilities</b>			<u>3,527,569</u>		<u>2,504,457</u>
<b>NET ASSETS</b>			<u>3,527,569</u>		<u>2,504,457</u>
<b>Funds of the Charity</b>					
Designated Funds	12	1,155,205		178,593	
Restricted Funds	12	46,500		-	
Unrestricted Funds	12	2,325,864		2,325,864	
<b>TOTAL CHARITY FUNDS</b>			<u>3,527,569</u>		<u>2,504,457</u>

These financial statements were approved by the board of directors on 17<sup>th</sup> June 2021 and signed on behalf of the board by:

  
 Director

  
 Director

Date: 17/6/21

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**STATEMENT OF CASH FLOW FOR THE YEAR ENDED 31<sup>st</sup> DECEMBER 2020**

	<b>2020</b>	<b>2019</b>
	<b>€</b>	<b>€</b>
<b>Cash flows from operating activities</b>		
Surplus for the financial year	1,023,112	153,535
<i>Adjustments for:</i>		
Depreciation of tangible assets	27,127	40,727
Other interest receivable and similar income	(11,149)	-
Accrued expenses/(income)	(124,384)	125,713
<i>Changes in:</i>		
Trade and other debtors	(33,590)	424,948
Trade and other creditors	299,137	21,920
Cash generated from operations	<u>1,180,253</u>	<u>766,843</u>
<b>Cash flows from investing activities</b>		
Purchase of tangible assets	(11,196)	(168,785)
Adjustment in tangible assets	83,579	-
Interest received	11,149	-
Net cash used in investing activities	<u>83,532</u>	<u>(168,785)</u>
<b>Net increase in cash and cash equivalents</b>	1,263,785	598,058
<b>Cash and cash equivalents at beginning of financial year</b>	2,507,645	1,909,587
<b>Cash and cash equivalents at end of financial year</b>	<u><b>3,771,430</b></u>	<u><b>2,507,645</b></u>

**1. GENERAL INFORMATION**

The financial statements comprising the Statement of Financial Activities, the Statement of Financial Position, the Statement of Cash Flow, and the related notes constitute the individual financial statements of North West Hospice Company Limited by Guarantee for the financial year ended 31<sup>st</sup> December 2020. The company is registered in Ireland as a private company limited by guarantee without any share capital (CRO number 119501). Its registered office is The Mall, Sligo which is also its principal place of business. The nature of the company's operations and its principal activities are set out in the directors report. The company is a charity and has been granted charitable tax exemption (Charity Number: CHY 7983).

The liability of each of the company's members in the event of the company being wound up will not exceed €1.27.

**2. STATEMENT OF COMPLIANCE**

The financial statements have been prepared under the historical cost convention, and in accordance with the Statement of Recommended Practice (SORP 2015) "Accounting and Reporting by Charities", in accordance with the Financial Reporting Standard applicable in the UK and the Republic of Ireland (FRS 102), issued by the Financial Reporting Council and the Companies Act 2014.

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***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. The financial statements have also been prepared in accordance with the formats provided for in the Statements of Recommended Practice (SORP 2015) "Accounting and Reporting by Charities" in accordance with FRS 102.

The financial statements are prepared in Euro, which is the functional currency of the entity.

***Changes in accounting policies (SORP Transitional Adjustments)***

The Company has applied the Charities SORP for the year ended 31<sup>st</sup> December 2020 on a voluntary basis as its application is not a requirement of the current regulations for charities registered in the Republic of Ireland, but considered best practice.

A transitional adjustment in relation to capital contributions was made. Under SORP capital contributions previously recorded as reserves in the Balance Sheet are now categorised as designated funds.



### ***Income***

Grant income is recognised in the Statement of Financial Activities (“SOFA”) when the company is entitled to the income, when any performance related conditions have been met, when receipt is probable and the amount can be quantified with reasonable accuracy.

Monies received in respect of expenditure to be incurred in a future accounting period are accounted for as deferred income and recognised as a liability until the required accounting period.

Voluntary income from bequests, donations, gifts and the proceeds of fundraising activities are recognised as received. The value of services provided by volunteers has not been included as income. As with many similar charitable organisations, independent groups from time to time organise fundraising activities. However, as amounts collected in this way are outside the control of the company, they are not included in the financial statements until received into the company bank account.

Proceeds from the sale of donated goods are recognised as income when sold. Income from radio bingo is recognised as receivable and interest on funds held on deposit is included when receivable and the amount can be measured reliably.

### ***Expenditure***

Expenditure is accounted for on an accruals basis as a liability is incurred and reported as part of the expenditure to which it relates. Where costs cannot be attributed to particular headings they have been allocated to activities on a basis consistent with the use of the resources.

Expenditure on generating funds is included as fundraising costs. Expenditure on charitable activities includes all costs incurred by the charity in undertaking activities in furtherance of the objectives of the charity including support costs.

Costs relating to governance of the charity are costs associated with its statutory requirements including the audit fee and costs relating to the strategic management of the company.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity.

### ***Fund accounting***

*Restricted funds:* These are funds which are obliged to be spent in a specific way or for a specific purpose as set out in a funding letter of offer, or services contract, as specified by the grant maker or donor, but which are still in the wider objectives of a charity.

*Designated funds:* Represent unrestricted income which have been recommended by the board of directors for specific purposes. Conditions are attached to the designated funds. The company can redistribute funds if these conditions are not satisfied.

*Unrestricted funds:* Funds which are not assigned to a specific purpose. They represent amounts which are expendable at the discretion of the Board of Directors in furtherance of the objectives of the charity.

***Defined contribution plans***

The company operates a defined contribution scheme. Retirement benefit contributions in respect of the scheme for employees are charged to the Statement of Financial Activities 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 Statement of Financial Activities and payments made to the retirement benefit scheme are treated as assets or liabilities.

***Government grants***

Under Charities SORP (FRS 102) all grants including capital grants should be recognised as income in the Statement of Financial Activities on a performance basis (i.e. when the company has entitlement to the funds, any performance related conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably).

***Taxation***

No charge to current or deferred taxation arises as the Company has been granted charitable status under Sections 207 and 208 of the Taxes Consolidation Act 1997, Charity Number CHY 7983. The company is eligible under the “Scheme for Tax Relief for Donations to Eligible Charities and Approved Bodies under Section 84A Taxes Consolidation Act, 1997” therefore income tax refunds arising from donations exceeding €250 per annum are included in unrestricted funds.

***Tangible fixed assets***

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.

***Depreciation***

Depreciation is provided on all tangible fixed assets, other than freehold land, 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:

Improvements to leasehold premises	-	10/15%	per annum
Fittings fixtures and equipment	-	15/20%	per annum
Motor vehicles	-	20%	per annum

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***

The financial asset relates to a term deposit investment.

***Impairment of assets***

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 Statement of Financial Activities. Where the circumstances causing an impairment of an asset no longer apply, then the impairment is reversed through the Statement of Financial Activities. The recoverable amount of tangible fixed assets is the higher of the fair value less costs to sell of the asset and its value in use.

***Financial instruments***

*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 debtors and grants receivable are measured at amortised cost less impairment, where there is objective evidence of impairment.

*Other financial liabilities:* Other 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.

***Provisions and contingencies***

*Provisions:* Provisions are recognised when the company has a present legal or constructive obligation as a result of past events; it is probable that an outflow of resources will be required to settle the obligation; and the amount of the obligation can be estimated reliably. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. A provision is recognised even if the likelihood of an outflow with respect to any one item included in the same class of obligations may be small.

*Contingencies:* Contingent liabilities, arising as a result of past events, are recognised when it is probable that there will be an outflow of resources and the amount can be reliably measured at the reporting date. Contingent liabilities are disclosed in the financial statements unless the probability of an outflow of resources is remote.

***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 considered budgets for a period of at least twelve months from the date of 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. The company is dependent on funding from the Health Service Executive (HSE) and this economic dependency is underpinned by the Service Level Arrangement (SLA) between the HSE and the company. The directors have given consideration to the immediate and longer-term impact of COVID-19 and believe that the company has sufficient cash resources to sustain it for at least twelve months from the date of approval of the financial statements. 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 Improvements to leasehold premises, 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 asset. The directors regularly review these useful lives and change them if necessary, to reflect current conditions. In determining their useful life the directors consider technological change, physical condition and expected economic utilisation of the assets. Changes in the useful lives can significantly impact 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 €107,115.

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2020**

**4. INCOME**

Income is attributable to the principal activity of the company which is wholly undertaken in Ireland.

**Charitable Activities**

	Designated	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€	€
Health Service Executive (note 4.1)					
- SLA Core Funding	-	-	966,780	966,780	966,780
- Schedule 10 Funding	-	-	1,087,978	1,087,978	100,000
- Funding in response to COVID 19	-	6,843	-	6,843	-
Tusla Family Support Agency (note 4.2)	-	11,674	-	11,674	8,809
	<u>-</u>	<u>18,517</u>	<u>2,054,758</u>	<u>2,073,275</u>	<u>1,075,589</u>

**Donations & Legacies**

	Designated	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€	€
Bequests and Legacies	17,660	-	-	17,660	35,789
Restricted Donations	-	46,500	-	46,500	76,804
General Donations	-	-	323,621	323,621	248,019
	<u>17,660</u>	<u>46,500</u>	<u>323,621</u>	<u>387,781</u>	<u>360,612</u>

**Fundraising & other income**

	Designated	Restricted	Unrestricted	2020 Total	2019 Total
	€	€	€	€	€
Fundraising events	-	-	418,656	418,656	437,419
Donated goods	-	-	251,371	251,371	300,368
Supporters events	-	-	292,058	292,058	324,833
Other income	-	-	7,400	7,400	300
	<u>-</u>	<u>-</u>	<u>969,485</u>	<u>969,485</u>	<u>1,062,920</u>

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2020**

**4.1 Health Service Executive (HSE)**

*SLA Core Funding:* HSE provides funding to North West Hospice Company Limited by Guarantee in line with Section 39 Service Level Agreement for palliative care services to those with life limiting illness in Sligo, Leitrim, South Donegal and West Cavan towards the cost of services provided. This funding is allocated to salary costs of its inpatient unit, community palliative care, hospital palliative care team, bereavement service and multi-disciplinary team. Funds are recognised in the year to which the income relates. Funds receivable at year end are included in income and debtors at year end. Funds received during the year not expended are included as deferred income.

*Schedule 10 Funding:* During the year the company received funding of €720,000 as part of the National Agreed Funding for Voluntary Hospice Groups in response to COVID and funding of €367,978 under the National Sustainability Funding for Voluntary Hospice Groups.

*Funding in response to COVID 19:* In December 2020 additional funding of €350,000 was received in response to COVID 19 of which €6,843 has been allocated to the Statement of Financial Activities in the year ended 31<sup>st</sup> December 2020 with €343,157 recognised as deferred income at year end.

HSE Funding awarded for the year ended 31st December was as follows:

	<b>2020</b>	<b>2019</b>
	€	€
Provision of palliative care services	966,780	966,780
Schedule 10 of Service Level Arrangement	1,087,978	100,000
Additional funding in response to COVID-19	6,843	-
	<u>2,061,601</u>	<u>1,066,780</u>
	€	€
Funding received in the year		
- Provision of palliative care services	966,780	1,345,190
- Schedule 10	1,087,978	100,000
- Additional funding in response to COVID 19	340,000	-
Funding due at year end	58,339	48,339
Funding received in year in relation to prior year	(48,339)	(426,749)
Funding received in year not expended at year end- Deferred Income	(343,157)	-
	<u>2,061,601</u>	<u>1,066,780</u>

**4.2 Tulsa Family Support Agency**

In the year ended 31<sup>st</sup> December 2020, Tulsa Family Support Agency provided funding towards to the cost of employing a social worker, a laptop and IT support. Funding received during the year totalled €11,674.

**5. SURPLUS ON THE PROVISION OF SERVICES**

*Surplus on the provision of services is stated after (crediting)/charging:*

	<b>2020</b>	<b>2019</b>
	€	€
Depreciation of tangible assets	27,127	40,727
Amortisation of capital grant	-	(15,000)
	<u>27,127</u>	<u>25,727</u>

**6. STAFF COSTS**

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

	<b>2020</b>	<b>2019</b>
	<b>Number</b>	<b>Number</b>
Administrative staff	6	6
Healthcare staff	<u>43</u>	<u>44</u>
	<u>49</u>	<u>50</u>

The aggregate payroll costs, net of recharges, during the financial year were:

	<b>2020</b>	<b>2019</b>
	<b>€</b>	<b>€</b>
Payroll costs	1,809,925	1,689,494
Social insurance costs	201,958	190,807
Other retirement benefit costs	110,125	113,270
	<u>2,122,008</u>	<u>1,993,571</u>

The key management are the Board of Directors and the Hospice Manager. The directors provided their services on a voluntary basis and did not receive any fees or remuneration during the year ended 31st December 2020.

The Hospice Manager's remuneration was paid by the HSE and reflected in the Service Level Arrangement.

The number of employees whose total employee benefits (excluding employer pension costs) for the reporting period fell within each band of €10,000 from €60,000 upwards are set out below.

<b>Bands</b>	<b>Employee numbers</b>	
	<b>2020</b>	<b>2019</b>
€60,000 - €70,000	<u>2</u>	<u>1</u>

**7. EMPLOYEE BENEFITS**

The amount recognised in the income and expenditure account in relation to defined contribution plans was €110,125 (2019: €113,270).

**NORTH WEST HOSPICE COMPANY LIMITED BY GUARANTEE**  
**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2020**

**8. TANGIBLE FIXED ASSETS**

	Improvements to Leasehold Premises €	Fixtures, fittings, and equipment €	Motor Vehicles €	In-Patient Unit €	Total €
<b>Cost</b>					
At 1st January 2020	793,515	306,227	9,225	158,706	1,267,673
Adjustment	-	-	-	(83,579)	(83,579)
Additions	-	11,196	-	-	11,196
Disposals	-	(18,475)	-	-	(18,475)
Reclassification	75,127	-	-	(75,127)	-
<b>At 31st December 2020</b>	<u>868,642</u>	<u>298,948</u>	<u>9,225</u>	<u>-</u>	<u>1,176,815</u>
<b>Depreciation</b>					
At 1st January 2020	784,999	274,204	1,845	-	1,061,048
Charge for the financial year	10,381	14,901	1,845	-	27,127
Disposals	-	(18,475)	-	-	(18,475)
<b>At 31st December 2020</b>	<u>795,380</u>	<u>270,630</u>	<u>3,690</u>	<u>-</u>	<u>1,069,700</u>
<b>Carrying amount</b>					
<b>At 31st December 2020</b>	<u>73,262</u>	<u>28,318</u>	<u>5,535</u>	<u>-</u>	<u>107,115</u>
At 31st December 2019	<u>8,516</u>	<u>32,023</u>	<u>7,380</u>	<u>158,706</u>	<u>206,625</u>

The basis by which depreciation is calculated is stated in Note 3.

**9. DEBTORS**

	2020 €	2019 €
Debtors	13,502	18,705
Grants receivable	58,339	48,339
Prepayments	53,024	24,231
	<u>124,865</u>	<u>91,275</u>

**10. CREDITORS: DUE WITHIN ONE YEAR**

	2020 €	2019 €
Trade creditors	3,853	35,371
Tax and social insurance: PAYE and social welfare	47,501	60,003
Accruals	81,330	205,714
Deferred income (Note 11)	343,157	-
	<u>475,841</u>	<u>301,088</u>



**11. DEFERRED INCOME**

A HSE grant of €350,000 was received in December 2020. This was funding in response to COVID 19 for expenditure committed by the company. An amount of €6,843 was spent in the year ended 31<sup>st</sup> December 2020 with the remaining €343,157 to be incurred in 2021.

	<b>2020</b>	<b>2019</b>
	€	€
As at the start of the financial year	-	-
Funding received/receivable	350,000	-
Released to Statement of Financial Activities	(6,843)	-
As at the end of the financial year	<u>343,157</u>	<u>-</u>

**12. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

Designated Funds of €1,115,205 at 31<sup>st</sup> December 2020 represent legacies and donations of €196,253 allocated by the directors to the New Build Project and €958,952 transferred from the surplus on unrestricted income in 2020 towards service development to include the provision of chaplaincy and pharmacy services together with therapies to include art therapy.

The unrestricted funds represent the funds which are not designated for particular purposes but for the wider objectives of the charity. These funds are available to ensure there is enough working capital to provide continuity of service in the event of cash shortfalls due to a reduction in fundraised income or a windup.

Restricted funds of €46,500 at 31<sup>st</sup> December 2020 represent donations of €40,000 received towards future development of the service together with donations of €6,500 towards a Hospice Memorial Garden.

**13. FINANCIAL INSTRUMENTS**

The analysis of the carrying amounts of the financial instruments required under Section 11 of FRS 102 is as follows:

	<b>2020</b>	<b>2019</b>
	€	€
<b>Financial assets that are debt instruments measured at amortised cost</b>		
Financial assets	1,668,825	1,657,676
Debtors	13,502	18,705
Grants receivable	58,339	48,339
Cash at bank and in hand	2,102,605	849,969
	<u>3,843,271</u>	<u>2,574,689</u>
	<b>2020</b>	<b>2019</b>
	€	€
<b>Financial liabilities measured at amortised cost</b>		
Trade and other creditors	3,853	35,371
Accruals	81,330	205,714
	<u>85,183</u>	<u>241,085</u>

**14. CAPITAL COMMITMENTS**

The Board of Directors have committed to a capital commitment project for the upgrade of its IT systems estimated at a cost of €60,000.

**15. SUBSEQUENT EVENT**

The North West Hospice New Build Project was formally approved and included on the HSE capital plan in early 2021. There were no other events since the financial year end that would impact on the financial statements.

**16. RELATED PARTY TRANSACTIONS**

The company did not enter into any related party transactions in the current or prior year.

**17. ETHICAL STANDARD**

In common with many other businesses of our size and nature our Auditors assist with the preparation of the Statutory Financial Statements.

**18. APPROVAL OF FINANCIAL STATEMENTS**

The board of directors approved these financial statements for issue on 17<sup>th</sup> June 2021.