The Irish Hospice Foundation Annual Report 2012
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Vision

Our vision is that no one should face death or bereavement without the care and support they need.

Mission

Our mission is to achieve dignity, comfort and choice for all people facing the end of life. We do this by addressing, with our partners and the public, critical matters relating to dying, death and bereavement in Ireland.

Strategic Objectives

- To advocate for quality services for care at end of life for all, including bereavement care
- To continue, through partnership, to build capacity to meet the end-of-life and bereavement care needs of patients and their families in all care settings, irrespective of age or diagnosis.
- To develop innovative responses to specific end-of-life care challenges in the areas of service equity, patient choice and the physical environment.
- To inform, educate and empower about key issues at end of life, including bereavement.
- To further strengthen our independence and operational efficiency through our fundraising programme, underpinned by effective governance and internal development.
The year 2012 was an important one for the Irish Hospice Foundation; we launched our three-year strategic plan and there were significant developments with some of our programmes.

Our strategic plan requires us to continue with a number of programmes which are having an impact. A good example is the Design and Dignity Grants Scheme, which was initiated by our Hospice Friendly Hospitals (HFH) Programme in partnership with the Health Service Executive (HSE). Early 2012 saw the completion and launch of the first project in this scheme, a family room on St Brigid’s Ward at the Mater Misericordiae University Hospital in Dublin.

This scheme is the first of what we hope will be a series of initiatives to bring design excellence to the physical environment in which people spend the last days of their lives. There is an abundance of evidence to show that good design – of buildings, interior and exterior spaces, furnishings, even fabrics and lighting – can have a very positive impact on how we experience death and dying.

A total of 11 projects are currently being funded under the Design and Dignity Grants Scheme, and each incorporates design principles that are based on the simple idea that dying should be afforded the greatest dignity possible.

Another example is our continuing focus on quality standards for end-of-life care. In October 2012, the National Economic & Social Council (NESC) released its report, “Quality and Standards in Ireland: End of Life Care in Hospitals”, and focused on the voluntary quality standards which were developed by our HFH Programme and are being implemented in hospitals countrywide.

In a great endorsement of the value of these standards, the NESC report recommended a number of ways in which the HSE, the Health Information and Quality Authority and the Department of Health could support the implementation of these standards into the future, so that the learning from the innovative HFH Programme is not lost.

It recommended, for example, that the Department of Health could ground these standards in legislation. Such a legislative underpinning could ensure that non-participating hospitals become involved, and that more of the standards are successfully implemented.
These are just two examples of the ways in which the IHF works, and the impact it is having on the wards of our hospitals and in policy units of our government departments.

One of the goals of our strategic plan, however, is to develop new responses to ensure that everyone can enjoy the best possible quality of life until they die, including access to appropriate care in the setting of their choice.

An example is a unique pilot training programme funded by the IHF with the Irish Cancer Society and the HSE. The training is for health and social care professionals providing palliative and oncology care to lesbian, gay and bisexual (LGB) patients in hospitals, hospices, health centres and other healthcare settings.

The programme – the first of its kind in Ireland – was developed to address a service gap. Despite positive developments for Ireland’s LGB community over the past 20 years, international and national research has shown that LGB people still face challenges, including homophobia, when attempting to access and receive healthcare. Obviously these issues are even more challenging during serious illness.

In May, RTE’s Marian Finucane – a former member of the IHF Board – launched the report, “Five Things you Need to Know. A Pilot Training Programme for Health and Social Care Professionals Providing Palliative and Oncological Care to Lesbian, Gay and Bisexual Patients”. The report recommended that training should be included in undergraduate and postgraduate courses for trainee health and social care professionals, including medicine, nursing, social work, psychology, psychiatry and occupational therapy.

I mention these examples of what we do to illustrate the range and diversity of our programmes, all of which have the shared aim of ensuring that everyone can receive appropriate, high-quality, end-of-life care.

The IHF is, of course, just one part of a broad coalition of individuals and organisations seeking to bring about change. The staff at the IHF have ensured that our programmes are relevant, innovative and impactful. I want to acknowledge their many skills and hard work which are helping to bring comfort to so many. I want also to recognise the commitment of my fellow Board members who dedicate so much of their time to fulfilling the mission of the IHF.

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Michael O’Reilly
Chairperson
It was a busy year for the Irish Hospice Foundation, with a number of successful high profile events and many new approaches being taken to the work of developing good end-of-life care in Ireland.

Following extensive consultation, analysis and research, our new three-year strategic plan was launched in February. As an advocacy organisation, we used the occasion of the launch to call for clarity on the Government’s plans for the development of palliative care services. We also asserted that any reform of the health service must have a positive impact on the journey through the healthcare system of the patient who is at the end of life.

This strategy is ambitious and was launched at a challenging time for our economy and our health service - but securing a good death is a basic human right that everyone should be able to claim, in good times and bad.

Advocating

In our strategic plan, the IHF pledged to continue to advocate for quality services for care at the end of life, including bereavement care. In line with this objective, one of the first events of 2012 was the joint launch by the national suicide bereavement charity, Console, and the IHF, of a guide to help employers to respond appropriately to the death of an employee through suicide, or where a staff member is affected by a suicide outside the workplace.

In January 2012, the IHF expressed concern at the impact of the 3.7% cut in the palliative care budget on hospice services on the ground. We also took up the issue of Emergency Medical Cards for palliative care patients, and successfully sought clarification around eligibility for this vital support.
Mid-way through the year, the Minister for Children and Youth Affairs launched the Irish Childhood Bereavement Network, which has been set up to support those working with grieving children and young people. The IHF has agreed to host the Network for the first two years and will seek to source funding for its on-going development. As part of our advocacy work, an extensive information campaign was rolled out with Oireachtas members, particularly health spokespersons.

Funding for hospice care; inequity in access to hospice services; and medical cards were the key issues that were raised at meetings with the Minister of State for Primary Care, Roisin Shortall, as well as Minister of State, Kathleen Lynch, who has responsibility for palliative care. In addition, the IHF was actively involved in advocating for Advance Care Directives to be included in the proposed Mental Capacity Bill.

**Building capacity**

Our second strategic objective is to build capacity to ensure that people’s end-of-life and bereavement care needs are met, irrespective of their age or diagnosis.

We continued our work to build capacity in the acute hospital setting through our Hospice Friendly Hospitals (HFH) Programme, involving 30 acute hospitals and 25 community nursing units. A national group of HFH coordinators are charged with advancing this work in hospitals through the implementation of quality standards for end-of-life care, staff development programmes (Final Journeys), information for families and the roll-out of the Design and Dignity programme. We truly value their input.

In May, the Minister for Health, James Reilly, met with an IHF delegation that included Dr Mary Devins, Ireland’s only Consultant Paediatrician with a Special Interest in Children’s Palliative Medicine, and the first members of a national team of Children’s Outreach Nurses. Minister Reilly complimented the partnership approach of the IHF and the HSE in realising this initiative through a co-funding arrangement. The IHF also co-chairs the National Development Committee on Children’s Palliative Care.

Another key activity in 2012 was the start of a roll-out across a range of care settings of the pilot National End-of-Life Care Audit and Review System developed by the HFH Programme. Undertaken in association with the HSE, this will present an opportunity for healthcare staff to review the quality of care provided to persons who have recently died.

A National Steering Committee was set up to oversee the implementation of the recommendations of the 2011 “Primary Palliative Care in Ireland” report. Work proceeded during the year on developing a tool that could be used to identify people with palliative care needs in the community, along with an ‘Out of Hours’ Palliative Care Handover Form.

A public information meeting on bereavement was organised for the first time by the IHF in November and this ‘drop-in’ event proved to be very popular with the public.
Responding to challenges

In fulfilling our third strategic objective, which focuses on responding to challenges in relation to service equity and patient choice, the IHF engaged with service providers and voluntary hospice groups in the Midlands to explore how access to specialist palliative care in the region can be improved. This is one of the three regions of the country which have no access to a hospice inpatient unit. In November, we provided funding for a research project there in an effort to develop an inpatient unit.

One of our biggest events in 2012 took place in September, when our ‘Palliative Care for All’ Programme hosted a conference entitled “Palliative Care for All – Bridging the Gap”. Participants learned about the three action research projects funded by the Programme from 2009 to 2012. The aim was to develop methods to identify and respond to the palliative care needs of people with three diseases: advanced heart failure, dementia and respiratory disease.

We allocated a further €178,000 in grant-aid to organisations throughout the country to allow the development of innovative responses to end-of-life care.
One of our strategic objectives is to inform, educate and empower around key issues at end of life, and the National Council of the Forum on End of Life in Ireland – an IHF initiative - organised a number of events in June with exactly that aim. These included two public meetings on “Do Not Attempt Resuscitation” orders and organ donation. The National Council also issued a statement calling for the reform and regulation of the Irish funeral and cremation services industry to coincide with an international convention of funeral industry operatives in Dublin Castle.

Demand for our bereavement and education programmes – ranging from workshops to postgraduate courses – continued to expand and attract participants from a range of professional backgrounds. We expanded our education activities to include the option of e-learning.

An Taoiseach, Enda Kenny and his helpers, at the launch of the 2012 Cycle Challenge
Strengthening independence through fundraising

In February, An Taoiseach, Enda Kenny, launched our 2012 Cycle Challenge and also encouraged people to take part in Ireland’s Biggest Coffee Morning in September. Political leaders across all parties joined forces to urge people to support Sunflower Days for their local hospice service. These popular national fundraising events are coordinated by the Irish Hospice Foundation each year and are a vital part of our work to support the voluntary hospice movement throughout Ireland.

Innovation extended to our Fundraising Department when we announced our plan to produce a book to mark “The Gathering” in 2013.

Concluding comments

I would like to thank the staff of the IHF for their great commitment and hard work during the year. My thanks also to our Chairperson, Michael O’Reilly and all our Board members, who have shared their wealth of experience and wisdom generously. We said good bye to Mervyn Taylor, Paul Murray, Emer O’Riordan, Mary Millea and Lisa Ryan along with the HFH Coordinators whose work concluded in 2012. We thank them for their commitment to the IHF during their time with us.

Finally, I would like to acknowledge and express the IHF’s sadness at the death during 2012 of Maeve Binchy (RIP). The IHF was incredibly fortunate to have had the support of both Gordon and Maeve over the years. Maeve left a wonderful legacy of compassion and care for others.

Sharon Foley

Chief Executive Officer
The IHF aims to significantly improve end-of-life care for all patients and families, including people with conditions other than cancer, children with life-limiting illnesses and family carers.

**Palliative Care for All**

The three IHF-driven action research projects on the role of palliative care for people with dementia, heart failure, and respiratory disease concluded during 2012, and the work on these projects was showcased at a conference in September in the Royal College of Physicians of Ireland.

The dementia action research project resulted in the joint Alzheimer Society of Ireland/ IHF report of the Dementia Feasibility Study – “Building Consensus for the Future” – which was launched in December 2012. This report signposted a programme of work to support the integration of a palliative approach to care throughout the dementia journey. Implementation is planned for 2013.

The action research project on heart failure and palliative care, which was based in the Mater Misericordiae University Hospital, was successful in developing e-learning programmes for staff. It also paved the way for the local hospice service to accept referrals for patients with advanced heart failure, and introduced an outpatient programme of care for heart failure patients.

The action research project in St James’s Hospital, which addressed the integration of palliative care for those with advanced respiratory disease, received due recognition at the Irish Thoracic Society conference, when the poster on the project received 3rd overall prize and 1st in the nursing category. The report of this project will be disseminated in 2013, and an audit
of the impact of this work is also planned to determine longer term outcomes.

Progress was also made in addressing the need to improve end-of-life care for those with progressing neurological disease, and as a result the Neurological Association of Ireland agreed to include this area in their work plan in 2013. The end-of-life care needs of adults who are homeless were highlighted by a study conducted by the Simon Community with IHF input, and the IHF looks forward to supporting the recommendations.

**Primary Palliative Care**

Phase 2 of the Primary Palliative Care programme commenced in 2012, addressing the implementation of the recommendations of the report, Primary Palliative Care in Ireland (IHF, HSE and Irish College of General Practitioners (ICGP), 2011). There was progress in relation to the introduction of a palliative care handover form for the transfer of information between family GPs and ‘Out of Hours’ GP services. This form provides critical information on the palliative care needs of patients, including matters relating to symptom management and preferred place of care and is currently being piloted in HSE South by South Doc. Some advances were also made to establish a mechanism to support the identification of patients with palliative care needs in the community, and 2013 will see further engagement with the HSE and ICGP to introduce guidance for staff on this matter.

The report of this work was presented at an International Palliative Care Conference in Montreal in October, and was heralded as an exemplar in terms of supporting the introduction of palliative care in primary care settings.

**Children’s Palliative Care**

The CEO of the IHF co-chairs the National Development Committee on Paediatric Palliative Care, which is charged with implementation of the recommendations of the report, “Palliative Care for children with Life-Limiting Conditions in Ireland – A National Policy” (2010).
IHF funding continued for Ireland’s only Children’s Palliative Care Consultant, Dr. Mary Devins, as well as for three Children’s Outreach Nurses based in Drogheda, Waterford and Limerick. Two further Outreach Nurse positions are due to be filled and funded by the IHF from 2013 for a three-year period.

Agreement was also reached between the IHF, Our Lady’s Children’s Hospital, Crumlin and the HSE on the continuation of paediatric palliative care education and training programmes for healthcare professionals for three years from 2013. The IHF also provided ongoing funding for an Oncology Liaison Nurse post in Crumlin.

**Night Nursing**

Our Nurses for Night Care service allows patients with life-limiting illnesses other than cancer to die at home, surrounded by their close family in familiar surroundings. The demand for this service increased by 32% in 2012, with the overall costs reaching €330,000. The IHF is grateful to the Irish Cancer Society, whose nurses deliver the service on our behalf. Identifying alternative funding sources for this service will be a key priority in 2013.

**Family Carers**

The IHF continued to address the needs of carers of people with life-limiting conditions. As well as keeping the carers.ie website updated, it also held a workshop for those supporting carers, and participated in National Carers Week.
The IHF continued to build on its education and training programmes and resources in the areas of bereavement and loss, as well as supporting major projects in palliative care and bereavement during 2012.

**Education**

The first 24 students of the Professional Certificate in Children and Loss run in partnership with the Royal College of Surgeons in Ireland graduated in summer 2012. The MSc in Bereavement Studies class also graduated, and a new cohort was recruited, with 20 Year One and 17 Year Two students enrolled. The IHF also continued its popular one/two-day training workshops, which covered 23 topics and were attended by 436 individuals during the year.

A total of 470 people registered for the introductory e-learning course ‘Lost for Words, Words for Loss’, and work commenced on the development of a new course for volunteer bereavement support organisations.

Thirty organisations received outreach training and advice on managing grief in the workplace, while a training course for professionals on working with lesbian, gay and bisexual patients was developed and launched in conjunction with the Irish Cancer Society and St Vincent’s University Hospital.

A new coordinator was appointed for the ‘Final Journeys’ suite of staff development programmes which run in acute and some community hospitals across the country. The staff development training courses aim to increase awareness about end-of-life care and promote confidence in communicating. The emphasis in 2012 was to work with larger hospitals or groups of smaller hospitals/residential care homes to train ‘local’ facilitators to run the programmes on the IHF’s behalf, and over 50 individuals were trained during the year. Two new sessions, entitled ‘Dealing with Bad News’ and ‘What Matters to Me’, and a pilot version of training for staff who support people with learning disabilities, were also developed.
The bereaved.ie website, which aims to provide direction, advice and support to people coping with bereavement; people helping those who are bereaved; and professionals working in bereavement-related areas, was launched during the year. The 15 leaflets making up the bereavement information series were redesigned, with 40,000 distributed free of charge during the year. Our Library & Information Service continued to develop, providing additional electronic resources, digital archiving and streamlining online access to resources through the IHF website.

In July, the Minister for Children and Youth Affairs, Frances Fitzgerald, launched the Irish Childhood Bereavement Network, which will act as a hub for those working with bereaved children, young people and their families on the island of Ireland. The Network will be co-funded by the IHF and the Family Support Agency. A public information evening, “Opening the Doors on Grief” was held in Dublin in November, with a talk by Dr. Tony Bates and a reading by Prof. Tom Inglis.

**Grants**

€178,000 was awarded through the IHF’s 2012 development grant scheme. Projects supported included the development of an innovative interdisciplinary undergraduate special study module in palliative care and a programme to improve the quality of care provided to patients with palliative care needs who present to Emergency Departments. Forty-four individuals received a total of €37,885 through the 2012 education and professional development grant scheme towards courses on improving care for people facing end-of-life. €6,000 was granted for organisations to design new workshops, while Friends in Ireland and the Rose Project in Malawi received €32,000 from the international grant stream.
The IHF continued to support the All Ireland Institute of Hospice and Palliative Care through its annual commitment of €200,000, which is to continue for a further three years.

The IHF’s Thérèse Brady Research Fellow, Susan O’Flanagan, who was working in Blackrock Hospice, was awarded first class honours for her research, and will graduate in 2013.

BEREAVED.ie, the new advice and information website

IHF CEO, Sharon Foley, and Bereavement Services Manager, Susan Delaney, with Minister Frances Fitzgerald, at the launch of the Irish Childhood Bereavement Network.
The Hospice Friendly Hospitals (HFH) Programme was established to bring about positive change in the approach to dying, death and bereavement in hospitals. The programme provides a range of services to hospitals, including support for end-of-life care coordinators, grants, training and development courses, practical resources and specialised advice. In April 2012 the original five-year HFH initiative drew to a close. The IHF has undertaken, however, to continue to fund its main aspects for a further three years.

**Network and Standards**

In 2012, Mercy University Hospital, Cork, and the Mater Private Hospital in Dublin became members of the HFH Network. The Network’s primary focus in 2012 was the implementation of the HFH Quality Standards for End-of-Life Care in Hospitals. The Practice Development Programme for End-of-Life Care, a joint initiative with the HSE, was extended to the North West region and to the intellectual disability sector this year, with each participating site developing a sustainability plan.

The National Economic and Social Council recommended a wider adaptation of the HFH Standards in its “Quality and Standards in Ireland: End-of-life Care in Hospitals” report.

**Design and Dignity**

The Design and Dignity Grant Scheme, operated in partnership with the Health Service Executive (HSE), continued to progress during 2012. This initiative aims...
to enhance the physical environments of hospitals in relation to end-of-life care. Of the projects initially funded under this scheme, projects in St James’ Hospital Dublin and the Mater Misericordiae University Hospital were completed during 2012, and a further four sites were awarded funding.

**Audit and review system**

The pilot end-of-life care audit and review system was developed in collaboration with the HSE Palliative Care Clinical Programme and commenced roll out in 2012 across five settings: acute and community hospitals, hospices, nursing homes and residential care services. In April 2012, a national end-of-life audit and review coordinator was appointed to oversee the project and 107 deaths were reviewed in a total of 24 sites.

**Support for healthcare staff**

Bursaries were awarded to 43 hospital doctors and nurses to cover 80% of their fee for the European Certificate in Essential Palliative Care. The HFH Programme also ran a one-day workshop entitled ‘In the face of Death: Fostering a Culture of Care for Staff and Teams’, that explored the impact that work in end-of-life care has on staff. The workshop was facilitated by Danai Papadatou, Professor of Clinical Psychology at the University of Athens.

Sandra Daly, Bridie O’Sullivan and Margaret McKiernan at the launch of the HFH Programme at Mercy University Hospital Cork
The IHF continued to engage with the media to raise public awareness of its work and support for its advocacy agenda. Extensive coverage was secured during the year in specialist and general national media, and a communications coordinator was appointed to develop this work.

Following internal and external consultation, an advocacy strategy for the IHF was agreed. There was widespread political engagement during the year, highlighting the significance of palliative care to the health service, the need for comprehensive services in all care settings and the importance of protecting the budget for palliative care. The organisation worked with both TDs and Senators to table parliamentary questions on issues relevant to the development of hospice and bereavement services. Pre-budget submissions were prepared and submitted to the relevant Ministers, and the IHF was invited by Jerry Buttimer, TD, to present a submission to the Oireachtas Committee on Health and Children.
A number of politicians were briefed on the inclusion of advance care directives in the proposed Mental Capacity Bill, securing a recommendation in the committee report to the Minister.

A number of presentations were made during 2012, including an address in relation to the IHF’s Strategic Plan to the Fine Gael Parliamentary Party Health Committee. In conjunction with Waterford Hospice Foundation, local political representatives from the South East were briefed on the need for progress on the building of a hospice in Waterford. IHF staff also participated in a National Carers Week Care Alliance presentation in Leinster House on the needs of carers for people approaching end of life.

In September, the IHF launched two pilot studies for the Think Ahead project in Limerick and Louth. Interviews were featured on Limerick’s Live 95FM and LMFM in Louth, with briefings organised for politicians in the two counties. The IHF was delighted to be asked to extend this briefing to a visiting delegation of Australian parliamentarians.

Hospice Sunflower Days, supported by RTE’s Mary Kennedy, were featured in the national and local print media, as well as on TV3’s Morning Show, which focused on the year’s ‘Sunflower Heroes’ - individuals nominated by their local organisations for their significant contribution to the hospice movement.

Twenty years of Ireland’s Biggest Coffee Morning, supported by Marian Finucane and Sybil Mulcahy, was marked by a feature on RTE’s Nationwide.

The Irish Childhood Bereavement Network was launched by Minister for Children and Youth Affairs, Frances Fitzgerald. The event was marked by a double-page spread in the Irish Times’ Health Supplement, as well as by an interview on RTE’s The John Murray Show.

The IHF arranged an interview with a patient and a medical expert on RTE’s Today with Pat Kenny Show as part of the “Palliative Care for All – Bridging the Gap” conference which took place on September 14th.
The Forum on End of Life in Ireland was created to explore, and where possible, to begin to address, a broad range of issues – legal, ethical, financial, administrative and healthcare related – of importance to Irish people in relation to end of life. The Forum’s flagship project, Think Ahead, aims to encourage people to reflect on and pre-record their wishes in the event of an emergency, serious illness or death.

**National Council**

The National Council of the Forum met a number of times during the year. The Forum initiative to extend authority to pronounce death to senior nurses and advanced paramedics was advanced. A workshop was organised to look at the importance of the physical environment as it relates to end of life, and to consider how the Forum might focus on this area, building on what has already been achieved by the HFH Programme’s Design and Dignity initiative. Public meetings were also hosted in relation to ‘Do Not Resuscitate’ orders and organ donation.

**Think Ahead**

Following the launch of Think Ahead in the previous year, regional pilots engaging with local community leaders, members of the legal and health professions, accountants and other professional organisations took place in
Limerick and Louth in 2012. The pilot in Limerick was carried out in partnership with Milford Care Centre’s Compassionate Communities project, which is aimed at developing networks of support in communities to assist people who may be dying or who have been recently bereaved.

The results of these pilots showed that:

- 80% of participants believed that Think Ahead would be of interest to the general public, and said that it would encourage people to discuss end-of-life planning with loved ones.
- The majority of people said that they found the Think Ahead form and the website easy to use.
- 52% said that Think Ahead had caused them to rethink their wishes around end-of-life care.

Dr. Brendan O’Shea also completed his extended GP pilot, which involved 100 patients in five GP practices in Dublin. The report found very positive outcomes for both patients and GPs and these findings are due to be published in the Irish Medical Journal in 2013.
Members of the National Council of the Forum on End of Life in Ireland

Mrs. Justice Catherine McGuinness, Chairperson

Bob Carroll, former Director of the National Council on Ageing and Older People

Catríona Crowe, Head of Special Projects, National Archives of Ireland

Dr. Brian Farrell, Dublin City Coroner, Barrister-at-Law

Dr. Ciaran Browne, Assistant National Director, Acute and Community Services, HSE

Dr. Ita Harnett, Consultant in Palliative Medicine, Galway

Dr. Geoff King, Director, Pre-hospital Emergency Care Council

Dr. Deirdre Madden, Senior Lecturer, UCC Law Department

Ita Mangan, Barrister/Murphy Commission Member

Úna Marren, Convenor of the Network of Hospice Friendly Hospitals

Gus Nichols, Irish Association of Funeral Directors

Seán Ó Laoire, Past President, Royal Institute of the Architects of Ireland

Prof. David Smith, Associate Professor of Health Care Ethics, RCSI

Dr. Max Watson, Consultant in Palliative Medicine at Northern Ireland Hospice

Mervyn Taylor, former Programme Manager of the Forum of End of Life in Ireland, Consultant

Senan Turnbull, Organisational Consultant

Sharon Foley, CEO, Irish Hospice Foundation
The IHF receives no core funding from the State and while any grants received for specific purposes are greatly valued, the organisation is primarily dependent on voluntary donations to continue its programmes.

Fundraising

Door-to-door fundraising continued successfully in raising funds for IHF programmes as well as promoting understanding of the organisation’s work. Unfortunately, income from other sources of individual giving, including mail campaigns and the annual raffle, fell in 2012, reflecting the challenging economic conditions. However, the IHF was honoured to receive a substantial legacy during the year, which enabled work to continue despite the fundraising shortfall in other areas.
Annual Events

Kingspan continued their sponsorship of the IHF’s annual Cycle Challenge, with 47 cyclists completing 650km over five days from Lyon to Nice.

The annual Lady Golfers’ Howth Walk took place for the 24th successive year, and the IHF also ran a successful National Nearest-the-Pin Challenge. In June, some 25 women took part in the Ladies Mini Marathon to raise funds for the IHF.

A range of other events, both large and small, were run during 2012, and the IHF is deeply indebted to the many individuals, professional groups, sporting bodies and community associations who raised money on its behalf.
Partnerships

Our very valued relationships with Boots and Axa continued in 2012. Other organisations that supported the IHF during the year included Bord Gáis, Done Deal, Royal & Sun Alliance, CRH, the Royal College of Surgeons in Ireland, Laois Business Association and Eli Lily.

For the second year, Early Childhood Ireland ran their ‘National Pyjama Day’ in early childhood care and education services around the country, raising €177,000 for the Children’s Palliative Care Programme.

Fundraising support for the voluntary hospice movement

The IHF continued to coordinate the two national fundraising events for the Irish hospice movement, in which all funds raised locally, stay local. Hospice Sunflower Days continued to be supported by RTE’s Mary Kennedy and Irish Pride, while 2012 marked 20 years of Ireland’s Biggest Coffee Morning, supported by Marian Finucane, Sybil Mulcahy and Bewleys.

WE WOULD LIKE TO OFFER OUR SINCERE THANKS TO ALL OUR DONORS, SPONSORS, COMMITTEE MEMBERS AND OTHER SUPPORTERS

Some of the little helpers from Pyjama Day 2012
The following summary accounts have been extracted from the statutory financial statements of The Irish Hospice Foundation Limited for the year ended 31 December 2012. The statutory financial statements, on which the auditors, Gaby Smyth & Co., Chartered Accountants, expressed an unqualified opinion, have been filed with the Register of Companies following the Annual General Meeting.

The detailed auditors report and financial statements are available to download from www.hospicefoundation.ie or can be obtained from our office at Morrison Chambers, 32 Nassau Street, Dublin 2.

Antoin Murphy

Director
Statement of Financial Activities for the year ended 31st December 2012

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<td>585,350</td>
<td>761,223</td>
<td>1,346,573</td>
<td>1,401,656</td>
</tr>
<tr>
<td>Investment income</td>
<td>97,187</td>
<td>–</td>
<td>97,187</td>
<td>106,094</td>
</tr>
<tr>
<td>Total incoming resources</td>
<td>4,363,509</td>
<td>964,857</td>
<td>5,328,366</td>
<td>5,253,267</td>
</tr>
<tr>
<td>Resources Expended</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of generating funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising cost</td>
<td>(894,755)</td>
<td>(298,982)</td>
<td>(1,193,737)</td>
<td>(1,282,579)</td>
</tr>
<tr>
<td>Charitable Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant aid</td>
<td>(2,626,066)</td>
<td>(565,361)</td>
<td>(3,191,427)</td>
<td>(3,504,431)</td>
</tr>
<tr>
<td>National Bereavement Centre</td>
<td>(862,681)</td>
<td>–</td>
<td>(862,681)</td>
<td>(802,786)</td>
</tr>
<tr>
<td>Governance Costs</td>
<td>(89,124)</td>
<td>–</td>
<td>(89,124)</td>
<td>(90,113)</td>
</tr>
<tr>
<td>Total resources expended</td>
<td>(4,472,626)</td>
<td>(864,343)</td>
<td>(5,336,969)</td>
<td>(5,679,909)</td>
</tr>
<tr>
<td>Net outgoing resources</td>
<td>(109,117)</td>
<td>100,514</td>
<td>(8,603)</td>
<td>(426,642)</td>
</tr>
<tr>
<td>Transferred from general reserves</td>
<td>(109,117)</td>
<td>100,514</td>
<td>(8,603)</td>
<td>(426,642)</td>
</tr>
<tr>
<td>Funds at the beginning of the year</td>
<td>1,995,432</td>
<td>1,471,849</td>
<td>3,467,281</td>
<td>3,893,923</td>
</tr>
<tr>
<td>Funds at the end of the year</td>
<td>1,886,315</td>
<td>1,572,363</td>
<td>3,458,678</td>
<td>3,467,281</td>
</tr>
</tbody>
</table>

There are no recognised gains or losses other than the incomings/outgoings for the above two financial years. The financial statements were approved by the Board of directors on 11th June 2013 and signed on its behalf by Michael O’Reilly, Chairperson and Jean McKiernan, Director.
### Balance Sheet as at 31st December 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>208,214</td>
<td>271,161</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>4,313,863</td>
<td>4,191,875</td>
</tr>
<tr>
<td></td>
<td>4,522,077</td>
<td>4,463,036</td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>(882,548)</td>
<td>(911,169)</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>(345,000)</td>
<td>(280,905)</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>3,294,529</td>
<td>3,270,962</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,458,678</td>
<td>3,467,281</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,458,678</td>
<td>3,467,281</td>
</tr>
<tr>
<td>Reserves and Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted Funds</td>
<td>1,572,363</td>
<td>1,471,849</td>
</tr>
<tr>
<td>Unrestricted Funds</td>
<td>1,886,315</td>
<td>1,995,432</td>
</tr>
<tr>
<td></td>
<td>3,458,678</td>
<td>3,467,281</td>
</tr>
</tbody>
</table>

The financial statements were approved by the Board of directors on 11th June 2013 and signed on its behalf by Michael O’Reilly, Chairperson and Jean McKiernan, Director.
Corporate Information

Board of Directors
Mr Michael O’Reilly (Chairperson)
Ms Cynthia Clampett
Mr Denis Doherty
Professor Muiris X.FitzGerald
Ms Vivienne Jupp
Mr Cormac Kissane
Professor Antoin Murphy

Chief Executive
Ms Sharon Foley

Company Secretary
Ms Emer O’Riordan – to 7th February 2013
Mr Andy Caffrey – from 7th February 2013

Company Number
114617

Charity Number
CHY 6830

Registered Office
Morrison Chambers, 32 Nassau Street, Dublin 2

Auditors
Gaby Smyth & Co.
92 Merrion Road, Ballsbridge, Dublin 4

Bankers
Allied Irish Bank plc
Bank of Ireland

Solicitors
Eugene F. Collins
3 Burlington Chambers, Dublin 4
Education & Bereavement Resource Centre
Orla Keegan, Head of Education, Research and Bereavement Services
Susan Delaney, Bereavement Services Manager
Breffni McGuinness, Training and Development Officer
Laura Rooney Ferris, Information and Library Manager
Iris Murray, Administrator
Maura Dunne, Administrator
Bryan Nolan, Communications and Development Coordinator (Final Journeys)
Hilary Maher, Education Coordinator (Final Journeys)

Fundraising
Paddy Delaney, Head of Fundraising
Mary Tupper, Individual Giving Executive
Maria Caldwell, Major Donor and Legacies Executive
Jennifer Douglas, Individual Giving Manager
Amy Vaughan, Fundraising Events Executive
Anna Sadlier, Fundraising Executive

Programme Development
Marie Lynch, Programme Development Manager
Patricia White, Research Officer

Hospice Friendly Hospitals Programme
Mary Lovegrove, Programme Manager
Jackie Crinion, Acting Programme Manager
Grace O’Sullivan, Administrator & Development Support
Aoife O’Neill, Development Coordinator, Community Hospitals
Bettina Korn, End-of-Life Care Coordinator, St James’s Hospital
Miriam McCarthy, End-of-Life Care Coordinator, MWRH, Limerick
David Walsh, Pathfinder Project, Cork
Kathy McLoughlin, National Audit and Review Coordinator

Advocacy and Communications
Caroline Lynch, Head of Communications and Advocacy
Kirana Bhagwan, Communications Coordinator
Angela Edghill, Advocacy Coordinator

Forum on End of Life in Ireland and Think Ahead
Sarah Murphy, Research and Development

Administration
Anita Kerr, Receptionist and Office Administrator
Emer Connolly, PA to CEO