



ANNUAL REPORT
And
FINANCIAL STATEMENTS
2015



North West Hospice:

Registered Office: The Mall, Sligo

Company Registered Number: 119501

Registered Charity Number: CHY 7220

Solicitors:

Michael J Horan Solicitors

Millennium House, Stephen St, Co. Sligo

Bankers:

Ulster Bank Ltd

25 Stephen Street
Sligo

Permanent TSB

22 O'Connell Street
Sligo

Auditors:

Gilroy Gannon Financial Services

25 Stephen Street
Sligo



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Acknowledgement

In presenting this Annual Report, I wish to acknowledge the continued support and contribution of the Health Service Executive to the delivery of specialist palliative care services.

I wish also to acknowledge the continued support and contribution of the Board of Directors, the support and guidance of my senior management colleagues' Dr Cathryn Bogan (Consultant in Palliative Medicine) and Ms Nuala Ginnelly (Assistant Director of Nursing), the energetic contribution of the non-clinical staff team and that of the dedicated healthcare staff who have delivered high quality care to our service users.

Dr Nigel McCarley

Hospice Manager



Chairpersons Report

The last year has been a very busy time in the life of North West Hospice. At our AGM this time last year we noted that a sub-committee of the Board, namely the 'Strategy Development Group' had been formed and was actively progressing the development of a five-year strategy, charting the future direction for North West Hospice. Alongside this initiative, the day to day service provision of palliative care continued apace through the endeavours of our dedicated management and staff. Supporting all of this was the wide and varied range of excellent services offered by our volunteer groups to patients and their families in our care. Our community support fundraising groups and the assistance of the HSE support grant made it possible for all of this to happen. This report expands on the points mentioned.

I am pleased to announce that the strategy document is now complete and awaiting official launch in the near future. This is the beginning of what will be a most exciting time for all involved with North West Hospice. The strategy sets its target in eight objectives to be achieved in the five-year period. Objective 2, the building of a new twelve bed hospice in-patient facility, is our greatest challenge. It will take an enormous effort on the part of all with the interest of North West Hospice at heart to achieve. We are ready for the challenge.

While the strategy development was in its 'incubation' phase, issues identified and requiring attention were flagged to the Board. Management responded by making appropriate changes as evidenced by:

- the acquisition through renting of a premises adjacent to Wine Street Car Park to house administration and fund raising functions of North West Hospice;
- the revision of the hospice administration structure with the delegation of some newly defined roles and responsibilities;
- ongoing updating towards completion of the Governance Code to achieve full adoption. This, our first annual report being one indication of the work in progress.

The move to the Hospice Centre has freed up space at the Hospice building on the Mall and alleviated some of the difficulties which staff experienced working in a small overcrowded area. However, because of the layout and shortage of space in our in-patient unit, this remains an area of concern for the Board. The crowded conditions in which staff have to work and the obvious need for privacy for those in their care causes unease. I am certain that management, staff, patients, their families, the Board and I'm sure our wider community would desire it to be different. Our prime objective now must be a focus on progressing Strategy Objective No 2. Achievement of this objective would enable North West Hospice to provide a much more personalised and individual care service to our patients and their relatives.

The Board is acutely conscious of the changing demands placed on clinical staff across all areas of our service. Periods of extended leave and changes in staff personnel place added burden on remaining staff. Management in conjunction with the Board endeavour to minimise as far as possible this negative impact. All clinical staff are to be complemented for responding to the challenges and for their commitment to duty ensuring that the quality of care is not compromised.



The HSE and North West Hospice managements work together in a culture of enablement. Quarterly meetings and more frequent informal contacts throughout the year have ensured continuous monitoring of services, facilitating the development and provision of quality palliative care to those in need. Involvement in the development of our strategy and commitment to achieving the strategic objectives is a clear indication of the fullness of this association. The Board greatly appreciates this open and productive working relationship.

While acknowledging challenges, it is also important to acknowledge our development. Significant achievements to date include, the new town centre office, the wide range of integrated services available to our users through multi-disciplinary team working supported by volunteers and the close working liaison and sharing of services with our co-located acute facilities in Sligo University Hospital.

None of this would be possible without the loyal support of the wider community who provide time and money ensuring that our service is maintained at the highest level and continues to grow. Time given is evidenced in the work performed by our now more than 100 volunteers and the expanding number of support groups spread across the region. The community financial contribution in excess of €1M is no mean feat considered in the context of a population base of 100000. Bequests which are very generously donated make a great contribution to directly funding our services.

In this my final year as chairperson, I pay a personal tribute to our Board Members, a dynamic, proactive group of people who are totally unselfish in their commitment to promote the values and work of North West Hospice. I am personally grateful for all the assistance I have received from each member during my time as chair. Always ready to respond and assist when called upon, the advice and guidance I received has been invaluable. Our Hospice is esteemed in our community today. A sincere 'thank you' to all involved in bringing us this far.

Jim Callaghan
Chairman of the Board of Directors



1 About North West Hospice

1.1 Origins and History

In 1986, 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. Over time, the need for this specialist approach, called palliative care, increased. Thanks to ongoing community support and fundraising efforts, North West Hospice has been to the forefront of palliative care in Ireland, and we are the only specialist palliative care service in the State providing services which are integrated across acute, community and hospice. We were the first to provide community palliative care on a 7 day a week basis, and in 1998 we opened our specialist In-Patient care facility.

1.2 Our Services

North West Hospice is at the centre of palliative care service provision and development in the North-West of Ireland. We provide specialist 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. 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. Our team includes specialist palliative consultant, 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 Regional Hospital, which provides palliative care to patients at Sligo Regional 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 – our team of Social Workers are heavily involved with our multi-disciplinary teams to support families in both proactive and response work on bereavement, and we also engage closely with HSE Bereavement Counsellors working in the community.
- 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 (all Garda-vetted) provide essential support in areas such as reception cover, holistic care (massage, music, reflexology, etc), driving, fundraising and other activities.

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

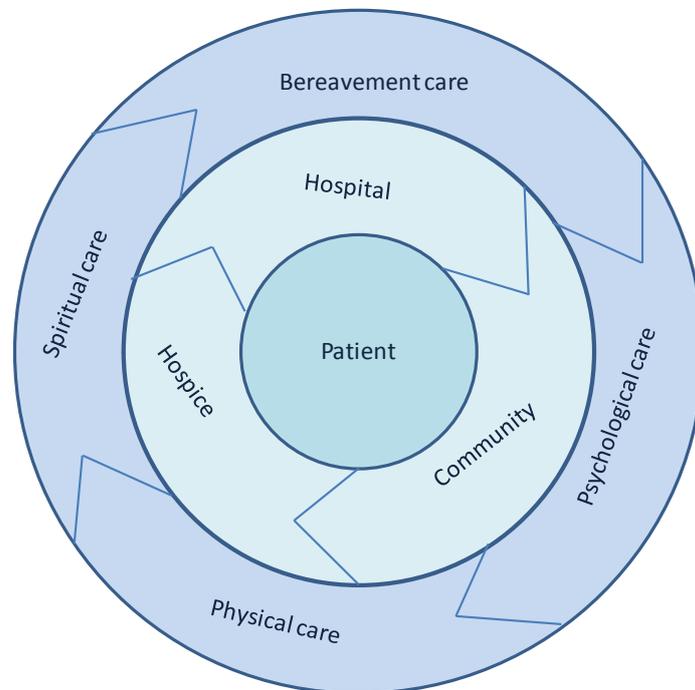


Fig 1

Here are some high-level numbers relating to our work in 2015:

- Inpatient Unit admissions in 2015: **231**
- Number of patients cared for by our Community Team: **402**
- Number of patients cared for by our specialist Hospital Team: **426**
- Families who used our social work service in 2015: **150**
- North West Hospice total staff: **59**
- Volunteers: **87**



Mission, Vision and Values

Mission

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

Vision

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

Values



Fig 2



1.3 Structures and Governance

North West Hospice is a registered charity (Charity No CHY 7983) and a company limited by guarantee. It is governed by a Board of Directors who meet every two months.

The 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 currently comprises:

- Dr Jim Callaghan (Chairperson)
- Dr Cathryn Bogan (Vice-Chairperson)
- Mr Noel Walsh (Secretary)
- Ms Aisling Barry
- Mr Declan Hegarty
- Mr Pat Dolan
- Ms Dympna Gorman
- Mr John McAteer
- Ms Mary Curran
- Mr Noel Scott
- Ms Winifred McDermott
- Mr. Fergus Harman (Resigned 24th June 2015)
- Mr. James Sheridan (Appointed 14th April 2015,
resigned 2nd September 2015)

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

- Board Development Committee
- Marketing and Communications Reference Group
- Human Resources Committee

The business of the Board is further supported by the following (ad hoc) sub-committees:

- Strategy Development Group
- 'Build' Committee

The operational management of the North West Hospice was (until September 2015) effected through a Management Committee comprising:

- Executive Manager
- Consultant in Palliative Medicine
- Board Members x 2

1.4 Organisational Change

2015 was a time of major change within North West Hospice with the following key initiatives noted:

- The adoption of a new organisational structure
- Opening of the Hospice Centre, Wine Street and relocation of non-clinical staff
- Change in business processes
- Development of the Strategic Plan (2016-2020)
- Production of the Business Case for building a new Hospice facility

(It should be noted that the key initiatives are not mutually exclusive).

1.4.1 The adoption of a new organisational structure

A review of the organisation and management of North West Hospice was carried out and presented to the Board for consideration in September 2015 (Paper to Board for Decision 08/15 – Organisation Structure).

The major change to the organisation structure proposed in the paper was approved and adopted by the Board in September 2015 and is presented at Fig 3:

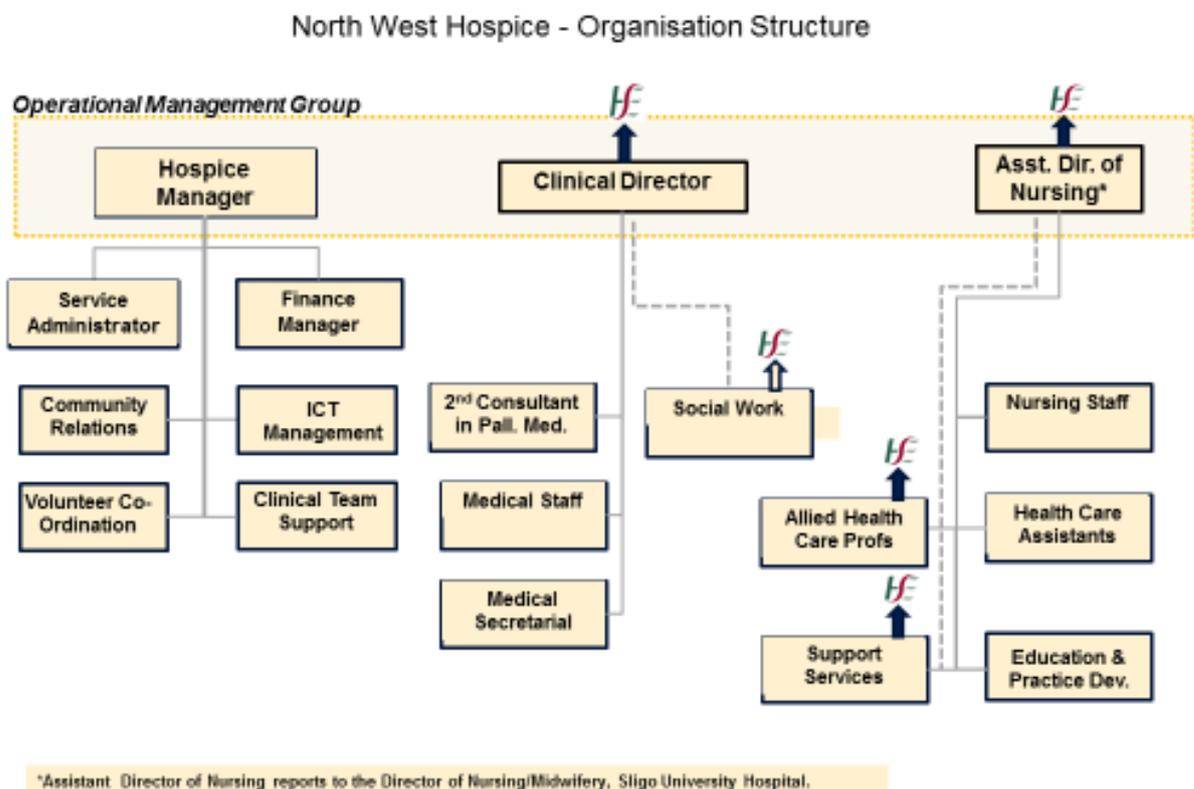


Fig 3



(The change in structure as presented at Fig 3 retains the 'Shared Governance' model with both the Clinical Director and Assistant Director of Nursing in a line management relationship with the HSE).

1.4.2 The Hospice Centre, Wine Street

The physical space available within the Hospice building was inadequate for the combination of clinical/management staff.

A review of the options was undertaken and presented to the Board for consideration in August 2015 (Paper to Board for Decision 04/15 – Relocation of Offices).

The paper presented a detailed analysis/option appraisal in respect of securing office space (from the HSE) or relocating to a high visibility facility in Wine Street Car park, Sligo. The Board approved the latter ie the relocation to a new 'Hospice Centre' in Wine Street Car Park, Sligo. This new Hospice Centre provides for all non-clinical functions, with the Hospice facility dedicated to clinical activity.

In addition to providing a bright appealing reception area, the Hospice Centre provides 5 office suites and a Boardroom.

Thanks to the sterling efforts of the staff of the Executive Manager's team and a small group of volunteers, the transfer to the Hospice Centre was opened in November 2015 and offers the following significant benefits:

- visually and physically 'connect' the NWH to the local population
- generate increased donations from walk-by (potential is hard to estimate)
- facilitate higher sale of promotional items
- optimize promotional activity
- provide a central base for marketing/fundraising/volunteering activities
- provide flexible space that more readily fits the requirements of the hospice

1.4.3 Changing Business processes:

The adoption of the new organisation structure has impacted directly on the business processes of the company.

The change in structure provided for:

- A proper separation of the Board from Operational Management decision-making
- Identification of a single accountable manager for service provision (accountable to the Chairman of the Board)
- Replacement of the 'Management Committee' model with a defined organisational form incorporating defined areas of responsibility and accountability, exercised through an Operational Management Group comprising the three key senior management positions within the organisation ie Executive Manager; Clinical Director and Assistant Director of Nursing.



- Formalisation of the role of 'Service Administrator' (A O'Connor appointed September 2015)
- Creation of the position Finance Manager (responsibilities of the position temporarily performed by Ms Georgina Meehan)

In addition:

Board decisioning has been established on more robust, transparent procedures with the production of a series of Papers to Board. In 2015 a total of 'Papers to Board' were presented (and approved) as follows:

- 01/15 Board Paper for Decision – Photocopier
- 02/15 Board Paper for Decision – Staff Time Sheets
- 03/15 Board Paper for Decision – Receptionist
- 04/15 Board Paper for Decision – Relocation of Offices
- 05/15 Board Paper for Decision – Communication and Fundraising
- 06/15 Board Paper for Information – Reconfiguration of Rooms (In patient Unit)
- 07/15 Board Paper for Decision – Banking Services-Competitive Tender
- 08/15 Board paper for Decision – Organisation Structure
- 09/15 Board Paper for Decision – Policy and Procedures Group

Compulsory competitive tendering for service provision was introduced in 2015.

Historically, the same suppliers have been providing services to the North West Hospice eg printing, telephone services etc. It is intended that all service provision be subjected to competitive bidding, leading to continued reduction in costs. By way of example:

- The Board approved the Paper 07/15 which has resulted in the competitive Tender for the provision of Banking Services that has resulted in the change of service supplier that provides a more cost-effective and efficient service.
- In addition, the transfer of monies between the Hospice and the Bank was subjected to competitive tender with the company G4S securing the contract. (This has removed the historical risk to staff involved in cash transfer)

Defined 'lead responsibilities' were established in 2015.

Within the non-clinical workforce, roles have been refined to incorporate individuals holding 'lead responsibility' for defined aspects of service. This process specifies a key aspect of service provision that is delivered with one named individual charged with responsibility for that area (all members of the team may contribute to discussions/activities etc but the named individual is accountable for the effectiveness of that service component).

By way of example:

- **Cathryn O'Leary** has Lead Responsibility for all aspects of developing links with the Diaspora and for identifying and pursuing grants that may be available.



- **Mary Forte** has lead Responsibility for all aspects of communication, both internally and externally including developing the communication strategy production of information leaflets etc

The process 'lead responsibilities' allows for clear lines of accountability for securing objectives and facilitates effective management of each aspect of service delivery by the Executive Manager.

1.4.4 Development of the Strategic Plan (2016-2020)

The Board sub-committee, the 'Strategy Sub-Group' has been responsible for the development and completion of the Strategic Plan 2016 – 2020. The process of development, facilitated by Mr Shane McQuillan (Crowe-Horwath) has identified 8 key objectives as follows:

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 increase the size of our inpatient unit and to redevelop the physical infrastructure of the Hospice in line with best practice in palliative care
3	To provide a palliative care service in all areas of our work – within our in-patient unit, within Sligo Regional Hospital, and within our community palliative care teams – which is in line with national and international best practice
4	To consider new opportunities to develop our services and capacity to fulfil our mission and vision, either individually or in partnership with other organisations
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
6	To ensure the financial sustainability of North West Hospice as an organisation and of its services to people with life-limiting illness
7	To ensure the organisation is governed and managed in accordance with best practice and in compliance with all regulatory and statutory requirements
8	To develop our organisational structure, resources and capacity in order to enable North West Hospice to deliver all aspects of our strategic plan over the next five years



1.4.5 Development of the Business Case

The Board sub-committee, the 'Build' Committee has been responsible for the development and completion of the Business Case, required to support the development for a new 12-bed facility on the current site of the Hospice (Strategic Plan 2016 – 2010, Core Objective 2).

The process of development was facilitated by Mr Shane McQuillan (Crowe-Horwath).

(A copy of the Business Plan is available on request)



2 Human Resources

The staffing establishment of North West Hospice (as at December 2015) is as follows:

Positions	WTE	Comment
Executive Manager	2.00	Dr N McCarley appointed July 2015 to cover absence of post-holder
Community Relations	2.00	M. Forte appointed to cover maternity leave
Volunteer Coordinator	0.50	
Service Administrator	1.00	A O'Connor - post confirmed
Receptionist	2.00	1.00 position funded through 'Job Bridge'
Clerical Staff	2.00	Medical Secretarial support
Medical Staff	5.10	Ana Cleminson appointed as second consultant
Nursing Staff	16.28	
Health Care Assistants	7.69	
Social Work	2.00	
Support Staff	2.00	Provided by HSE
Total	42.57	

Table 1

The following changes in staff positions occurred during 2015:

- Dr Nigel McCarley – appointed Interim Executive Manager
- Ms Carmen Keeney - retired
- Mr John Kelly (Community Relations) – retired
- Ms Cathryn O'Leary (Community Relations) – appointed
- Ms Bernadette McGarvey (Community Relations) – Maternity Leave
- Ms Mary Forte (IPU) – appointed to cover maternity leave in Community Relations
- Dr Ana Cleminson – appointed Consultant in Palliative medicine
- Ms Joan O'Dowd – appointed as Ward Receptionist
- Ms Sharon Bradley/Ms Maura Butler - appointed as Hospice Receptionist (Job Share)
- Ms Ursula Smullan – appointed Hospice Centre Receptionist (Job Bridge scheme)



(The staffing establishment of North West Hospice is complemented by volunteers – see Section 5)

2.1 Staff Development and Training

The management team has continued to invest in the development and training of our staff. The following programmes have been delivered in 2015

- Bi-monthly updates for Inpatient Unit Staff facilitated by medical and nursing staff.
- Mandatory Training- ongoing.
- Weekly Journal Club (Medical and Community Palliative Care Team and Hospital Support Team)
- Mandatory Staff Support Day - 3 days facilitated by Jacinta Kelly (“What Matters to Me”)
- Case reviews on IPU facilitated by Consultant in Palliative Medicine.
- No record of any attendance by nursing staff at any external palliative care conference in 2015.
- Clinical placements for students undertaking Post Graduate Diploma in Palliative Care. (3 in total for 2015)
- Clinical placements for Healthcare Assistants (1 in total for 2015)
- Student Nurse placements throughout the year (approximately 10 students per year)
- Co-facilitation with Centre for Nursing and Midwifery Education Sligo/Leitrim 2 day programmes x 3 on “Palliative Care Needs Assessment Guidance Training” for multi-disciplinary staff from specialist and non-specialist settings.
- Process for policy development and dissemination of same reviewed and revised.
- Support of staff in accessing new system via Hospice Server.
- Support and contribution to self-assessment process for “Towards Excellence in Palliative Care”
- Review of Terms of Reference for Policy Governance Group and organisation and administrative support for that group.
- Monthly review of Risk Register and Serious Incident Log.
- Input of clinical incidents on NIMS (National Information Management System) and staff training on completion of new reporting forms.
- Administrative support for Quality and Safety group and development of Terms of Reference for Integrated Quality and Safety Group. (April 2016)
- Ongoing review of documentation.

Quite separately we have clinical placements for doctors on the General Practitioner Training Scheme and of course facilitation of Specialist Registrar in Palliative Medicine.



3 Medical Services Report – 2015

(Prepared by Dr Cathryn Bogan, Clinical Director)

3.1 Medical Staffing

The start of 2015 saw a return to full complement of medical staff. Namely 1 full time medical consultant, 1 Assistant Medical Director (recently reduced to a 4 day week), 1 SpR (first year registrar on training scheme to become a consultant in Palliative Medicine full time and 2 registrars (both fully qualified GP's) working 2 and 3 days respectively. These Doctors cover the Inpatient unit, community and Hospital palliative care teams and provide an out of hours on call service for the North West Hospice.

July, the usual changeover period for doctors saw significant change on the medical team. After providing a 1 in 1 on call commitment for over 8 years, Dr Cathryn Bogan took a period of extended leave (6 weeks). The HSE agreed to provide a 2nd medical consultant on a locum basis- initially for a period of 6months. Dr Anna Cleminson took up this post at the end of July.

The Non Consultant Hospital Doctor (NCHD) team from July consisted of:

- 1 Assistant Medical Director (4 day week)
- 1 SpR (final year in consultant training)
- 2 Registrars (qualified GP's working 3 days a week each)

With the arrival of the second consultant the clinic all work was divided, one consultant with responsibility for the inpatient unit and community teams while the other has responsibility for the Hospital palliative care team. While the service has developed clinically over the last number of years, the advent of a second consultant allowed us to concentrate on policies and to focus on the HIQA standards for Better Safer Healthcare. Dr Bogan has become Clinical Director and attends regular Operational Management Group meetings.

Quarterly meetings with HSE Management continue to ensure correct governance and management of Hospice Finances.

3.2 Education

There is weekly palliative care education – journal club. Doctors also attend the medical education in Sligo University Hospital on a Friday lunchtime. We participate in the regular rota to present at these meetings and gives us an opportunity to educate the NCHD's on topics such as pain management, communication skills, care of dying patients and ethical discussions.

3.3 Training

Dr Cathryn Bogan continues to be accredited as a trainer for the SpR scheme- attending monthly meetings with the Speciality Training Committee of the Royal College of Physicians of Ireland (RCPI) and keeping up to date with training modules. While Dr Bogan is a trainer and North West Hospice/ Sligo University Hospital is accredited as a training site a SpR is not always guaranteed as there are more trainings sites accredited than trainees. Dr Bogan continues to promote Sligo as an excellent training centre which currently is the only site in



Ireland which has inpatient, Hospital and Community palliative care terms one single campus.

3.4 Membership of committees:

- Operational Management Group- Dr Bogan
- Policy group - Dr Cleminson
- Chairperson of Clinical Advisory Group to the National Palliative Care programme - Dr Bogan
- Chairperson End of Life Care committee, Sligo University Hospital - Dr Bogan
- Drugs and Therapeutic Committee, Sligo University Hospital - Dr Cleminson
- Volunteer committee - Dr Bogan

3.5 Audits completed

During 2015, the following audits were completed:

- Antibiotic use in inpatient Unit
- Use of blood transfusions



4 Nursing Services Report - 2015

(Prepared by Nuala Ginnelly, ADON)

Palliative care aims to improve the quality of life of people with life limiting conditions and their families. It aims to achieve this not only by treating physical symptoms but also by attending to psychological, social and spiritual needs. Our service is involved in the care of individuals with more complex palliative care needs than those seen in other settings therefore our nursing staff require a greater degree of training, skills and additional resource to meet that need. The nursing team has built very strong links with our colleagues in Sligo University Hospital and the Community services.

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

Our Community Palliative Care team is made up of 6 Clinical Nurse Specialists and a Clinical Nurse Manager with many years of experience collectively. They cover a large catchment area Sligo, Leitrim, South Donegal and West Cavan and work collaboratively with the GPs and Public Health nurses in all these areas. The total number of patients that receive Community Palliative care support is approximately 120 patients and their families each month.

The 8 bedded Inpatient Unit has approximately 25 nursing team members, including 6 Health Care Assistants and 2 Clinical Ward Managers. The nursing team work collaboratively with other Multidisciplinary team members i.e. Social Workers, Occupational Therapists, Physiotherapists, Medical Team, Chaplaincy, Volunteers and others to ensure optimal quality of care for all those who spend time in the Unit. The greatest challenge for staff is working in a unit that has insufficient single rooms and space hence the urgent need to progress the new inpatient unit development.

The Hospital Palliative Care Team consists of 2 Clinical Nurse Specialists dedicated to Sligo University Hospital. Their role is to advise nursing staff caring for patients requiring palliative care on general wards and to also meet and support patients with life – limiting conditions and their families.

The Nursing staffs demonstrate continuous professional development supported by an Education/Practice Development Coordinator. This role encompasses co-ordination of ongoing education and updates for in-house staff, policy development and implementation, along with an active role in supporting quality and safety by assisting with the organisation of North West Hospice quality and risk management systems.

The nursing and medical teams are involved routinely in clinical audits to monitor practice to ensure delivery of safe and quality care. Currently we are engaged in a self-assessment process measured against the National Better Safer Healthcare Standards as they apply to palliative care. This is helping us to identify priorities in relation to quality improvement initiatives such as initiating annual service user surveys so that we can develop the service that best suits the needs of those we serve. Through our Integrated Quality and Safety Group we maintain risk registers to help identify key challenges to service delivery which



includes analysis of trends in clinical incidents, complaints and compliments. We strive to do our best for those we care for by learning how we can always improve on the care that we give.



5 Volunteer Services Report (Prepared by Susann Van Mohlmann)

Volunteer participation supports North West Hospice (NWH) in accomplishing our goal of providing services in the most compassionate and cost effective manner possible. Volunteers contribute their unique talents, skills, knowledge and time and their generosity and care enables staff to work more efficiently and to deliver more services over and above what they could deliver alone. Volunteers are appreciated as ‘ambassadors and representatives’ of our services and through their involvement are educating and strengthening our relationship with the community we serve. To this end, North West Hospice accepts and encourages the involvement of volunteers at all levels, within all appropriate programs and activities inside and outside the hospice.

The Volunteer Programme was initiated in January in 2012 and since then has gone from strength to strength. Volunteers have become an integral, supportive part of our services throughout the various disciplines within North West Hospice. The main purpose of the Volunteer Services is:

. . . to support and enhance existing North West Hospice services by providing a wide range of skills and resources that will improve the quality of life of the people we care for and their families.

Volunteers vary in age from 18 – 80 years and bring with them a wide range of experiences, skills and genuine enthusiasm to support our organization for free. Many volunteers are retired professionals, who wish to keep their skills active, parents who have time to spare, students, and people who wish ‘to give something back’ after having been touched by the hospice in their own personal life.

Volunteers contribute directly to three different strands of our service:

- **Volunteer Programme** – specific volunteer roles within the hospice environment
- **Special Projects** – initiatives by outside groups/people to fulfil a particular need
- **Fundraising Volunteers/Supporters in the Community** – local people who commit to ongoing fundraising and awareness raising for the hospice

5.1 Volunteer Programme

The ‘Volunteer Programme’ refers to the ‘*structured integration of volunteers into our services through a specified recruitment, training and support process*’. At present the ‘Volunteer Programme’ has **92 volunteers in 19 roles** an in-year increase of 8 volunteers and 3 new roles (1 graphic designer, 2 collection box coordinators, 5 artists). There is an ongoing recruitment for existing volunteer roles due to people leaving, which is addressed as it arises.

At the time of writing, volunteers provide a total of **462 (+) hours per month** and are engaged in the hospice **seven days a week, 365 days a year**. Their involvement continues to provide an extended out of hour reception cover e.g. 5-8pm each weekday and all weekend from 9-8pm including bank holidays. Over the past year, in particular, volunteers also supported day time reception cover on an ongoing basis in both locations. In addition, specifically selected



volunteers have provided administrative support to the Social Work Department and Community Care Team.

Table 2 presents a summary table of the Volunteer programme:

Volunteer Role	Number of Volunteers	Hours per Month
Reception Cover	52	300 + hrs
Hospitality	5	32
Massage Therapist	3	16
Reflexologist	2	16
Musician	2	16
Beautician	1	flexible
Chiropodist	1	flexible
Hairdresser	1	8
Driver	2	flexible
Home baking	5	32
Gardener	1	10
Photographer	1	Flexible
Volunteer Collector	7	Flexible
Graphic Designer	1	Flexible
Collection Box Coordinator	2	Flexible
Community Massage Therapist	2	Flexible
Flower Arranging	1	8
Dog Therapy	1	8
Artists	5	8
Totals:	95	462

Table 1

There is an ongoing interest within the community to get involved with the hospice in a volunteering capacity.

5.2 Special Volunteer Projects

In this strand all 'Once off' projects are undertaken, for example:

- Corporate Social Responsibility Programme (Abbott) who have supported us for years in developing our garden and fundraised for us
- Sligo Woodturning Guild – who have made for us specified bereavement tables
- Individual volunteers in particular professions have offered their skill to enhance a particular need identified by the hospice e.g. Interior development of the Unit, photographic display within the Unit



5.3 Fundraising Volunteers/Supporters

The present Volunteer Services work in close relationship with the Fundraising/ Community Relations Department. There is a specific 'Volunteer Collector' and 'Collection Box Coordinator' role which links the Fundraising Department with Volunteer Services as these volunteers support our annual fundraising events.

Fundraising supporters of the hospice within the community are in need to receive ongoing training and support around fundraising guidelines and hospice updates to represent us well in the community. For this a role specific training programme has been developed and is carried out jointly by Volunteer Services and Fundraising.

Finally, there is a joint commitment to acknowledge volunteers and supporters for their services to the hospice on a regular basis. This again links the two departments.



6 Fundraising Report

2015 was a year of change in the Community Relations (Fundraising) Team.

Mr John Kelly retired and was replaced by Ms Cathryn O'Leary in March 2015. Mrs Bernadette McGarvey commenced Maternity Leave in November and has been replaced by Ms Mary Forte.

The organisation of the Community Relations Team was reviewed and 'Lead Responsibility' assigned. As indicated previously, this process specifies a key aspect of service provision that is delivered with one named individual charged with responsibility for that area (all members of the team may contribute to discussions/activities etc but the named individual is accountable for the effectiveness of that service component). 'Lead Responsibility' has been assigned as follows:

- **Cathryn O'Leary** has Lead Responsibility for all aspects of developing links with the Diaspora and for identifying and pursuing grants that may be available.
- **Bernadette McGarvey** has Lead Responsibility for all aspects of communication, (both internally and externally) including developing the communication strategy, management of social media, production of information leaflets etc. (In Ms McGarvey's absence on maternity leave, 'Lead responsibility' for this area has been passed to **Mary Forte**).

The process of 'Lead responsibilities' allows for clear lines of accountability for securing objectives and facilitates effective management of each aspect of service delivery by the Hospice Manager.

During 2015, the team supported in excess of 210 community initiated. Typically, each of these events require the following support to be provided: letters of support, gardai permits, PR, Social Media, posters, attendance at events and cheque presentation. In addition, a number of Hospice initiated events such as sunflower days, Flag days, Coffee morning etc were delivered successfully.

The movement to the Hospice Centre is central to the process of developing an effective department. The requirement for appropriate office space and to have space for volunteer meetings etc is vital; the high visibility of the Hospice Centre (critical to properly 'connecting' with our community) has been secured; the ability for people to 'drop in' to make donations etc. has been achieved as a consequence of the relocation.

The department has required a process of development and professionalization in light of the planned development of the organisation. 'Lead Responsibility' has secured greater accountability and clarity of management lines; key areas for proactive development in fundraising have been identified (as were the steps for development of the associated administration processes). New stock control systems have been implemented with tighter controls, research was done into past activities to help identify what improvements can be made, new databases were developed re potential supports, new venues were identified for collection boxes etc.



The Executive Manager set a target of +25% for the fundraising team immediately on relocation. As can be seen in the Bar Chart (Fig 4), the immediate impact of more focussed leadership and direction resulted in an increase of 46% in December of 2015 (when compared to December 2014). This augers well for 2016.

Income	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
2014	94648	37650	38570	37637	55996	52538	146994	54642	165127	91869	47694	93355	916718
2015	55939	52474	24668	35032	66725	67754	54303	69392	146026	86152	53546	134651	846664

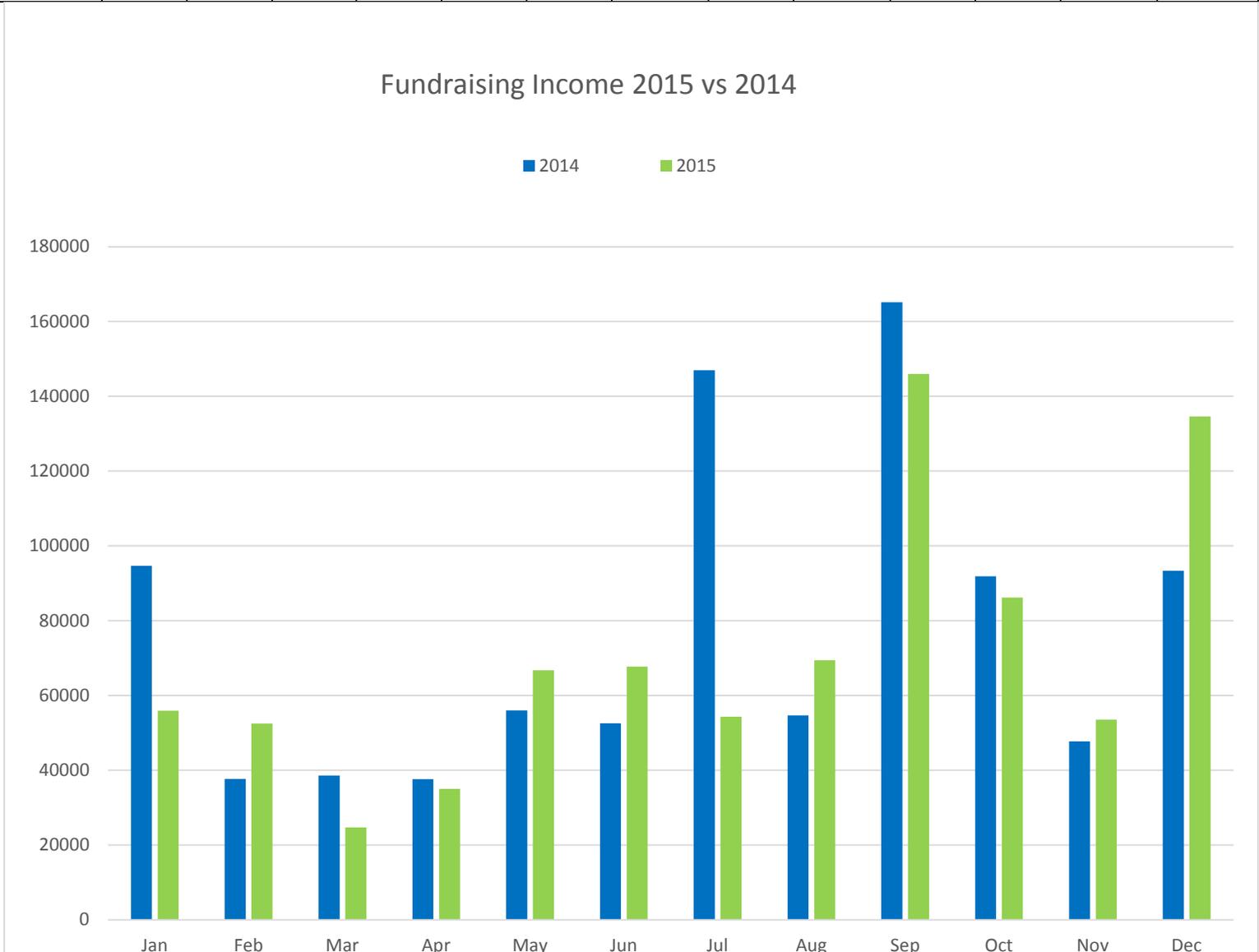


Fig 4



7 Service Users Response to Service provision

During 2015, a survey of users' perceptions of services was carried out. (The data collection tool is provided at Annex A)

A series of one-to-one meetings and workshop sessions was held with staff from all levels and functions within North West Hospice, in order to understand their perspective and suggestions for the future. This process also included a range of consultation meetings with external stakeholders within the HSE both centrally and locally.

Our Stakeholders within the North West Community – Survey Results

We also surveyed a wide range of people connected with North West Hospice – patients, their families, staff, healthcare professionals and others – to understand their thoughts on the services provided by North West Hospice today, and the priorities and challenges ahead of us over the next five years.

A summary of the opinions gathered is as follows:

- **General Strengths:** respondents were enormously positive about North West Hospice. It is felt that the Hospice has a positive ethos and approach across all its services and provides a caring environment not only for patients but also families. Its community setting and role of dedicated volunteers helps to put people at ease and allow clinical staff to focus on palliative care duties. Staff are widely accepted as knowledgeable and open minded.
- **Weaknesses:** whilst it is recognised that North West Hospice provides an excellent level of care, a frequently-expressed concern from staff and patients/families was that the building is too small and in need of renovation.
- **Improvements:** overall, respondents want the Hospice to carry on providing its valuable and respected services and to reach out further to more people who may benefit from an enhanced service. This enhanced service could include more beds and better space for visiting families.

"As good a Hospice as you could find in Ireland"
"NWH cares with a heart"
"Showing respect and dignity to all in the hospice"
"Lovely environment for both patients and visitors"
"Knowledge of what a 'good death' is"
"Staff do a tremendous job combining compassion with professionalism"

"Live most days with great pressure"
"Hospice space is too small"
"Make time to 'pause'"
"More space would be nice"

"Important to maintain current services"
"New building, more beds"
"Focus on improving 'holistic care' of the person"
"Provide service to as many patients as possible"



- **Main priorities for the next 5 years:** those surveyed said that it is important to balance consolidation of the existing service with a need to develop the hospice building, both to accommodate increased demand and to improve quality of the internal space. The role of volunteers can be enhanced to include back-office support. Funding plays a critical role and the make-up of this should always be central to future priorities.

“Protect and build on its positive public image”

“Carry on excellent good work”

“Increase number of beds so that more people could avail of the service”

“Volunteers could get more involved in doing things for and with patients”

“Secure better funding”



8 Challenges for 2016

The major changes during 2015 provide a platform for securing the further development of the North west Hospice. Re-organisation and the re-definition of roles/responsibilities provide for a more focussed approach to delivery of the ambitious objectives presented in the Strategic Plan 2016-2020.

The following Key Challenges for 2016 can be identified as follows:

- Embed the new management structure
- Establish improved operating systems as required
- Secure full compliance with the Governance Code
- Secure the objectives contained within the Strategic Plan 2016-2020
- Secure accreditation for Volunteer Services
- Secure an increase in funding in excess of the target +25%
- Continue to enhance the 'brand' profile of North West Hospice

It should be noted that the Key Challenges for 2016 are not mutually exclusive.



Survey for North West Hospice Service Users

North West Hospice is developing a new strategic plan for the next five years. As part of this process, we would welcome your opinion, ideas and suggestions for the future. The survey should take no more than 5 minutes to complete. The survey should be returned to Crowe Horwath: contact details are available overleaf.

All submissions will be treated in strict confidence.

This survey is also available online for those who prefer to complete it that way:

<https://www.crowehorwathsurvey.com/index.php/959521/lang-en>

What do you feel are the key strengths of North West Hospice?

What do you feel are any weaknesses or areas for improvement within NWH?

What do you think should be the main priorities for NWH for the next 5 years?

Please add any other comments regarding North West Hospice.

Would you be willing to be consulted further in relation to your responses to the above questions (for example, to clarify or expand on your answers)?

- Yes
- No thanks

If Yes, please give contact details:

Name: _____

Telephone No.: _____

Email: _____

Should you have any queries regarding this survey, please contact Crowe Horwath, who are assisting NWH with the survey process. Please return this survey by **Friday 8th May 2015** to:

Vanya Sargent

Crowe Horwath, Marine House, Clanwilliam Court, Dublin 2

Email: vanya.sargent@crowehorwath.ie

Tel: 01 448 2253

**Financial Statements
2015**

Company registration number: 119501

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)
The Mall
Sligo

Reports and Financial Statements
for the financial year ended 31 December 2015

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Directors and other financial information at date of approval of financial statements

Directors	Mr. James Callaghan Mr. Noel Walsh Dr. Cathryn Bogan Ms. Winifred Mc Dermott Ms. Dymphna Gorman Mr. John McAteer Ms. Aisling Barry Mr. Patrick Dolan Ms. Mary Curran Mr. Declan Hegarty Mr. Noel Scott Mr. Fergus Harman (Resigned 24th June 2015) Mr. James Sheridan (Appointed 14th April 2015, resigned 2nd September 2015)
Secretary	Mr. Noel Walsh
Company number	119501
Registered office	The Mall Sligo
Business address	The Mall Sligo
Auditor	Gilroy Gannon Chartered Accountants and Statutory Audit Firm Stephen Street Sligo
Bankers	Bank of Ireland Stephen Street Sligo

Permanent TSB
22 O'Connell Street
Sligo

Solicitors

Michael J Horan
Floor 1
Millennium House
Stephen Street
Sligo

The directors present their annual report and the audited financial statements of the company for the financial year ended 31st December 2015.

Companies Act 2014

The Companies Act 2014 commenced on 1st June 2015. During the transition period, Part 16 (Designated Activity Company provisions) shall apply as determined by section 58 of the Act.

Directors

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

Mr. James Callaghan	Mr. Patrick Dolan
Mr. Noel Walsh	Ms. Mary Curran
Dr. Cathryn Bogan	Mr. Declan Hegarty
Ms. Winifred Mc Dermott	Mr. Noel Scott
Ms. Dymphna Gorman	Mr. Fergus Harman
Mr. John McAteer	Mr. James Sheridan
Ms. Aisling Barry	

Company Secretary

Mr. Noel Walsh

Principal activities

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

Development and performance

Directors are satisfied with results for the year. The company's income decreased by 8% to €1,890,697. The company received funding from the Health Service Executive and Tulsa Family Support Agency. The primary reason for the decrease in income was a reduction in donations and legacies received during the year.

Results for the financial year

	€
Deficit for the financial year amounted to	<u>(172,441)</u>
Retained deficit for the financial year	(172,441)

Assets and liabilities and financial position

The Net Assets of the company amount to €2,405,266 at 31st December 2015, compared to €2,577,707 at 1st December 2014.

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Directors Report

For the financial year ended 31st December 2015

Principal risks and uncertainties

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

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

Likely future developments

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

Events after the end of the financial year

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

Directors and secretary and their interests

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

Accounting records

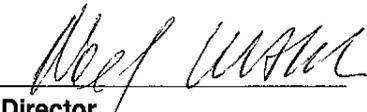
The measures taken by the directors to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting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

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 31st May 2016 and signed on its behalf by


Director
James Callaghan


Director
Noel Walsh

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable 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 Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council, and promulgated by the Institute of Chartered Accountants in Ireland ("relevant financial reporting framework"). Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

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

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

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

Independent auditor's report to the members of North West Hospice Limited

for the financial year ended 31st December 2015.

We have audited the financial statements of North West Hospice Limited for the financial year ended 31st December 2015 which comprise the Income and Expenditure Account, Balance Sheet, statement of changes in equity, Statement of cash flows and related notes. The relevant financial reporting framework that has been applied in their preparation is 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 and promulgated by the Institute of Chartered Accountants in Ireland.

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.

Respective responsibilities of directors and auditor

As explained more fully in the director's responsibilities statement set out on page 5, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors, including "APB Ethical Standard - Provisions Available for Small Entities (Revised)", in the circumstances set out below:

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31st December 2015 and of its deficit for the financial year then ended; and
- have been properly prepared in accordance with the relevant reporting framework and, in particular the requirements of the Companies Act 2014.

Matters on which we are required to report by the Companies Act 2014

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the Directors' Report is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of Directors remuneration and transactions specified by sections 305 to 312 of the Act are not made.



Bryan Kilfeather

For and on behalf of

Gilroy Gannon

Chartered Accountants and Statutory Audit Firm

Stephen Street

Sligo

Date: 31st May 2016

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Income and Expenditure Account

For the financial year ended 31st December 2015

	Note	2015	2014
		€	€
Income	3	1,890,697	2,064,017
Establishment costs		(87,120)	(50,665)
Administrative expenses		(2,021,460)	(1,838,207)
		<hr/>	<hr/>
Operating (deficit)/surplus	4	(217,883)	175,145
Interest receivable and similar income	7	45,442	94,922
		<hr/>	<hr/>
(Deficit)/surplus for the financial year		(172,441)	270,067
		<hr/>	<hr/>
(Deficit)/surplus for the financial year and total comprehensive income		(172,441)	270,067
		<hr/> <hr/>	<hr/> <hr/>

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Statement of Changes in Equity

For the financial year ended 31st December 2015

	Income and Expenditure Total	account
	€	€
Balance at 1st January 2014	2,307,640	2,307,640
Surplus for the financial year	270,067	270,067
	<hr/>	<hr/>
Total comprehensive income for the financial year	270,067	270,067
	<hr/>	<hr/>
Balance at 31st December 2014	2,577,707	2,577,707
Deficit for the financial year	(172,441)	(172,441)
	<hr/>	<hr/>
Total comprehensive income for the financial year	(172,441)	(172,441)
	<hr/>	<hr/>
Balance at 31st December 2015	2,405,266	2,405,266
	<hr/> <hr/>	<hr/> <hr/>

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Balance Sheet

As at 31st December 2015

	Note	€	2015 €	€	2014 €
Fixed assets					
Tangible assets	10	147,569		130,114	
Financial assets	11	1,729,123		1,683,707	
			1,876,692		1,813,821
Current assets					
Debtors	12	173,075		68,054	
Cash at bank and in hand		496,183		890,355	
		669,258		958,409	
Creditors: amounts falling due within one year	13	(95,684)		(134,523)	
Net current assets			573,574		823,886
Total assets less current liabilities			2,450,266		2,637,707
Creditors: amounts falling due after more than one year	14		(45,000)		(60,000)
Net assets			2,405,266		2,577,707
Capital and reserves					
Income and Expenditure account	17		2,405,266		2,577,707
			2,405,266		2,577,707

These financial statements were approved by the board of directors on 31st May 2016 and signed on behalf of the board by:


Director
 Mr. James Callaghan


Director
 Mr. Noel Walsh

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Statement of Cash Flows
For the financial year ended 31st December 2015

	2015	2014
	€	€
Cash flows from operating activities		
(Deficit)/surplus for the financial year	(172,441)	270,067
<i>Adjustments for:</i>		
Depreciation of tangible assets	46,775	40,757
Interest receivable and similar income	(45,442)	(94,922)
(Gain)/loss on disposal of tangible assets	-	1,287
Accrued expenses/(income)	1,706	(8,653)
<i>Changes in:</i>		
Trade and other debtors	(105,021)	21,677
Trade and other creditors	<u>(55,545)</u>	<u>(6,957)</u>
Cash generated from operations	(329,968)	223,256
Interest receivable and similar income	<u>45,442</u>	<u>94,922</u>
Net cash (used in)/from operating activities	<u>(284,526)</u>	<u>318,178</u>
Cash flows from investing activities		
Purchase of tangible assets	(64,230)	(6,275)
Purchase of investments	<u>(45,416)</u>	<u>(93,591)</u>
Net cash used in investing activities	<u>(109,646)</u>	<u>(99,866)</u>
Net increase/(decrease) in cash and cash equivalents	(394,172)	218,312
Cash and cash equivalents at beginning of financial year	<u>890,355</u>	<u>672,043</u>
Cash and cash equivalents at end of financial year	<u>496,183</u>	<u>890,355</u>

North West Hospice Limited
(A Company Limited by Guarantee and not having Share Capital)

Notes to the Financial Statements

For the financial year ended 31st December 2015

1. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

2. 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 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland.

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

Transition to FRS 102

The entity transitioned from previously extant Irish GAAP to FRS 102 as at 1st January 2014. An explanation of how transition to FRS 102 has affected the reported financial position and financial performance is given in note 21.

Income

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

Income from the other sources is recognised when it is received.

Judgements and key sources of estimation uncertainty

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

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

Useful Lives of Tangible Fixed Assets: Assets comprising of leasehold property and fixtures, fittings and equipment represent fixed assets. The annual depreciation and amortisation 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 these useful lives management consider technological change, patterns of consumption, physical condition and expected economic utilisation of the assets. Changes in the useful lives can have significant impact on the depreciation and amortisation charge for the financial year. The net book value of Tangible Fixed Assets subject to depreciation at the financial year end date was €147, 569 (31st December 2014: €130,114).

Taxation

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

Tangible assets & depreciation

Tangible assets are initially recorded at cost, and are subsequently stated at cost less any accumulated depreciation and impairment losses.

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

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

If there is an indication that there has been a significant change in depreciation rate, useful life or residual value of tangible assets, the depreciation is revised prospectively to reflect the new estimates.

Financial assets

Financial assets are interest bearing investments which are set aside for capital development. The balance in the financial statements represents the balance held on deposit at the year end.

Impairment

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

When it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that are largely independent of the cash inflows from other assets or groups of assets.

Government grants

Government grants are recognised at the fair value of the asset received or receivable. Grants are not recognised until there is reasonable assurance that the company will comply with the conditions attaching to them and the grants will be received.

Government grants are recognised using the accrual model.

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

Grants relating to assets are recognised in income on a systematic basis over the expected useful life of the asset. Where part of a grant relating to an asset is deferred, it is recognised as deferred income and not deducted from the carrying amount of the asset.

Financial instruments

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

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Debt instruments are subsequently measured at amortised cost

Retirement Benefits

Retirement benefits for employees are met by payments to a defined contribution pension scheme, which is administered by independent trustees and is financially separate from the company. Contributions are charges to the income and expenditure account in the financial year in which they fall.

3. Income

Income arises from:

	2015	2014
	€	€
Health Service Executive grant	1,041,520	1,041,520
Fundraising & Other Income	564,740	537,853
Donations & Legacies	281,237	473,444
Tulsa Family Support Agency grant	3,200	3,200
Irish Hospice Foundation	-	8,000
	<u>1,890,697</u>	<u>2,064,017</u>

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

4. Operating (deficit)/surplus

Operating (deficit)/surplus is stated after charging/(crediting):

	2015	2014
	€	€
Amortisation of capital grant recognised in:		
- Establishment costs	(15,000)	(15,000)
Depreciation of tangible assets	46,775	40,757
(Gain)/loss on disposal of tangible assets	-	1,287
Audit fees payable for the audit of the financial statements	3,998	3,998
	<u>39,773</u>	<u>70,042</u>

5. Staff costs

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

	2015	2014
	Number	Number
Support staff	6	6
Healthcare staff	31	31
	<u>37</u>	<u>37</u>

The aggregate payroll costs incurred during the financial year were:

	2015	2014
	€	€
Wages and salaries	1,531,672	1,507,134
Social insurance costs	163,392	158,529
Other retirement benefit costs	97,058	84,789
Other staff costs	57,952	45,654
	<u>1,850,074</u>	<u>1,796,106</u>

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

There was no directors remuneration paid during the year.

6. Employee benefits

Defined contribution plans

The amount recognised in the income and expenditure account in relation to defined contribution plans was €97,058 (2014: €84,789).

7. Interest receivable and similar income

	2015	2014
	€	€
Bank deposits	45,442	94,922
	<u>45,442</u>	<u>94,922</u>

8. Companies Act 2014 S291(6)

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

9. Tax on (deficit)/surplus

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

10. Tangible assets

	Long Fixtures, €	leasehold equipment €	property fittings and Total €
Cost			
At 1st January 2015	773,747	207,815	981,562
Additions	-	64,230	64,230
Disposals	-	-	-
At 31st December 2015	773,747	272,045	1,045,792
Depreciation			
At 1st January 2015	692,563	158,885	851,448
Charge for the year	16,228	30,547	46,775
Disposals	-	-	-
At 31st December 2015	708,791	189,432	898,223
Carrying amount			
At 31st December 2015	64,956	82,613	147,569

In respect of prior year	Long leasehold Property	Fixtures, fittings and equipment	Total
	€	€	€
Cost			
At 1st January 2014	773,747	204,704	978,451
Additions	-	6,275	6,275
Disposals	-	(3,164)	(3,164)
	<hr/>	<hr/>	<hr/>
At 31st December 2014	773,747	207,815	981,562
	<hr/>	<hr/>	<hr/>
Depreciation			
At 1st January 2014	676,335	136,233	812,568
Charge for the year	16,228	24,529	40,757
Disposals	-	(1,877)	(1,877)
	<hr/>	<hr/>	<hr/>
At 31st December 2014	692,563	158,885	851,448
	<hr/>	<hr/>	<hr/>
Carrying amount			
At 31st December 2014	81,184	48,930	130,114
	<hr/>	<hr/>	<hr/>

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

11. Financial assets

	Interest bearing investments	Total
	€	€
Cost		
At 1st January 2015	1,683,707	1,683,707
Interest received	45,416	45,416
	<u> </u>	<u> </u>
At 31st December 2015	1,729,123	1,729,123
	<u> </u>	<u> </u>
Provision for diminution in value		
At 1st January 2015 and 31st December 2015	-	-
	<u> </u>	<u> </u>
Carrying amount		
At 31st December 2015	1,729,123	1,729,123
	<u> </u>	<u> </u>
In respect of prior year		
	Interest bearing investments	Total
	€	€
Cost		
At 1st January 2014	1,590,116	1,590,116
Interest received	93,591	93,591
	<u> </u>	<u> </u>
At 31st December 2014	1,683,707	1,683,707
	<u> </u>	<u> </u>
Provision for diminution in value		
At 1st January 2014 and 31st December 2014	-	-
	<u> </u>	<u> </u>
Carrying amount		
At 31st December 2014	1,683,707	1,683,707
	<u> </u>	<u> </u>

12. Debtors

	2015	2014
	€	€
Trade debtors	1,590	1,660
Other debtors	160,690	52,074
Prepayments	10,795	14,320
	<u>173,075</u>	<u>68,054</u>

13. Creditors: amounts falling due within one year

	2015	2014
	€	€
Trade creditors	18,829	8,901
Tax and social insurance:		
Payroll Taxes	-	50,473
Accruals	61,855	60,149
Government grants (note 15)	15,000	15,000
	<u>95,684</u>	<u>134,523</u>

The repayment terms of trade creditors vary between on demand and 90 days. No interest is payable on trade creditors. Payroll taxes are subject to the terms of the relevant legislation. No interest was due at the financial year end date. The terms of the accruals are based on the underlying contracts.

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

	2015	2014
	€	€
Government grants (note 15)	45,000	60,000
	<u>45,000</u>	<u>60,000</u>

15. Government grants

	2015	2014
	€	€
As at the start of the financial year	75,000	90,000
Released to the income and expenditure	(15,000)	(15,000)
	<hr/>	<hr/>
As at the end of the financial year	60,000	75,000
	<hr/> <hr/>	<hr/> <hr/>

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

	2015	2014
	€	€
Recognised in creditors:		
Deferred government grants due within one year	15,000	15,000
Deferred government grants due after more than one year	45,000	60,000
	<hr/>	<hr/>
	60,000	75,000
	<hr/> <hr/>	<hr/> <hr/>

16. Financial instruments

The carrying amount for each category of financial instruments is as follows:

	2015	2014
	€	€
Financial assets that are debt instruments measured at amortised cost		
Trade debtors	1,590	1,660
Other debtors	104,146	52,074
Cash at bank and in hand	496,183	890,355
	<hr/>	<hr/>
	601,919	944,089
	<hr/> <hr/>	<hr/> <hr/>
Financial liabilities measured at amortised cost		
Trade creditors	18,829	8,901
	<hr/> <hr/>	<hr/> <hr/>

17. Reserves

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

18. Limited by guarantee

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

19. Ethical Standard - provisions available for small entities

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

20. Controlling party

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

21. Transition to FRS 102

These are the first financial statements that comply with FRS 102. The company transitioned to FRS 102 on 1st January 2014.

Reconciliation of equity

No transitional adjustments were required.

Reconciliation of profit or loss for the financial year

No transitional adjustments were required.

22. Approval of financial statements

The board of directors approved these financial statements for issue on 31 May 2016.

