St. Francis Hospice

2025

St Francis Hospice Dublin

Annual Report and Audited Financial Statements

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About Us

OUR VISION

As a voluntary organisation our vision is to continue to harness widespread community support and be at the forefront in identifying specialist palliative care needs in the community and develop responses to them. The principle of "voluntarism" is at the centre of the Hospice's mission and success.

OUR VALUES

OUR MISSION

St. Francis Hospice provides specialist palliative care services to the people of North Dublin and surrounding counties. The service includes care for patients and support for their families and friends by our multidisciplinary team of staff and volunteers, as well as collaboration with other healthcare professionals who are involved in their care.

The service, which aspires to excellence, is based on a Christian philosophy which recognises and values the sacredness of human life. In its organisation and delivery, the service affirms, without distinction, the equal dignity of all persons and seeks to treat everyone with kindness, compassion and respect.

The hospice plays a leadership role in shaping the delivery of palliative care nationally and works in partnership with other hospices and agencies to advance policy, education, research and innovations in service.

DEFINITION OF PALLIATIVE CARE

Specialist Palliative Care is an approach that improves the quality of life of patients – adults and children – and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, impeccable assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

(World Health Organisation, 2023)

CHAIRPERSON'S REPORT

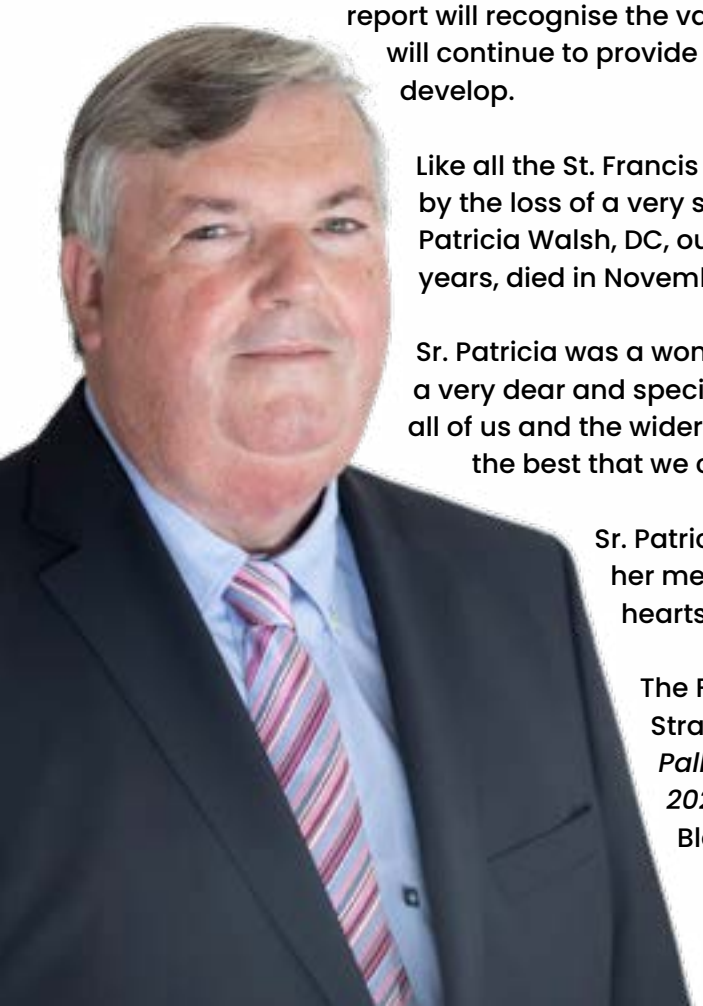
I am delighted to present the 2025 Annual Report and Financial Statements for St. Francis Hospice Dublin.

St. Francis Hospice Dublin can deliver its mission only with the support and confidence of its many stakeholders: staff, volunteers, statutory partners, donors and above all the communities that we serve. In giving this account of what was another busy year of service to our patients and their families, we trust that it demonstrates that their confidence and support are well founded.

We are an organisation founded on values which shape our approach to our work and give life to our mission. In the spirit of our patron, St. Francis, we celebrate life and support those approaching the end of life to do so with dignity.

I would like to express my admiration for and gratitude to all of the team at St. Francis Hospice Dublin, whether in Raheny or Blanchardstown or in our community services. Their professionalism and commitment are the bedrock of our service. Those who organise and support our fundraising events provide strong affirmation for our work, as well as the tangible means by which it can continue. Our statutory funder, the Health Service Executive, continues to provide encouragement as well as vital financial resources.

As this report demonstrates, St. Francis Hospice Dublin has ambitious plans to build on its record of service to date. I hope that those who read this report will recognise the value of the services which we provide and so will continue to provide the support that will enable us to continue to develop.



Like all the St. Francis Hospice community, I was greatly saddened by the loss of a very special member of our hospice family. Sr. Patricia Walsh, DC, our Assistant Director of Nursing for many years, died in November.

Sr. Patricia was a wonderful person, an exceptional colleague and a very dear and special friend to us all. She cared greatly about all of us and the wider community and always strived to make us the best that we could possibly be.

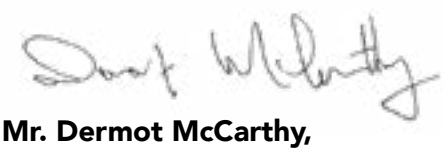
Sr. Patricia is greatly missed by us all. We will hold her memories and strong legacy deeply in our hearts. May she rest in peace.

The Founders' Day and Launch of the 5-Year Strategic Plan, "*A Five-Year Plan to meet the Palliative Care Needs of Our Community 2025-2030*" took place in St. Francis Hospice Blanchardstown, on 3rd October 2025.

It was an opportunity to reflect on the development of St Francis Hospice, its philosophy and values, over more than thirty years of service to the communities of North Dublin City and County and surrounding areas. In that context we paid tribute to the remarkable contribution of Sr Bernadette MacMahon DC and Professor Peter Daly on their retirement from the board of the Hospice. Their wisdom and commitment have been invaluable as we have planned and developed our services.

It was also an occasion to acknowledge all that we have gained from the charism and dedication of the Daughters of Charity and the Capuchin Friars who contributed so much to our founding vision and to the development of our services. That history provides a sound basis on which to develop our services, both in scope and range, over the years ahead. Our Strategic Plan, though fully aligned with the National Adult Specialist Palliative Care Strategy, focuses on meeting the particular needs of the communities we serve.

A cornerstone of the next phase of development of the Hospice is the construction of a new in-patient unit in Raheny, which will enable us to care for more patients in greater comfort and dignity. We will bring the same spirit of service and partnership which characterise St Francis Hospice to this exciting next phase of our development.



Mr. Dermot McCarthy,
Chairperson, Board of Directors

CHIEF EXECUTIVE'S STATEMENT

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

I am delighted to report that during 2025 we continued to provide high quality and accessible palliative care services at no charge to patients and families.

Our objective of ensuring that the people of North Dublin and surrounding counties have improved access to specialist palliative care was demonstrated by our care for 2,331 patients in 2025. In particular, the following key statistics are significant:

- Our youngest patient was 4 years old and our oldest patient was 108 years old in 2025
- 71% of patients were cared for at home
- The average number of patients we are supporting at any one time is 592
- 3,192 bereavement counselling support sessions were provided in 2025

We were delighted to launch our 5-year strategic plan, "*A Five-Year Plan to meet the Palliative Care Needs of Our Community 2025-2030*" on 3rd October 2025.

The strategic plan outlines a comprehensive and forward-looking approach to addressing the growing demand for specialist palliative care. This increasing need is driven by an ageing population, more complex healthcare requirements and heightened public awareness of the value and role of palliative care services.

Rooted in the hospice's mission to provide compassionate, high-quality care, the plan is structured around nine strategic directions. These include service expansion, workforce development, ensuring financial sustainability and the integration of environmentally responsible practices in healthcare delivery. Over the next five years, St. Francis Hospice will work to broaden access, foster innovation, strengthen governance structures and deepen its commitment to patient-centred care and community engagement.

Following almost 30 years as our Medical Director, Dr. Regina McQuillan stepped down from the role of Medical Director and we are delighted that she will continue to work as a Palliative Medicine Consultant at St. Francis Hospice and Beaumont Hospital for many years to come. I would like to acknowledge Regina's leadership and work for the hospice which has ensured that St. Francis Hospice is one of the most respected healthcare organisations in North Dublin and beyond. I would like to take this opportunity to personally acknowledge Regina's leadership, support and friendship to us all, over the past 30 years. Regina's honesty and friendship is valued and no doubt she will continue to be a great support into the future.

Prof. Karen Ryan will be our new Medical Director for the next five years. I wish Karen every success in her new role.

I would like to acknowledge the adaptability, creativity, professionalism and commitment of each member of the hospice team. St. Francis Hospice Dublin remains committed to the spirit of voluntarism and to our ethos and core values which have carried us through nearly 37 years, from a fledgling service operating out of a Porta-cabin to a fully-fledged, comprehensive specialist palliative care service for the people of North Dublin and surrounding counties.

The amazing support we consistently receive from our community is a direct reflection of the high quality, person-centred, holistic care provided by individuals and teams here in St. Francis Hospice. I would like to take the opportunity to thank all our Board of Directors, staff, contractors and volunteers for their professionalism, humanity, and commitment to our core values of dignity, respect, compassion, collaboration, excellence and kindness.

I wish to express my appreciation for the continuing strategic and financial support of the Health Service Executive through the HSE Dublin and North-East region and the HSE National Palliative Care Office. I look forward to continuing to work constructively together to maintain, develop and improve the vital services provided by St. Francis Hospice Dublin.

We at St. Francis Hospice Dublin will continue to work closely with and for the community we serve and will very much continue to need the support of our community into the future. We value the support from government and our local political representatives and their advocacy for St. Francis Hospice Dublin.

Mr. Fintan Fagan,
Chief Executive Officer

OUR HISTORY

Our History

In 1988 Dr. Mary Redmond identified a need for a hospice on the north side of Dublin city. She asked the Daughters of Charity for help in setting up a community palliative care (home care) service for this area. Over the years, numerous individuals, groups and organisations have provided the dedication and financial support to enable St Francis Hospice to develop a comprehensive specialist palliative care service for North Dublin city, county and surrounding counties.

Raheny

The Community Palliative Care team were originally based in a portacabin on the grounds of the Capuchin Friary in Raheny. The team provided advice and support to patients and families in their own homes. The Capuchin Friars donated the site of their monastery garden and St Francis Hospice Raheny was built in phases.

In 1991, office and meeting space for the Community Palliative Care team opened, followed by a purpose built Day Care centre. The Day Care service began providing patients with a place to come for support and advice from the multidisciplinary team and to receive complementary therapies. In 1995, the second phase, St Anne's In-Patient Unit (19 beds), was completed.

Education is an important way of extending the palliative care philosophy and approach to other healthcare settings, such as hospitals and nursing homes. An Education Department was formed in 1997 in order to develop courses and workshops for staff of other healthcare institutions, as well as staff of the Hospice.

In 1999, St Francis Hospice Dublin purchased the adjoining Walmer Villa. Further expansion took place in 2002, when a new phase of building was completed, providing enhanced facilities for the provision of day care, bereavement counselling and an education centre.

Blanchardstown

The need for a hospice to be provided for the people of Dublin North West was identified a number of years later. Blanchardstown was recognised as an ideal location from which to serve the needs of Dublin North West. The Government allocated a 6.8 acre site on the Abbotstown lands for the building of the hospice. The construction works were completed in April 2011.

The Community Palliative Care Team looking after the western half of St Francis Hospice's catchment area began using the new Blanchardstown hospice as their base in May 2011. Shortly after, the Hospice Day Care and Outpatients Service began operating in Blanchardstown. In September 2014, the first patients were admitted to the 24-bed in-patient unit.

St Francis Hospice Dublin today

Together, St Francis Hospice Raheny and Blanchardstown provide specialist palliative care services to the people of North Dublin city, county and surrounding counties with life limiting illnesses. We are a voluntary organisation and all of our services are provided free of charge to patients and their families. Today St Francis Hospice Dublin plays a leadership role in shaping palliative care nationally, working in partnership to advance policy, education, research and service innovation.

OUR HISTORY


1989
Hospice Home Care Services established in Raheny
1991
Home Care Team Offices open in Raheny
1993
Hospice Day care opens in Raheny, the first in Ireland
1995
St. Anne's In-Patient Unit opens in Raheny with 19 beds
2001
Expansion of Palliative Care Services to Dublin North West
2002
Expanded Hospice Day Care Bereavement Facilities and Education Centre open at Raheny
2005
Services expanded to end of life care for children with non-cancer illnesses
2007
Walmer Villa Out-Patient Services opens at Raheny
2009
St Francis Hospice Blanchardstown building work commences
2011
Completion of construction of St. Francis Hospice Blanchardstown
2011
Establishment of a permanent base for Community Palliative Care Team in Blanchardstown
2011
Opening of Hospice Day Care and Out-Patient Services in Blanchardstown
2014
Opening of 24-bed In-Patient Unit in St. Francis Hospice Blanchardstown
2019
Honouring 30 years of Care - Anniversary Celebrations
2020/22
Adapting to provide services during Covid-19 pandemic
2023
Completed design and applied for planning permission for new Raheny In-Patient Unit
2024
Received full planning permission for the new in-patient unit in Raheny
2025
Proceeded with the tendering process for the construction of the new in-patient unit in Raheny

WHAT WE DO

St Francis Hospice Dublin provides four distinct services to patients and their family members/loved ones:

- Specialist advice and support in their own home through our Community Palliative Care Team.
- Specialist Palliative Outpatient and Day Service, providing a range of options, including individual appointments and group sessions, to support patients living at home.
- In-Patient Care, offering admission for management of complex symptoms and psychosocial problems, as well as care at end of life.
- Bereavement support, including pre-bereavement, post-bereavement counselling and bereavement work with children. The bereavement programme includes regular Services of Remembrance and Bereavement Information Evenings.

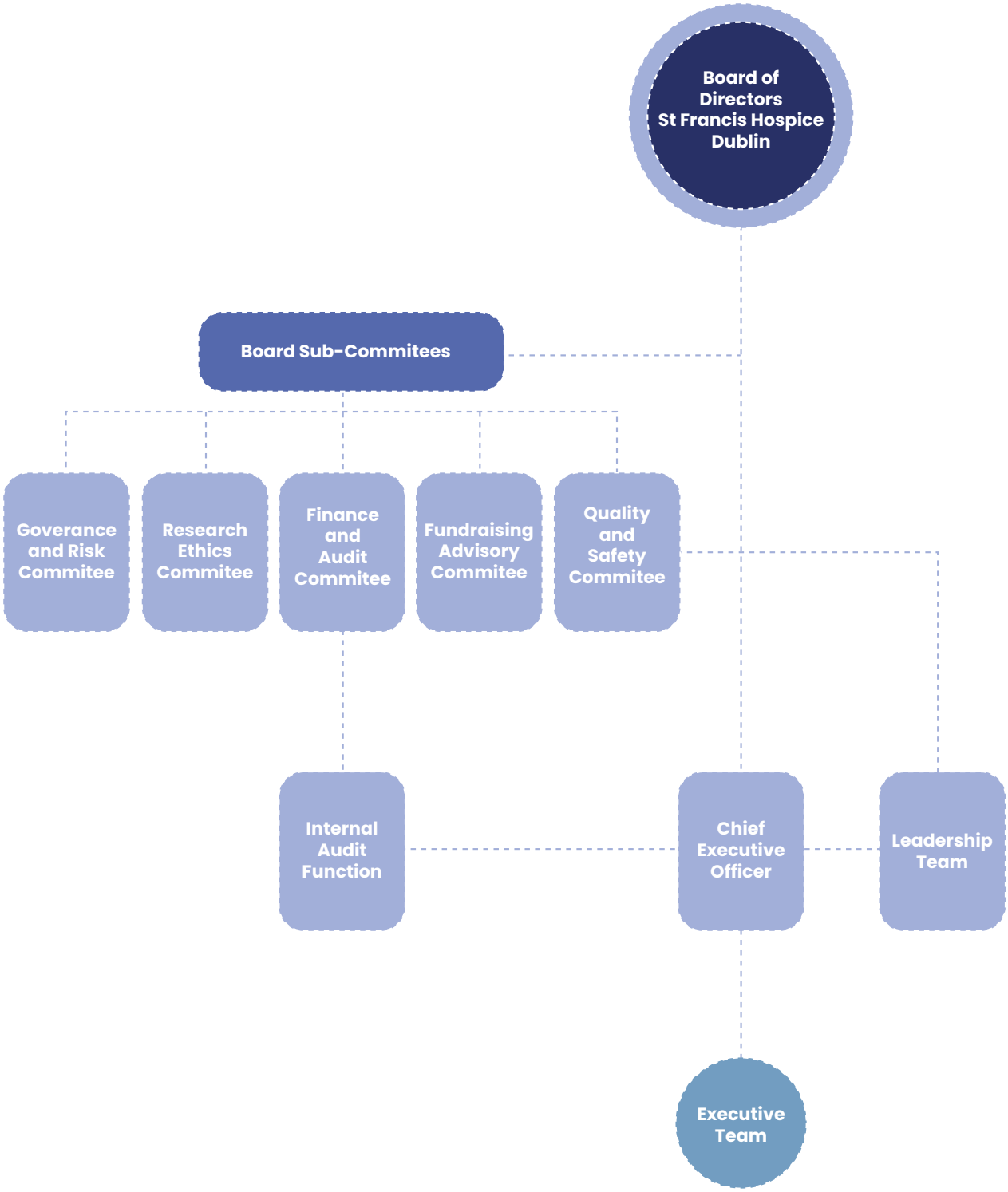
The hospice philosophy addresses the needs of the patients' families and friends, who are encouraged to share in the care of their loved one. Education and support is provided to family members caring for people at home.

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

As part of St Francis Hospice's strategy to continue to provide accessible, high level specialist palliative care to patients and families we have an Education and Practice Development Team which provides education, training and orientation for staff and volunteers. Education is a core component of specialist palliative care. The programmes provided ensure that we develop our staff and volunteers to deliver the best possible care and services. The team also delivers palliative care education to healthcare staff working in hospitals, nursing homes and community settings. The education team delivers the Interdisciplinary MSc in Palliative Care in conjunction with Trinity College Dublin; they also facilitate third level students of many disciplines to complete clinical placements within St Francis Hospice Dublin.

Volunteers are an integral part of the Hospice; they bring a dimension in terms of enthusiasm and commitment which are further enhanced by their considerable life skills and community links.

ORGANISATION CHART



DIRECTORS' REPORT

The Directors of St Francis Hospice Dublin present their annual report and the audited financial statements for the year ended 31st December 2025.

DIRECTORS AND OTHER INFORMATION

Board of Directors

Dermot McCarthy
Dr. Carol-Ann Casey
Patrick Kenny
Thomas Joseph McMahon
Padraig O'Dea
Joseph Pitcher
Sr. Claire McKiernan
Sr. Nuala Dolan
Catherine Doyle
Patrick Kelleher
Eileen Dunne
Natasha McKenna
Desmond O'Flynn
Fr. Martin Bennett
(resigned 19 January 2026)
Sr. Bernadette MacMahon
(resigned 2 July 2025)
Prof. Peter Daly
(resigned 2 July 2025)
Dr. Tracey A. Monson
(appointed 3 December 2025)
Prof. Paul Browne
(appointed 3 December 2025)

Chairperson

Dermot McCarthy

Chief Executive Officer

Fintan Fagan

Company Secretary

Patrick Kenny

Registered Offices

Station Road
Raheny
Dublin D05E392

Independent Auditors

PKF Brenson Lawlor
Brenson Lawlor House
Argyle Square
Morehampton Road
Dublin 4

Bankers

Bank of Ireland
Raheny
Dublin 5

Allied Irish Bank
Westend Retail Park
Blanchardstown
Dublin 15

Solicitors

McCann Fitzgerald
Riverside One
Sir John Rogerson's Quay
Dublin 2

Colleen Cleary
127 Lower Baggot Street
Dublin 2

Mason Hayes & Curran
Barrow Street
Dublin 4

Eversheds Sutherland
One Earlsfort Centre
Earlsfort Terrace
Dublin 2

Registration Numbers

Charity Tax Number: CHY10568
Charity Registration Number: 20027193
Company Registration Number: 153874

The Directors present their annual report and audited financial statements of St Francis Hospice Dublin, a Company Limited by Guarantee "the company " or "the charity"), for the year ended 31 December 2025.

The charity is a registered charity and hence the report and results are presented in a form which complies with the requirements of the Companies Act 2014 and FRS 102. Although not obliged to comply with the Charities SORP, the charity has implemented its recommendations where relevant in these accounts. The main activities of the company are charitable.

The content of the Directors' Report is set out in the following headings:

OBJECTIVES AND ACTIVITIES;

ACHIEVEMENTS AND PERFORMANCE;

FINANCIAL REVIEW;

STRUCTURE, GOVERNANCE AND MANAGEMENT;

REFERENCE AND ADMINISTRATIVE DETAILS;

EXEMPTIONS FROM DISCLOSURES.

OBJECTIVES AND ACTIVITES

St. Francis Hospice Dublin, based at Station Road, Raheny, and Blanchardstown, Dublin 15, provides specialist palliative care to patients from North Dublin city, county and surrounding counties with life limiting illnesses. St. Francis Hospice Dublin's activities are provided via an In-Patient Palliative Care Unit, Out-Patient and Day Service, Community Palliative Care, and Bereavement Support services. The Hospice in Blanchardstown, Dublin 15 opened in 2015 with a capacity of 24 In-Patient Unit beds. The Hospice in Raheny has a capacity of 19 In-Patient Unit beds.

To deliver services to patients and families in 2025 , 94.8% of charitable activity costs were provided by the Health Service Executive (HSE) revenue grant. This level of contribution, year to year, is crucial and the Hospice gratefully acknowledges this core support from the HSE. The balance of charitable activity costs, amounting to €1,366,766 was funded by fundraising income. €7447,168 was raised by the Hospice through resources such as grants, donations, bequests and a wide range of fundraising events.

St. Francis Hospice Dublin extends its deepest thanks to the generosity of all who have made donations and bequests and to all its fundraisers and supporters for their creativity and energy year after year. The Directors gratefully acknowledge the dedicated work of all the Hospice staff, the Department of Social Protection Community Employment Scheme workers and the large number of volunteers for their efforts and contribution to the success of the service.

Staff costs at St. Francis Hospice Dublin in 2025 amounted to €19,488,131 out of a total expenditure of €27,522,671. The total costs associated with core programme work were €26,421,422. Fundraising costs were €1,101,249 and governance and administration costs were €219,356. In accordance with the approved HSE salary scales, the CEO at St. Francis Hospice Dublin received a salary of €132,298 for 2025. No Pension Contribution was made in 2025. 96 % of total costs were expended on its primary mission and 4% on fundraising. The balance of funds was used for restricted projects. St. Francis Hospice Dublin implements a code of corporate governance and Board Committees oversee all areas of governance including finance and fundraising.

All Directors at St. Francis Hospice Dublin are unpaid volunteers. No Director is employed directly or indirectly by St. Francis Hospice Dublin or has any financial relationship with St. Francis Hospice Dublin. No expenses or fees are paid to any Directors.

MISSION AND VALUES

Mission Statement

St. Francis Hospice provides specialist palliative care services to the people of North Dublin and surrounding counties. The service includes care for patients and support for their families and friends by our multidisciplinary team of staff and volunteers, as well as collaboration with other healthcare professionals who are involved in their care.

The service, which aspires to excellence, is based on a Christian philosophy which recognises and values the sacredness of human life. In its organisation and delivery, the service affirms, without distinction, the equal dignity of all persons and seeks to treat everyone with kindness, compassion and respect.

The hospice plays a leadership role in shaping the delivery of palliative care nationally and works in partnership with other hospices and agencies to advance policy, education, research and innovations in service.

Values

The underpinning values of dignity, respect, kindness, collaboration, excellence and compassion of St.Francis Hospice Dublin are commitments to:

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

Strategic objectives

The following key strategic objectives for 2025 were pursued:

- To improve access to specialist palliative care services.
- To continue the detailed planning and design work for the redevelopment of St. Francis Hospice Raheny.
- To develop and maintain strong and productive working relationships with the HSE (locally and nationally) to promote continuity and development of services.
- Continue to meet the requirements of the Charities Regulator's Governance Code To progress the implementation of our strategic plan, *"A Five-Year Plan to meet the Palliative Care Needs of Our Community 2025-2030"*
- To build up the cash reserves of the hospice for future contingencies in accordance with the Reserves Policy
- To seek additional funding for annual capital expenditure budget.
- To progress and agree with the HSE new development posts.
- To deliver all education programmes, where possible, through e-learning methods.

ACHIEVEMENTS AND PERFORMANCE

Improved Access to Specialist Palliative Care Services

The Hospice continues to perform well and improve its service provision to patients and families. In particular, St. Francis Hospice Dublin is committed to improving access to its services for people with life limiting conditions. St. Francis Hospice Dublin cared for 2,331 patients and their families in 2025.
In the year 2025:

- 96% of patients referred to our Community Palliative Care service received a visit within 7 days
- 92% of patients referred to our In-Patient service were admitted within 7 days
- Our youngest patient was 4 years old, and our oldest patient was 108 years old in 2025
- 71% of patients cared for at home
- The average number of patients we are supporting at any one time is 592
- 3,192 bereavement counselling support sessions were provided in 2025

Continue the detailed planning and design work for the redevelopment of St. Francis Hospice Raheny

St. Francis Hospice Raheny was originally developed in 1989 and has provided high quality specialist palliative care services to patients and their families for over 35 years from the existing building. The need to redevelop St. Francis Hospice Raheny is driven by the following: -

- Patient dignity: The current Hospice bed configuration includes twelve beds which are shared four bedded rooms. This bed configuration provides significant challenges in ensuring patient privacy.
- Patient access: In 2025 the hospice continued to experience significant challenges in providing care in our shared in-patient rooms. Due to the current configuration of shared rooms, the admission of patients is more complex and requires detailed planning and risk assessment to safeguard patients, staff and families. As in previous years there were a number of patients who could not be admitted due to the lack of availability of suitable beds in Raheny, i.e., we could not admit a male patient to a four-bedded room with three female patients or vice versa. The availability of only seven single rooms restricts admission of patients who may have an infection and require isolation in a single room.
- Family space: The lack of sufficient space for families.

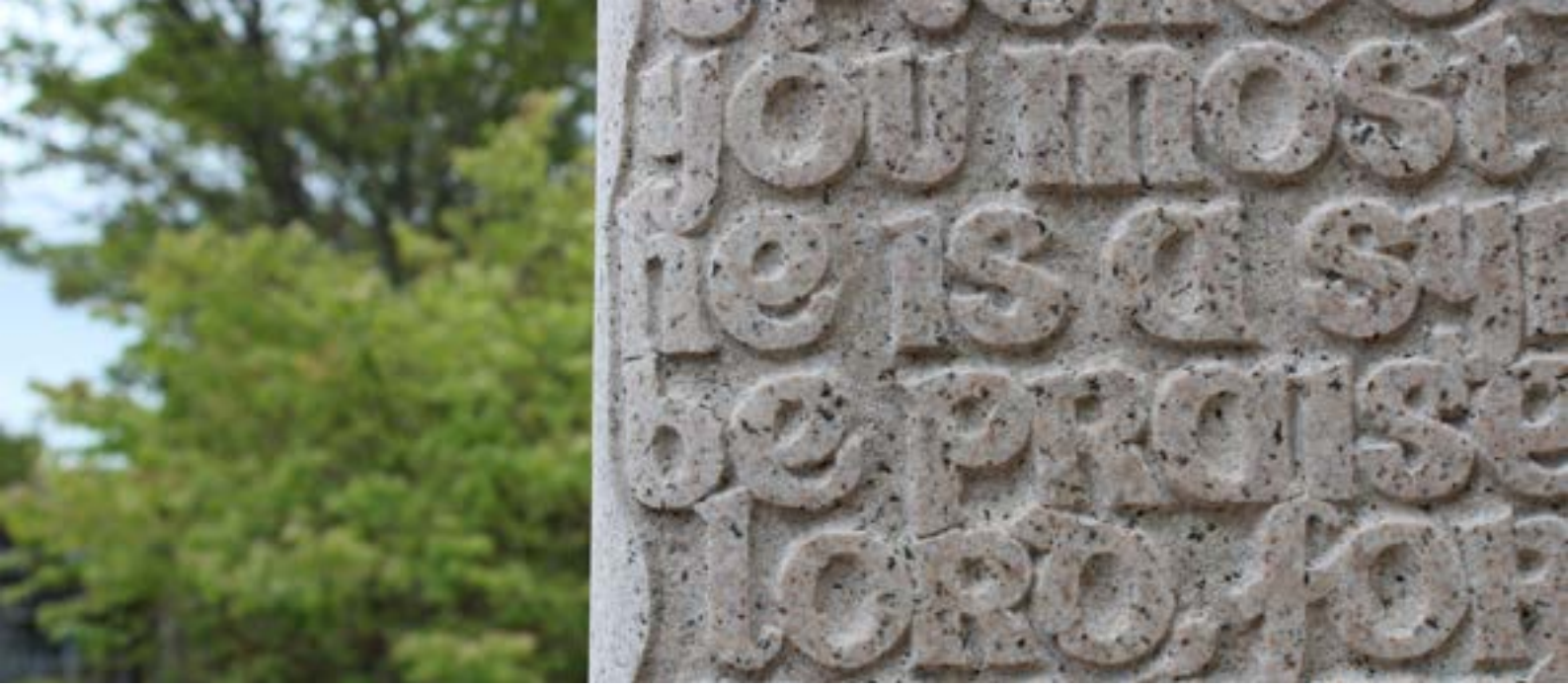
To develop and maintain strong and productive working relationships with the HSE (locally and nationally) to promote continuity and development of services.

During 2025, the hospice benefited from greater support from the Government and the Health Service Executive (HSE).

We have worked closely with the HSE locally and nationally, Government and the Voluntary Hospices Group over the past 9 years to increase the HSE core day-to-day funding percentage from 66% in 2015 to 94.8% in 2025 which is most welcome. In 2025, it cost €26.4m costs to provide St. Francis Hospice's services in North Dublin, of which €25m was funded by the HSE.

The increase in HSE state funding has resulted in the Hospice being able to designate funds for the Raheny Hospice Redevelopment project.

The next major development for which we have completed planning and detailed design is the redevelopment of St Francis Hospice Raheny to provide a new in-patient with 24 single rooms and greater space for patients and families. A new fundraising campaign Living for Today Building for Tomorrow, has been launched with a fundraising target of €10.4m to part fund the new in-patient



unit. The HSE has allocated capital funding of €28.78m towards the new in-patient unit, which is very much appreciated. Part allocation of funds has been accounted for in our Financial Statements in 2023, 2024 and 2025.

Continue to meet the requirements of the Charities Regulator's Governance Code

In 2025, the hospice continued to ensure that our directors, who are responsible for the governance of St. Francis Hospice, have applied the six principles of the Charities Governance Code. St Francis Hospice will continue to review its compliance to the Code on an annual basis. In 2025 the hospice was awarded the Triple Lock Standard for achieving best practice standards in the Charity sector.

To implement the hospice's five-year strategic plan

St Francis Hospice formally launched its strategic plan, *"A Five-Year Plan to meet the Palliative Care Needs of Our Community 2025-2030"* on 3rd October 2025. A comprehensive implementation plan has been developed and is being progressed.

To build up the cash reserves of the hospice for future contingencies in accordance with the Reserves Policy

The hospice continued its efforts to build up its working capital cash reserves for future contingencies and for the Raheny Hospice Redevelopment fund. The cash reserves as at 31 December 2025 were €18m. The cash surplus of €18m includes an amount of €1.88m which is allocated to the Raheny Redevelopment Fund.

To seek additional funding for annual capital expenditure budget

€185,319 of capital funding was allocated to St Francis Hospice Dublin by the HSE in 2025

- This funding will be used for the following purposes:
- Completion of the supply and installation of Solar PV panels at the Blanchardstown Hospice.
- Computer hardware upgrades for the Raheny and Blanchardstown hospice.

To progress and agree with the HSE new development posts

During 2025, the HSE approved the funding of 1 WTE Palliative Medicine Consultant Post shared with Connolly Hospital and 1 WTE Advanced Nurse Practitioner post. The recruitment for a Locum Consultant for this post was completed in 2025 and the permanent post recruitment will progress in 2026. The Advanced Nurse Practitioner is in post. These posts greatly assist us in meeting the needs of the growing population and increasing complexity of care.

FINANCIAL REVIEW

At a total level there were 41,836 episodes of care provided to the 2,331 patients that were cared for in 2025. This includes the following: There were 13,160 nursing visits and 748 medical visits to patients at home. In the Out-patient and Day service, there were 637 patients with a total of 9,978 attendances. There were 644 admissions to the In-patient Unit.

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

The financial year's performance in financial terms is set out in pages 87 and 88 of the financial statements under the 'Statement of Financial Activities' and Statement of Financial Position, the main features are:

A surplus of income over expenditure of €5,482,180. This is a decrease of €8,449,414 on the surplus of €13,931,594 reported for the previous financial year. The 2024 surplus included part of the HSE Grant funding allocation for the Raheny Hospice Redevelopment fund. Total expenditure increased by €1.39m over 2024 resulting in a 5.33% increase. €1.43m increase in pay costs 7.9%. This increase arises because of additional staff costs and public pay increases awarded. Non pay decreased by €32.8k -.4%. Non-pay costs are in line with 2024 levels.

Financial Position and Sustainability

The surplus achieved in 2025 of €5,482,180 (restricted and unrestricted} has enabled the hospice to continue to retain a more sustainable financial position and

designate funding to the Raheny Hospice Redevelopment fund. The hospice now has a minimum working capital position and has no long-term capital debt.

Fundraising Income

A total level of €7,447,168 was raised in fundraising income (restricted and unrestricted) during the year. An increase of €439,488 which represents an increase of 6.27% on 2024

Statutory Funding

During 2025, St. Francis Hospice Dublin received from the HSE revenue funding of €25,054,656 as part of the Service Arrangement. The funding received in 2025 ensured the ongoing financial sustainability of the hospice as a core provider of palliative care. As a result, the hospice was in a position to continue to deliver acute palliative care services to the people of North Dublin and surrounding counties.
The hospice was allocated capital grants of €185,319 by the HSE in 2025.

Executive Decisions

To align with the Board's strategic goal of increasing the cash reserve to three months

of expenditure for St. Francis Hospice, the Board in 2025 decided to un-designate legacy income from the designated fund for this purpose. During 2025, €1,451,332 was received. Refer to Note 22 page 103.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Structure

St. Francis Hospice Dublin is a company limited by guarantee.
St. Francis Hospice Dublin is a registered charity (with the Charities Regulatory Authority) with charitable tax exempt ("CHY") status from the Revenue Commissioners and is a Section 38 Agency under the Health Act 2004. It holds a current valid Tax Clearance Certificate.

Governance
Board Governance

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

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

The Board has devised and agreed procedures for conducting its business in a productive way. To do this, it has established an appropriate sub-committee structure.

The following committees have written terms of reference which are approved by the Board: Governance and Risk (which has under its remit matters of Nominations and Remuneration), Finance and Audit, Quality and Safety, Fundraising Advisory, and Research Ethics.

ATTENDANCE AT BOARD SUB-COMMITTEE MEETINGS

Attendance – 2025 Board and Committee Meetings						
Name	Board Meetings	Governance and Risk Committee Meetings	Finance and Audit Committee Meetings	Quality and Safety Committee Meetings	Fundraising Advisory Committee Meetings	Research Ethics Committee Meetings
St Francis Hospice Dublin Board of Directors						
Mr. Dermot McCarthy *Chairperson*	7/7	3/4	2/4	2/4	4/4	
Mr. Patrick Kenny *Company Secretary*	5/7	3/4	4/4			
Sr. Bernadette MacMahon	4/5	1/2				
Mr. Thomas J. McMahon	6/7	3/4				
Sr. Nuala Dolan	6/7				2/2	
Prof. Peter Daly	5/5	2/2		2/2		
Mr. Joseph Pitcher	6/7	3/4				
Sr. Claire McKiernan	4/7					
Dr. Carol-Ann Casey	3/7					
Mr. Padraig O'Dea	7/7	2/4	3/4			
Ms. Eileen Dunne	4/7				4/4	
Ms. Catherine Doyle	5/7	2/2		3/4		4/4
Mr. Patrick Kelleher	7/7		4/4			
Fr. Martin Bennett	3/7					
Ms. Natasha McKenna	6/7					
Mr. Des O'Flynn	7/7	1/1	4/4			
Dr. Tracey Monson	1/1					
Prof. Paul Browne	1/1					
Mr. Fintan Fagan *Chief Executive Officer*	7/7	3/4	3/4	4/4	3/4	
Ms. Aishling Kearney *Director of Nursing*	5/7	4/4		3/4		3/4
Dr. Regina McQuillan *Medical Director*	6/6	2/3		3/4		
Pro. Karen Ryan *Medical Director*	1/1	1/1		1/1		2/4
Ms. Breda Hawkshaw *Head of Finance*	6/7	4/4	4/4		4/4	
Ms. Angela Coughlan *Business Manager*	7/7	4/4	4/4	1/4		
Ms. Lisa McGirr *Head of Health and Social Care Professionals*	2/2	2/2				

Commitment to Standards in Fundraising Practice

St Francis Hospice is fully committed to achieving the highest standards for Fundraising as set down by the Charity Regulator. The Board of Directors of St Francis Hospice Dublin resolved to adopt the Guidelines for Charitable Organisations on Fundraising and confirms that St Francis Hospice Dublin is committed to complying with all Fundraising standards and will endeavour to adhere to the principles of respect, honesty and openness by:

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

Management

St. Francis Hospice Dublin's Leadership Team includes the Chief Executive Officer, Medical Director, Head of Finance, Director of Nursing, Head of Health & Social Care Professionals and Head of Human Resources. The Leadership Team is supported by an Executive Team comprising of the Head of Fundraising, General & Technical Services Manager, Quality, Risk & Patient Safety Manager, Business Manager, ICT Manager, Communications Manager and Patient Services Manager.

Principal risks and uncertainties

St. Francis Hospice Dublin has a S38 Service Arrangement with the HSE which provides security and consistency in funding. The HSE funding is crucial to enabling us to maintain the current range of services and also towards providing for the totality of services at both Hospice locations.

St. Francis Hospice Dublin, as a priority, strives to maintain and develop its income sources to meet the specialist palliative care service needs of North Dublin city, county and surrounding counties. It closely monitors reserve levels to ensure that they are sufficient to meet planned outgoings in the short term.

The hospice is a Section 38 hospice, funded by the HSE for the provision of day-to-day hospice services. The income generated from St. Francis Hospice's fundraising activities is used to fund new buildings, refurbish existing buildings, employ additional staff, provide extra comforts for patients and their families, and support innovative patient care projects. The directors are aware of the key risks to which the charity is exposed, in particular those related to the operations and finances of the charity and are satisfied that there are appropriate systems in place to mitigate these risks appropriately.

REFERENCE AND ADMINISTRATIVE DETAILS

Directors and Secretary

The directors and secretary, who served at any time during the financial year except as noted, were as follows:

Directors

Dermot McCarthy
Dr. Carol-Ann Casey
Patrick Kenny
Thomas Joseph McMahon
Padraig O'Dea
Joseph Pitcher
Sr. Claire McKiernan
Sr. Nuala Dolan
Catherine Doyle
Patrick Kelleher
Eileen Dunne
Natasha McKenna
Desmond O'Flynn
Fr. Martin Bennett
(resigned 19 January 2026)
Sr. Bernadette MacMahon
(resigned 2 July 2025)
Prof. Peter Daly
(resigned 2 July 2025)
Dr. Tracey A. Monson
(appointed 3 December 2025)
Prof. Paul Browne
(appointed 3 December 2025)

Chairman

Dermot McCarthy

Secretary

Patrick Kenny

Directors and secretary and their interests

The directors do not hold any beneficial interest in the charity.

Exemption from disclosure

The charity has not availed of any disclosure exemptions.

Funds held as custodian trustee on behalf of others

The charity does not hold any funds or other assets by way of custodian arrangement.

Likely future developments

The charity plans to continue its charitable activities for the foreseeable future, subject to satisfactory funding arrangements. St Francis Hospice Dublin is currently planning the refurbishment and redevelopment of its Raheny Hospice with a view to improving In-Patient facilities.

Events after the end of the financial year

There were no post reporting date events which require disclosure.

Going concern

The directors have a reasonable expectation that St. Francis Hospice Dublin has adequate resources to continue in operational existence for the foreseeable future, thus they continue to adopt the going concern basis in preparing the annual financial statements. Further details regarding the adoption of the going concern basis can be found in note 1 to the financial statements.

Research and development

St. Francis Hospice Dublin carries out on-going research to achieve optimum care for patients.

Political contributions

The charity did not make any political donations during the year.

Results for the financial year

The net movement of funds during the financial year was a surplus of €5,482,180 (2024: Surplus €13,931,594).

Dividends and reserves

The reserves are not distributable and are applied in accordance with the Articles of Association to finance the work of the Hospice.

Subsidiary company

Details relating to the subsidiary company are set out in Note 17 to the financial statements.

Accounting records

The company's directors acknowledge their responsibilities under sections 281 to 285 of the Companies Act 2014 to ensure that the company keeps adequate accounting records. The following measures have been taken:

- the implementation of appropriate policies and procedures for recording transactions.
- the employment of competent accounting personnel with appropriate expertise.
- the provision of sufficient company resources for this purpose.
- liaison with the company's external professional advisers.

The accounting records are maintained at the Hospice's registered office at Station Road, Raheny, Dublin 5, D05 E392.

Directors' compliance policy statement

We, the directors of the company who held office at the date of approval of these financial statements, are responsible for securing the company's compliance with its relevant obligations.

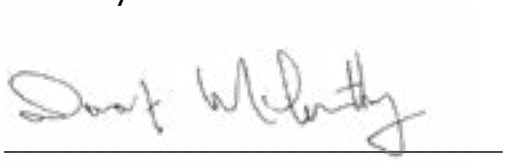
We confirm that the following matters have been done to fulfil the responsibilities set out in section 225(2) of the Companies Act 2014:

- drawing up of a 'compliance policy statement' setting out the company's policies that in our opinion are appropriate to the company, respecting compliance by the company with its relevant obligations;
- putting in place appropriate arrangements or structures that in our opinion are designed to secure material compliance with the company's relevant obligations; and
- conducting a review during the financial year of any arrangements or structures that have been put in place.

Auditors

In accordance with the Companies Act 2014, section 383(2), PKF Brenson Lawlor continue in office as auditor of the company.

Approved by the Board and signed on its behalf by:



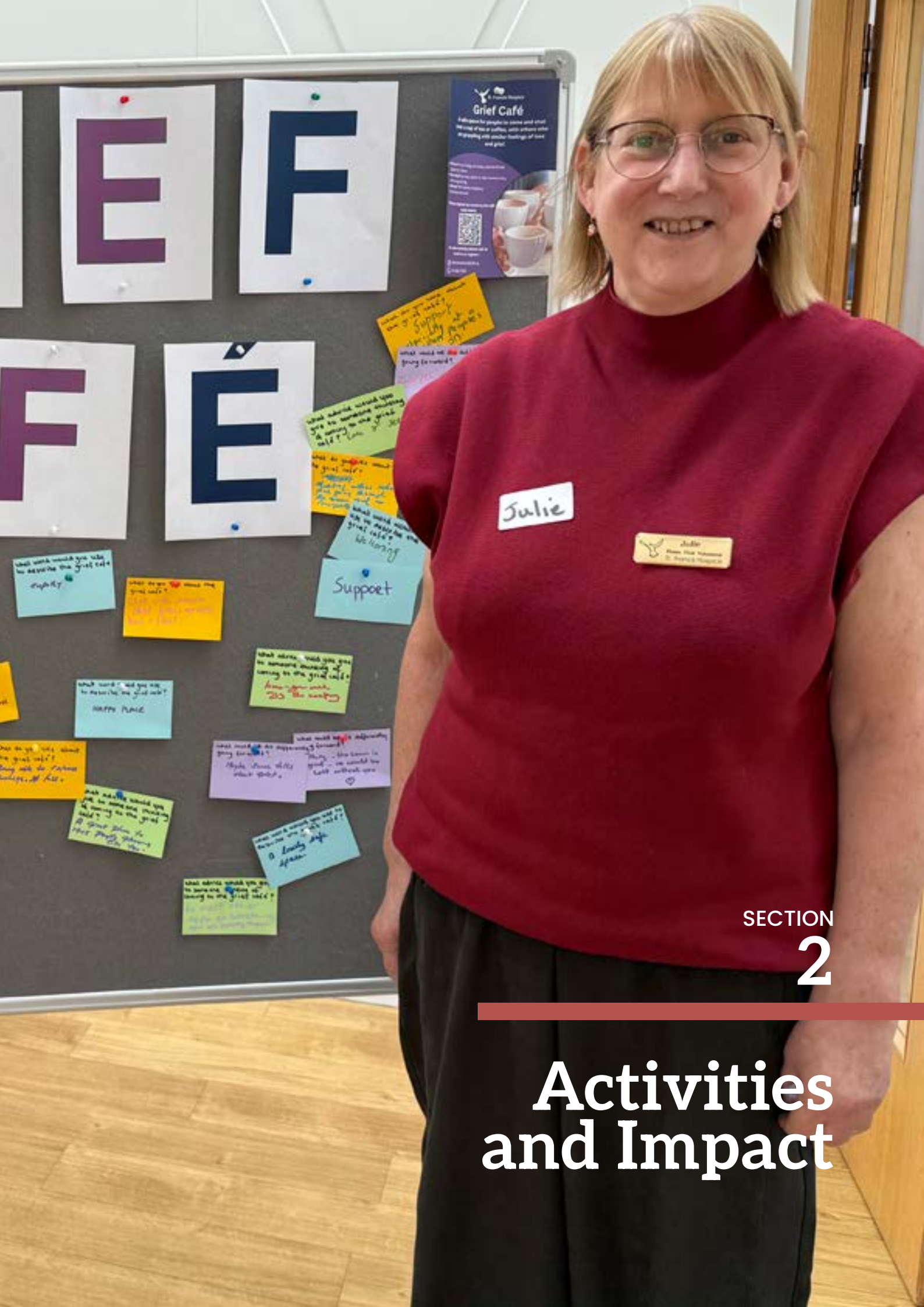
Dermot McCarthy
Director

Date: 27 May 2026

Patrick Kenny
Director

Date: 27 May 2026


Grief Café
GRI
CA
Mary
Friendly
Community



SECTION
2

Activities and Impact

CLINICAL REPORT

A Year of Growth, Leadership and Innovation in Specialist Palliative Care

2025 was a significant year for St Francis Hospice, marked by important developments in clinical leadership, service innovation and continued excellence in person-centred care. Across our in-patient units, community palliative care teams, outpatient and day services, and bereavement services, we remained focused on our mission of providing compassionate, specialist palliative care to patients and families at some of the most challenging times in their lives.

This report is jointly authored by the Director of Nursing, Medical Director and Head of Health and Social Care Professionals, reflecting the interdisciplinary leadership that underpins clinical care across St Francis Hospice's services.

Delivering Person-Centred Care

During 2025, St Francis Hospice cared for 2,331 patients and supported a further 561 bereavement clients across our services. Our youngest patient was four years old and our oldest was 108 years old, illustrating the breadth of people and families who rely on specialist palliative care.

Our teams continued to provide timely access to care, with 95% of patients referred to our Community Palliative Care Service seen within seven days and 91% of patients requiring inpatient admission admitted within seven days of referral.

The scale of care delivered across the organisation reflects both increasing demand and the complexity of needs being supported. Community teams provided over 13,000 nursing visits, while our Outpatient and Day Service delivered almost 10,000 episodes of care. Across all settings, care was delivered by highly skilled interdisciplinary teams working together to support physical, psychological, social and spiritual wellbeing.

Understanding a Changing Landscape

One of the most notable trends we continue to observe is the changing profile of patients accessing specialist palliative care. In 2025, 39% of patients referred to our services had a non-cancer diagnosis, continuing a pattern seen nationally and internationally. This reflects the growing recognition that people living with advanced heart failure, respiratory disease, neurological conditions, frailty and other life-limiting illnesses can benefit significantly from specialist palliative care. It also highlights the increasing complexity of care planning, symptom management and service delivery required to meet the needs of a more diverse patient population.

As healthcare systems face increasing pressures associated with ageing populations, workforce challenges and rising levels of chronic illness, specialist palliative care services have an increasingly important role in supporting quality of life, reducing distress and enabling care in the setting most appropriate to patients' wishes and needs.

Strengthening Clinical Leadership

A significant development during 2025 was the establishment of the Head of Health and Social Care Professionals role. This represents an important milestone in the evolution of clinical leadership within St Francis Hospice and reflects the growing contribution of health and social care professions to specialist palliative care.

This year also saw a transition in medical leadership with the appointment of Prof Karen Ryan as Medical Director. We would

like to acknowledge the significant contribution of her predecessor, Dr Regina McQuillan, and thank her for her leadership and commitment to the hospice since 1995. Prof Ryan's appointment marks an exciting new chapter as we continue to develop clinical services, strengthen interdisciplinary working and respond to emerging healthcare needs.

Together, these developments have further strengthened the hospice's interdisciplinary leadership model, ensuring that nursing, medicine and health and social care professionals work in partnership to shape the future of care.

Workforce

St. Francis Hospice continues to attract, recruit and retain a high calibre of staff across the organisation. We believe that this can be attributed to strong culture and values, flexibility, and education and development opportunities. This commitment to creating a positive working environment is reflected in our low staff turnover of 0.49%.

In 2005, we also expanded the numbers of training placements for GP trainees, and increased undergraduate placements for nurses and health and social care professionals. In this way, we can further influence the integration between specialist and generalist palliative care, and ensure there is a sufficient pipeline of palliative care-informed professionals to fulfil future staffing requirements.

Innovation and Service Development

Innovation remains central to the way we respond to patient needs. A particularly significant achievement during 2025 was the introduction of the first Speech and Language Therapy (SLT) service to St Francis Hospice. Communication difficulties, swallowing problems and eating and drinking challenges are common issues for many people receiving palliative care and can have a profound impact on quality of life.

The introduction of specialist Speech and Language Therapy represents an important enhancement to our interdisciplinary model of care and ensures patients have access to expert assessment, advice and intervention in an area that has previously been unmet. The service also supports staff education and contributes to improved clinical decision-making around complex communication and swallowing needs.

Looking Ahead

As we look to the future, we recognise both the opportunities and challenges facing specialist palliative care, such as increasing demand, demographic change, and workforce pressures. Digital transformation will continue to shape healthcare delivery, offering opportunities to improve information sharing, care coordination and patient experience.

Our priorities for the coming years will include strengthening interdisciplinary services, expanding access to specialist palliative care for people with non-cancer diagnoses, embedding new clinical roles and services, supporting workforce development and continuing to innovate in response to emerging patient needs.

Most importantly, we remain committed to ensuring that every patient and family who comes into contact with St Francis Hospice receives care that is compassionate, person-centred and of the highest possible quality.

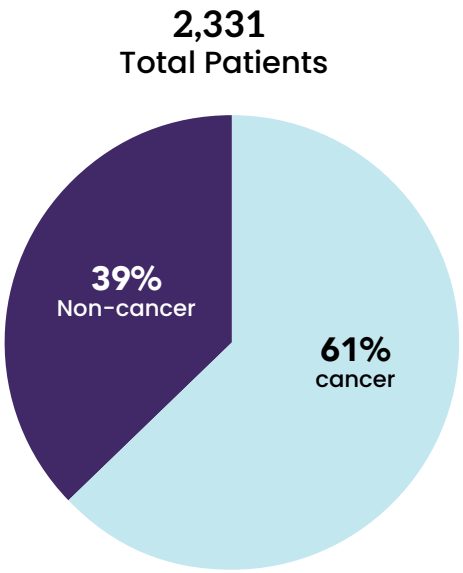
Clinical Leadership Team
Aishling Kearney, Director of Nursing
Dr Karen Ryan, Medical Director
Lisa McGirr, Head of Health and Social Care Professionals

ANNUAL STATISTICS 2025

ST FRANCIS HOSPICE DUBLIN ALL SERVICES

St. Francis Hospice cared for 2,331 patients and their families in 2025 across all its specialist palliative care services.

Highlighting how palliative care can help people across the lifespan, our youngest patient in 2025 was 4 years old, while our oldest patient was 108.



COMMUNITY PALLIATIVE CARE SERVICE

The Community Palliative Care team has specialist knowledge and experience to support people who are living at home with a life-limiting illness, and their families. Our aim is to help patients to live as well as possible for as long as possible at home through our expert knowledge in symptom control and management of psychosocial complexities. We support the patient's GP and PHN in the delivery of palliative care. expert knowledge in symptom control and management of psychosocial complexities. We support the patient's GP and PHN in the delivery of palliative care.

	Blanchardstown	Raheny
Total Patients	767	887
New Patients	523	614
Total Nursing Visits	6781	6379
Total Medical Visits	351	397
Discharges	75	58
Social Work Assessments	773	307
Chaplaincy Home Visits	202	78
Occupational Therapy Assessments at Home	36	18
Physiotherapy Assessments at Home	244	330

OUTPATIENT & DAY SERVICE

Our Outpatient and Day Service (OPDS) provides a dynamic and responsive model of care by the multidisciplinary team. The patient is at the centre of the service, and the multidisciplinary team collaborates to devise the best plan for them, taking into account their wishes, needs and preferences.

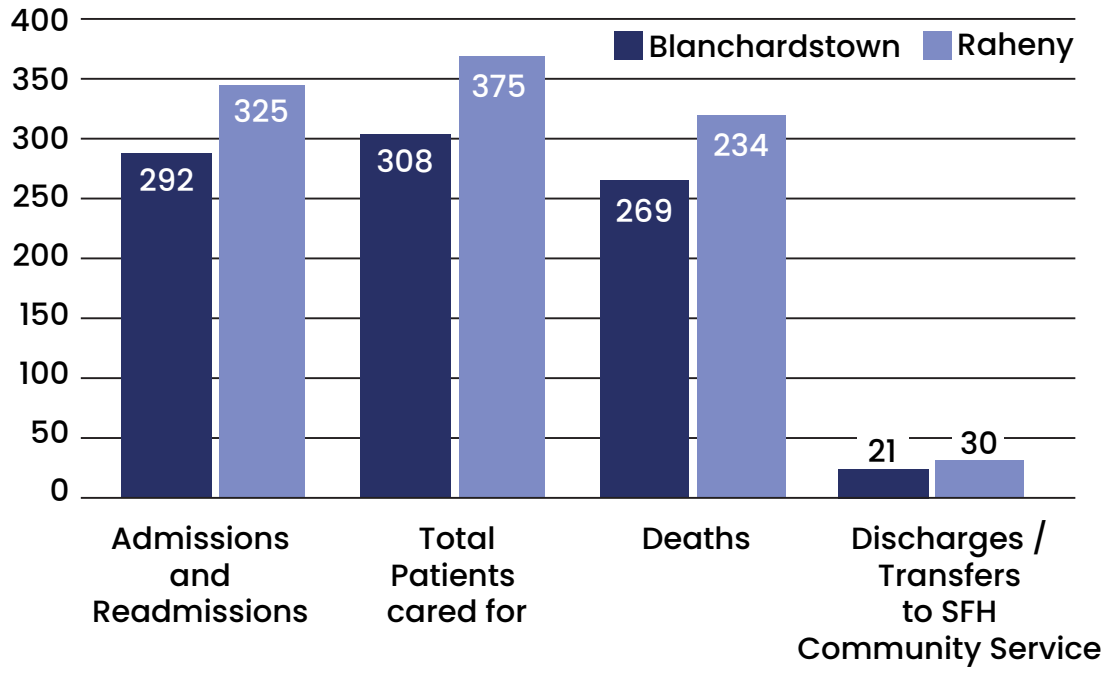
A range of services is available, and the patient can avail of a combination of services in one attendance. The team meets regularly to discuss the plan for each patient, and a key worker is appointed, who is the most relevant professional to lead the patient's care.

	Blanchardstown	Raheny
Total Patients	300	337
New Patients	211	224
Discharges	36	34
Complementary Therapy Assessments	873	719
Lymphoedema Assessments	136	131
Medical Assessments	375	281
Nursing Assessments	1549	2654
Occupational Therapy Assessments	526	850
Oncology Lymphoedema Assessments	0	26
Physiotherapy Assessments	656	906
Social Work Assessments	143	126
Chaplaincy	9	18

There were 9,993 attendances at our Outpatient and Day Service across both sites in 2025

IN-PATIENT UNITS

In-patient care is provided for symptom management, with the patient returning home, and also for end of life care. Our in-patient unit in Blanchardstown has 24 beds, all in single rooms with en-suite facilities. St Anne's in-patient unit in Raheny consists of 19 beds (7 single rooms and three 4-bedded rooms). Both hospices provide facilities for families and visitors, as well as easy access to landscaped gardens.



ANNUAL STATISTICS 2025

Interventions by Multidisciplinary Team in In-Patient Units	Blanchardstown	Raheny
Bereavement Follow up Calls by Nurses	334	264
Chaplaincy interventions	5549	2684
Complementary Therapy	538	429
Lymphoedema	127	126
Occupational Therapy	1499	818
Physiotherapy	973	644
Social Work	1632	345

SOCIAL WORK

Social workers work with patient and with their family members. This can be around the impact of illness, the changes and adjustments required as a result, preparation for dying, memory work or bereavement work. We work with individuals, adult and children and with family groups.

In 2025, the Social Work team provided support to 481 initial assessments and 3,223 interventions for patients and their families during the patient's illness. This care supports patients and their families as they adjust to the news of a life limiting or terminal illness.

BEREAVEMENT SUPPORT

The Social Work team supports family members after the patient dies. This includes bereavement events as well as individual bereavement support and counselling, family group sessions, work with children. We send written information on grief and ways of coping to every bereaved family.

The Social Work team supervises the Volunteer Bereavement Support Service (VBSS), a team of trained volunteers who offer one-to-one bereavement support to adults on an on-going basis. It is a confidential listening service.

Referrals to Bereavement Service	406	
Service Provided by	Social Workers	Bereavement Support Volunteers
No. of Clients who received the Service	561	151 (this figure is included in 561 figure)
Overall number of client contacts	2596	596
No. of Services of Remembrance	8	Attendees: 1373
No. of Bereavement Information Evenings	8	Attendees: 436
Walk and Talk	12	Attendances: 88
Grief Café	12	Attendances: 163

VOLUNTEERS

Volunteers at St. Francis Hospice are an integral part of our team, contributing significantly to the exceptional care we provide to patients and their families. With a dedicated group of 274 volunteers, their support spans numerous areas within the Hospice and the wider community. Their contributions are invaluable, enabling us to maintain the highest standards of care.

We are proud to offer a diverse range of volunteer roles, each playing a vital part in our mission. Our volunteer program is inclusive and welcomes individuals from all backgrounds. We are committed to fostering a supportive and diverse environment where everyone can contribute meaningfully and feel valued as part of our team.

SFH Blanchardstown Volunteers

110

SFH Raheny Volunteers

128

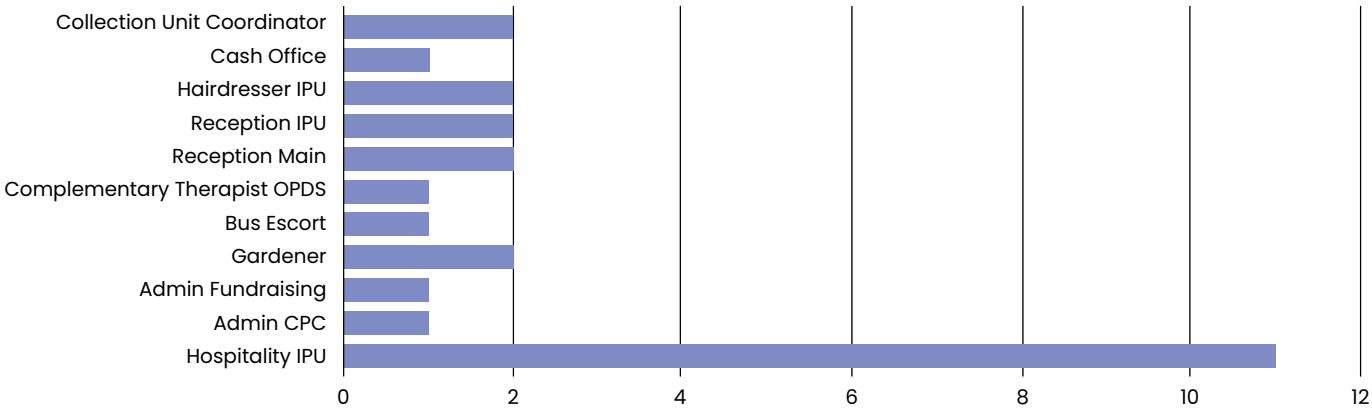
Community Volunteers

36

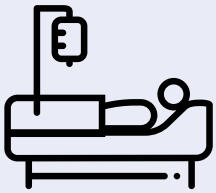
CURRENT ACTIVE VOLUNTEERS: 274 volunteers

VOLUNTEER RECRUITMENT

Recruitment: Throughout 2025, 26 new volunteers were recruited across 11 roles.



IMPACT IN 2025

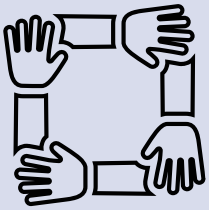


2,331
patients cared for in 2025

6,300
contacts by social workers with patients and their families

13,160
visits by nurses to people in the community

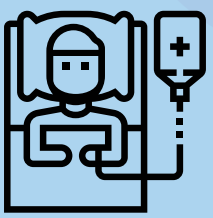
92%
of patients referred to our In-Patient service were admitted within 7 days



96%
of patients referred to our Community Palliative Care service received a visit within 7 days

748
medical visits to people in the community

1,654
patients cared for by Community Palliative Care

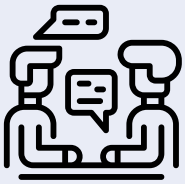


683
people admitted for In-Patient care

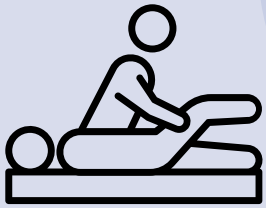
1 in 3
people in our catchment area who died were under our care

39%
of our patients have a diagnosis other than cancer

18%
of our in-patients live outside Co Dublin



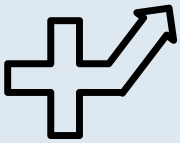
2,596
bereavement counselling sessions by our social workers



3,753
episodes of care by Physiotherapy

596
bereavement support sessions provided by specially trained volunteers

2,559
complementary therapy sessions for patients



90%
increase in patients cared for compared with 2014

1,373
patients remembered at Services of Remembrance

3,747
episodes of care by Occupational Therapy

ACTIVITIES AND ACHIEVEMENTS 2025

The staff and volunteers of St Francis Hospice Dublin cherish our six core values:

We believe that being guided by our core values in all our decisions and actions enables us to provide the highest level of care possible to our patients and their families, while remaining strong and unified as an organisation.

Our core values carry influences from our founders, the Daughters of Charity of St Vincent de Paul, as well as from the hospice/palliative care philosophy, the voluntary sector, and our community of North Dublin and surrounding counties. Each one of our colleagues, through their professionalism, kindness and care, contributes to the values-led culture of St Francis Hospice Dublin.

Our Activities and Achievements for 2025 are now presented through the lens of our core values. Our hope is that this part of the report will give a sense of who we are as an organisation, how we do things, and how we help the people under our care through some very difficult and often complex times in their lives and the lives of their families.

DIGNITY

Many patients enjoy combining their rehabilitation therapies with familiar hobbies they enjoy.

With this in mind, and thanks to the generous support of a corporate partner, we installed a putting green and boules court in the gardens of our Blanchardstown hospice. This facility has proven so effective that next year we plan to replicate it in Raheny.

Having access to outside spaces and a connection to nature is central to the palliative care philosophy. People who are being cared for in our inpatient units can enjoy the gardens even while they remain comfortably in bed.

When patients being cared for in our in-patient units require oxygen, it can limit their mobility. This year, we secured funding to purchase an AIRVO™3 for each of the inpatient units. This device delivers a mix of high flow humidified air and oxygen, but unlike the previous model, it can be used in battery mode with portable oxygen cylinders, allowing patients to leave their bed space.

Being able to independently switch from wall oxygen to using the portable cylinders to supply their oxygen allows patients autonomy of movement within the hospice without needing assistance. For one patient in particular, being able to enjoy his morning walk in the garden at his own leisure was very meaningful for him.

Charles was attending the outpatient PEER (Palliative Enablement Exercise and Rehabilitation) Programme when he was inspired to write this beautiful poem. This programme, run by hospice physiotherapists and occupational therapists, focuses on self-management and aims to give people the tools to enable them to live the best quality of life possible and do the things that matter to them most.

Determined

PEER Group

Determined -
That's the word I'm looking for.
I see it so
In those six faces twice a week;
Not the teeth grinding, Steely gaze,
Jutting, clenched jaw type - No.

I see it in the simple attempts
Getting up out of the chair,
Determined to do it - quietly so.
There is a homily in every one,
Every time, getting up out of the chair.

And over at the parallel bars
For the exercises,
Determined,
Even amidst the interrupted half falls,
The staff ever present and watchful.

In this very room, slow climbers
Approaching the summit of Kilimanjaro:
That much effort, that much energy,
That much tired and determination.

And afterwards,
Another effort and exercise,
Sitting back down in the chair
With a grimace and
Then a smile.

A masterclass in
"Determined".

Truly so.

- CS Lathrop, 28/11/2025

RESPECT

Launching our 2025-2030 Strategic Plan as part of a Founders' Day celebration was our way of honouring St Francis Hospice's heritage as we look to the future. It was an opportunity to thank Dr Regina McQuillan for her leadership as Medical Director over many years, and Sr Bernadette MacMahon (represented by Daughters of Charity Provincial Sr Aine O'Brien), who was a Board Director from the hospice's foundation until her recent retirement. Our new Come As You Are choir, an initiative of the hospice's Core Values Team, provided entertainment for colleagues gathering before the ceremony began.


St. Francis Hospice
Founders Day
Celebration and Launch
of our
Strategic Plan
2025 - 2030

RESPECT

RESPECT

Our Green Healthcare Committee oversaw several initiatives this year to help St Francis Hospice meet its commitment to improving sustainability performance for the health of our people, patients and the wider community. Highlights were a bicycle storage room for staff and volunteers and the installation of solar panels at our Blanchardstown hospice.

The eco-friendly solar panel project was a collaboration between our St Francis Hospice Green Committee and General & Technical Services Department, the HSE Capital & Estates, and the SEAI.

The 541 solar panels will save electricity usage of 284,445 kWh each year. St Francis Hospice Blanchardstown will see an annual CO2 reduction of 98.36 tonnes, or the energy-related emissions of 21 average Irish homes each year.

We appreciate the richness of the diverse cultural backgrounds of our hospice team members. To celebrate this, we introduced a Cultural Day to our annual Wellness Weeks programme. Colleagues brought food, costumes, and song from their native lands, and Ireland was represented as well! This was a wonderful opportunity for members of the team to connect.

Our chaplains marked Spiritual Care Week with information stands in both hospices to let patients, visitors, staff, and volunteers know more about the many kinds of support that chaplains provide every day. Through pastoral presence, listening, reflection, and a contribution to learning, chaplaincy supports emotional and spiritual well-being.

When Helen first arrived in St Francis Hospice with her husband Richard, the future felt so uncertain for them both. Richard's illness had progressed quickly, and it felt overwhelming. The couple were trying to navigate conversations they never imagined having, about time "how much time do we have" and about how to prepare their young son for what was happening.

During those first visits, Richard and Helen met with a social worker to listen to their concerns and to help them to look at what the weeks ahead might look like. Many of these conversations focused on how they could support their child to understand what was happening, and how they might create moments of connection together, to have conversations about the future without Richard and how Helen could seek support at an incredibly difficult time.

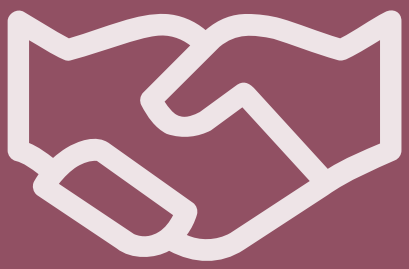
Over the following weeks, the social worker remained a steady support, helping the family to negotiate both practical and emotional challenges. There were conversations about fear and facing into the unknown, but mostly about what they meant to each other, preparation for Richard's death and making memories that would support their son into the future.

Following Richard's death, the family was referred to the bereavement team, and with guidance gained insight that helped then to begin a new life, to adjust to a different life without Richard. Their story reflects the experience that many families have through their contact with the hospice, supported first by the social work team during illness and then with the bereavement team following their loved one's death.

(Names have been changed to protect the identity of the couple.)

RESPECT

RESPECT



My family and I have been fortunate to have had loved ones cared for by St Francis Hospice in the final months and weeks of their lives. The support we received both before and after their deaths, was welcomed and appreciated.

In 2002 my mother in law spent several weeks in Raheny. On the day she entered I remember thinking; *'this place is like a stepping-stone to heaven'*, that feeling has never left me. During that time the compassion and dedication of the volunteers made a lasting impression on me and I made a mental note that someday I would give back by volunteering.

Several years later when the Outpatient department opened in Blanchardstown, I applied to become a volunteer driver. I have now been volunteering in this role for over ten years, I also assist with the Hospice Coffee Morning and Annual Car Draw.

People regularly ask me "*How can you work there, isn't it very sad?*" On the contrary, I feel privileged to volunteer in St Francis Hospice. I really enjoy my role, I feel very fortunate to get the opportunity to meet and drive my patients. Every week, every car journey and every chat and interaction is different. I hope the people I drive get as much out of the journey as I do and I hope for them I can take their minds off whatever health challenges they are encountering at that time.

My work is made easier by the incredible staff and volunteers I encounter each week. Volunteers are treated with inclusivity and respect, receiving clear training, guidance and expectations. Our views are actively sought and listened to. If I encounter a difficult or upsetting situation, staff always check in to ensure I am supported.

The Hospice core values are evident in every interaction. The six values, Dignity, Respect, Compassion, Collaboration, Excellence and Kindness are not just words on a page; those six powerful words are lived and practised by everyone.

I have been blessed to meet and work with so many exceptional staff members, volunteers, and patients and it is a privilege to be part of St Francis Hospice volunteer team.

Go raibh míle maith agat.
Nóirín Boland
Volunteer Driver, Outpatient and Day Service


Tom Branagan RIP
14th October 2025
Meet Our
Chaplaincy Team
St. Francis Hospice
Br Des
Olwen
Fr Owen
Paul
Robert McCrum
S. LEWIS
Making the Daring Decision
You Truly Are
I am that
that sits up
I sing to y
morning b
don't know
I am that litt
in your ga
everyday
I will never leav
I will never fly a

RESPECT

COMPASSION

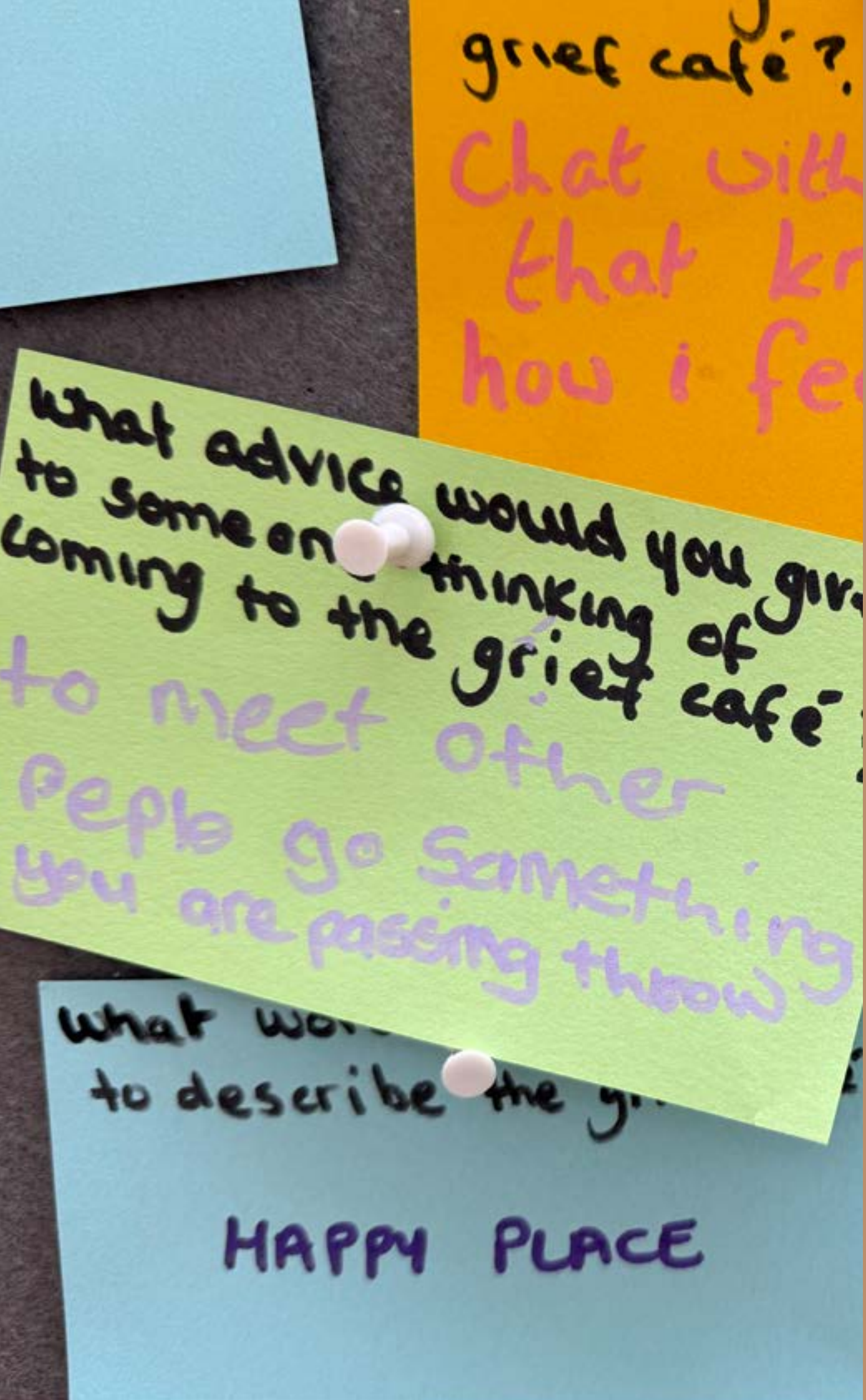
The hospice's Grief Café and Walk and Talk initiatives celebrated their first anniversaries this year. Both have proven to be valuable opportunities for members of our community who are bereaved to come together for a chat and a cuppa with others in similar circumstances. Our social workers and specially trained bereavement volunteers are always on hand, too.

Some participants commented:

> The Walk and Talk group is friendly, understanding, fun...the feeling we're 'all in the same boat'. We can just listen if we don't feel like talking.

> As I book in for the next Grief Café, I find it a great comfort speaking to others who have been on the same journey, despite different routes we have all taken. We would be lost without you all.

In recognition that compassion for others begins with self-compassion, the leadership of St Francis Hospice is committed to facilitating this practice of self-compassion among the hospice team. An example this year was the newly decorated break room for the in-patient unit in Raheny, providing a comfortable and practical space for both privacy and social interactions. Other support initiatives include a morning meditation minute, daily team huddles, and the monthly CUAN gatherings to remember those who have died under our care.


grief café?
Chat with
that kn
how i fe
What advice would you giv
to someone thinking of
coming to the grief café
to meet other
peple go something
you are passing throw
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to describe the g
HAPPY PLACE

COMPASSION

COMPASSION

My job (outside of SFH) isn't care related but I've always wanted to work in a care setting, and volunteering seemed like a great way I could do this and hopefully help in some way. After experiencing an immediate loss of my own in 2022, I realised just how important presence and support is through heavy times. I wanted to provide that even a little bit for patients and their families, and I thought it would be a privilege to get to talk to and listen to patients, and help them in little ways if I could.

I'm in the hospitality role in the IPU, every second Saturday 10.30am – 2pm. I feel so blessed and grateful that I was given this role. I work alongside the kitchen staff, and the healthcare staff. This role allows me to spend such good quality time with patients and get to know them, and to be there for families and as a helping hand for staff.

I have truly loved this role. When I'm in for my few hours, I feel extremely present and grounded, I have nothing else on my mind other than just being available to chat and help. I have good conversations with wonderful patients, I have such huge respect for them. I really enjoy working alongside the staff too. I wear a Fáinne Óir in case any patients would like to speak Irish. I'm delighted I've been given this opportunity and I hope to stay in this role for as long as possible.

The support from Barbara & Brenda has been amazing since the beginning, I couldn't praise them highly enough. The support while working in the IPU from the kitchen and healthcare staff is also amazing, there is always someone there to help or answer your questions and everything is discussed so sensitively and kindly.

The training was brilliant, I feel very comfortable in the role due to the training provided. I couldn't have asked for more. The schedule – volunteering every second weekend, has made it so manageable and sustainable while working full time outside of SFH.

Tara McCann,
Hospitality Volunteer, In-Patient Unit

Our volunteer therapy dogs, Bo and Vixy, and their humans, Cathy, and Anna, bring comfort, joy, and companionship to patients and their visitors in the in-patient unit. They are also favourites of the hospice team! This year, Bo and Vixy led the way as wonderful ambassadors for our Spring Memorial Walk.

The social work team added another publication to the St Francis Hospice catalogue with "Something Has Changed: For children and parents about illness and dying". With support from Amazon in Communities, this book continues our tradition of providing resources free of charge to anyone who needs them. The book was distributed to schools and libraries in our catchment area, and can be ordered at no cost from the hospice's website www.sfh.ie.

The benefits to patients receiving complementary therapies in St Francis Hospice were highlighted in a Hospice Connection newsletter article featuring the story of Joanna. She described how, after she had spinal surgery to remove a tumour, the specialist massage techniques practiced in the hospice helped, *"Slowly, slowly, week by week, the feeling came back in my back."* The team took many opportunities during the year to highlight their work, including an information stand during World Aromatherapy Day.

COMPASSION

COLLABORATION

Julie contacted our volunteer artist, Eileen, and arranged for her to work with Mary to produce the beautiful robin painting shown here. Eileen then worked her magic to copy the painting onto cards, and Mary wrote a special Christmas verse for the inside. Mary was very proud of her work when Eileen presented her with her framed picture and cards. This project shows how meaningful Eileen's role is as an artist volunteer in our Outpatient and Day Service.

This story illustrates the hospice's core value of collaboration in action through this shared project between Volunteer Services and Occupational Therapy.

Collaboration can sometimes take the form of mutual learning, as was the case when representatives from the senior leadership of a number of UK hospices visited St Francis Hospice to share experiences and ideas across a spectrum from clinical care to funding matters.

Mary had been attending St Francis Hospice as an outpatient for a few months and had completed the Breathe programme to help manage her breathlessness. After a difficult hospital admission, Mary discussed with Julie from our Occupational Therapy team that she used to love going to a local art class but hadn't painted in about two years. She didn't feel she could attend the art class anymore, as it was too long for her to manage, and she would get very fatigued.

Mary and Julie agreed to explore painting as a goal for occupational reengagement and set a target of turning Mary's work of art into Christmas cards for her family as a surprise for them!

In collaboration with the national fundraising body Together for Hospice, St Francis Hospice hosted Coffee Mornings in both Raheny and Blanchardstown, a wonderful opportunity to meet members of our community, including many of our elected representatives. Thanks to countless supporters who hosted their own coffee mornings, the campaign successfully raised both funds and awareness in our catchment area and around the country.

Our 274 volunteers work in collaboration with the rest of the hospice team to enhance St Francis Hospice's service to patients and their families. The annual Mince Pie and Mingle Christmas celebration for volunteers is an opportunity for us to gather together, express our appreciation for all that our volunteers give, and to have some seasonal craic.

A long-standing collaboration between actor Brendan Gleeson and St Francis Hospice has helped raise awareness and funds for the expansion of hospice services. This year, Brendan met patients, staff, and volunteers, including our volunteer therapy dog Vixy, when he spent a day at our Raheny hospice for the launch of our Buy a Brick campaign.

COLLABORATION

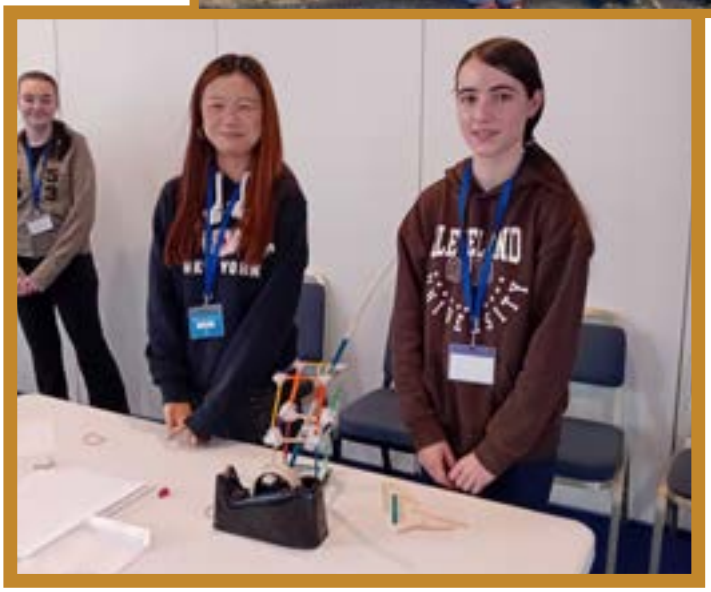
COLLABORATION

Our Corporate Volunteering Programme gives us an opportunity to acknowledge the support our corporate sponsors give us throughout the year and to show them the impact of their donations. Throughout the year we welcomed 13 different companies: Bristol Myer Squibb, Monument, DLA Piper, AXA Ireland, Pavilion & Lilac Centres, Johnson & Johnson, Global, Dentsu, Woodies, Bunzl, Perrett & Lever, AIB and Osborne Recruitment.

The photo shows staff from corporate sponsor Bristol Myer Squibb, who wrapped more than 50 hampers of food items that were donated to us by Loreto School, Dalkey. The hampers were sent to our patients in the community.

A new initiative this year was a structured week-long programme for Transition Year students in both Raheny and Blanchardstown. Fifteen young people took part, and had an opportunity to learn about every aspect of the hospice, from patient services to volunteering, administration, fundraising, and much more. We hope that this community outreach will enable more young people to understand hospice care and remove any fears or myths they might have held about it. Perhaps someday these young people will return to work or volunteer with us!

This year we awarded Employee Recognition Awards for long service to 58 colleagues who had achieved a 5, 10, 15, 20, 25, 30, or 35-year milestone. The ceremonies provided an opportunity to line managers and colleagues to thank the recipients for their dedication and commitment to their roles in the hospice.



COLLABORATION

EXCELLENCE

Children and young people who are part of a patient's family need and deserve special care at a challenging time in their lives. All members of the hospice team play a role in this care, and it is led by the social work team, one of whom is designated as Children's Champion. This year, the team developed a Children's Charter, which is displayed throughout the hospices, outlining what children and young people can expect from the hospice team. There is also a leaflet for families, to let everyone know of the various supports available to children and young people.

Day to day care of children and young people extended to special events such as a Children and Family Bereavement Day facilitated by our social workers and specially trained bereavement volunteers, and ongoing groups such as a Parenting in Grief Group. We also launched a video during Palliative Care Week in September to show the many ways that children and young people are cared for in St Francis Hospice. To see the video, scan the QR code.

Clinical audit is an important way of ensuring high-quality standards in our care. Several of this year's audits were presented as part of our annual Clinical Audit Blitz. Congratulations to Dr Chloe Webb on her win. Healthcare Assistant Wendy Downes received an honorary mention for her presentation.

Clinical Audits 2025:

Medication related:

- **Paediatric Weight Based Prescribing Audit**
- **Drug Kardex**
- **Storage of patient own drugs**
- **Nurse Prescribing**
- **Prescribed Oxygen Use in Inpatient Units**

Safeguarding:

- **Child Safeguarding Cases**
- **Dealing with Vulnerable Adults**

Safe Care:

- **Haemovigilance Audit**
- **Prevention and Management of Inpatient Falls**
- **Prevention and Care of Pressure Injuries in Inpatients**
- **Management of Diabetes Mellitus at End of Life**
- **Use of Blood & Blood Products**
- **Bedspace Audit**

Documentation:

- **Completion Rates for Revised National Specialist Palliative Care**

Referral Form

- **Occupational Therapy Documentation**
- **Physiotherapy Documentation**

Infection Prevention & Control:

- **Hand Hygiene**
- **Management of Invasive Medical Devices**
  - **PVC: Peripheral Venous Catheter**
  - **IDC: In-dwelling Catheter**
  - **SC line: Subcutaneous**
  - **CVAD: Central venous access device**
- **Environmental Audit**

EXCELLENCE

EXCELLENCE

Attending and presenting at conferences is an important way of continuing to learn and improve our practice. This year, our St Francis Hospice Kaleidoscope International Palliative Care Conference returned after a hiatus, for its 17th occurrence.

We were thrilled but not surprised when Michelle Quinn, who manages our contracted cleaning and security services, won the ISS Global Apple Award for excellence.

This year our lymphoedema service widened its team from Clinical Nurse Specialists to include Physiotherapists as well. This evolution to an interdisciplinary team has allowed the service to expand to visiting community patients in their own homes, as well as in the in-patient units and as outpatients.

The Outpatient and Day Service (OPDS), which opened in 2022, continued to be the fastest-growing part of St Francis Hospice's services. This year, ten members of the team, from nursing, medical, physiotherapy, occupational therapy, and medical social work, attended a two-day Master Class on Interdisciplinary Working in Palliative Care in St Christopher's Hospice, London. As part of the course, the group worked together to identify clear objectives for the OPDS. On their return, the team developed a Vision Statement and began working on ways to embed the concept of 'What matters to me' in their work, keeping the patient's goals and priorities at the centre of all care provided.

Original research

Occupational therapy-led self-management anxiety and stress programme: a mixed methods evaluation in community palliative medicine

Abstract

Objectives A key role of specialist palliative care occupational therapy is to enable patients to self-manage symptoms associated with a life-limiting illness. EMPOWER, a 4-week group programme, provides self-management interventions for stress and anxiety. The aim of this study is to evaluate the EMPOWER programme for community-based specialist palliative care patients.

Methods An action research feasibility study employing a mixed methods approach was undertaken. Self-reporting outcome measures were administered pre-EMPOWER and post-EMPOWER. Qualitative focus groups and feedback forms were completed postintervention. Ethical approval for this study was obtained from the Research Ethics Committee of the service site.

Results Six virtual and five in-person EMPOWER group programmes were facilitated with 33 participants. Twenty-five participants completed the preoutcome and postoutcome measures. Statistically significant improvements in anxiety ($p=0.002$), occupational performance ($p=0.003$) and satisfaction ($p=0.001$) were observed from preintervention to postintervention. Qualitative data analysis identified three main themes: (1) living with symptoms, (2) management of symptoms and (3) programme design and delivery.

Conclusion EMPOWER is considered an acceptable intervention by community-based palliative care patients. Improved understanding of self-management skills to manage anxiety encouraged participants to implement strategies and re-engage in meaningful goals. Recommendations were provided on the programme's design. Further research is required to evaluate the effectiveness of EMPOWER in a larger group of community-based palliative care patients.

Our Occupational Therapy-led EMPOWER programme, which helps patients self-manage their anxiety and stress, featured in a British Medical Journal article this year, following a research study carried out on its effectiveness. St Francis Hospice is now leading a multi-site study in eight facilities in Ireland where the EMPOWER programme is being introduced.

EXCELLENCE

KINDNESS

St Francis Hospice participated in the St Patrick's Day parade in Blanchardstown, an opportunity to thank our local community for their unwavering support. Meanwhile, patients in the Blanchardstown in-patient unit were treated to shamrock plants on their breakfast trays, thanks to the kindness of volunteer Micheál Kilcrann who dropped them in to the hospice the day before.

We are grateful for the kindness of H.E. Ambassador Martin Fraser and Mrs. Deirdre Fraser for their gracious hosting of a breakfast

in the Irish Embassy, London for members of the Irish diaspora. Eileen Dunne, retired RTE newsreader and St Francis Hospice Board Director, and actor Brendan Gleeson, a longtime advocate for St Francis Hospice, engaged in a fireside chat rich with humanity, warmth, and humour. It was a wonderful opportunity to engage with this dynamic group of people, give information about our services, and share our 5-year strategic plan to meet the specialist palliative care needs of our community.

Volunteer hairdresser Patricia MacDonagh's story was included in an Irish Independent article about World Kindness Day. Patricia, like all our hospice volunteers, personifies kindness every day. She has served for 30 years, both as volunteer hairdresser (a role from which she has recently retired) and providing hospitality for Bereavement Information Evenings. Also this year, the entire team of volunteer hairdressers were shortlisted in the Small Team category of the Volunteer Ireland Awards. They are winners as far as we are concerned!

A new initiative this year by our Core Values Team was the Come As You Are choir, which brought together staff, retired staff, and volunteers under the direction of Eimear Crehan and Ailish Moriarty. Rehearsals were fun opportunities to make music together, form new connections, and get to know each other better. The choir gave three performances: a summer concert in our Blanchardstown hospice, informal entertainment at our Founders' Day celebrations, and a performance at a gala ball in aid of St Francis Hospice.

Volunteer Rebecca was delighted to snuggle with volunteer therapy dog Bo at a hospice event. During the year, Rebecca kindly sourced glasses wipes from her employer, Specsavers, to contribute to our Falls Awareness Week in the hospice.

KINDNESS

KINDNESS

Our annual Tree of Life ceremonies in December provide grieving members of our community a space to honour the memories of their loved ones and receive comfort and support through coming together with others. Another important opportunity for remembrance is the Sunflower of Life Reflection video in June.

With patient accessibility in mind, we redesigned the entrance and reception area for the Outpatient and Day Service in Raheny. The new automatic doors ensure ease of access for everyone, and the new working areas for the medical secretary team provide more confidentiality and an improved workflow.

The nursing and social work teams in Outpatient and Day Service run a Carer Support Group for family members caring for someone at home. This is one person's story of attending.

When I was offered a place on the Carers Support group, I was very happy to be included. Being a carer was so new to me that I didn't even know I was a carer until I started the first group session and found not only was I a carer – based on listening to other people's stories – but I also found I wasn't alone. The group helped me to see our stories were very similar, similar worries, similar heartaches, similar sense of humour, which we deployed to keep ourselves buoyant.

The support group was a welcome time out, time to not have everything be about the patient but about the carer for those few hours a week. The team at St Francis couldn't have been kinder, they were thoughtful and supportive, even down to organising gluten free brownies for tea breaks. They were full of useful facts and informative. They answered questions and discussed issues with the group input. Extremely heavy subjects were discussed openly and honestly, and with a ready supply of tissues. No question was seen as unimportant.

Overall, I came away feeling cared for myself and with useful tools and knowledge that have helped me in this new role and will continue to help me as I move forward.

I would highly encourage anyone who finds themselves in the position of caring for a loved one to go to these group sessions if they are offered.

'You can see patients' eyes light up' – selfless volunteers on why they give up time for others

To mark World Kindness Day, **Deirdre Barry** meets five heroes who spread joy to those who need it

Left, children's hospital volunteer Rachel Quirke. Bottom left, Patricia McDonagh cuts Anna Maire Langan's hair at St Francis Hospice, Raheny, Dublin. Bottom right, Mary Stott volunteers with Friends of the Elderly. Photo: Gerry Mooney/Gareth Chaney/Mark Condren

Kindness has never been more crucial.

In a world full of terror, destruction, fear and alienation, it's sometimes hard to see that there are many people out there who are determined to keep on watering their own little patch of land, not for the applause nor the acclaim, but just because they believe in the saying that no act of kindness, great or small, is ever wasted.

For World Kindness Day, we spoke to some of Ireland's kindest people and hear about what they do.

Patricia McDonagh (70) – volunteer hairdresser in St Francis Hospice

Patricia McDonagh has been a volunteer hairdresser in the St Francis Hospice in Raheny, Dublin, for 30 years, and said that providing this service for somebody who is approaching the end of their life is nothing short of a privilege.

Ms McDonagh, from Malahide, started out making tea and coffee at memorial evenings for the bereaved families.

She began doing the hair of hospice patients when she heard that they were seeking somebody to fill that role.

Witnessing how much this weekly treat means to those in the care of the hospice brings Ms McDonagh immeasurable joy.

She said that when she calls around to the patients to make note of who would like to have their hair done, "their eyes light up".

"The nurses told me that the patients look forward to Friday because they know I'll be coming in," she said.

Ms McDonagh said that she has no problem getting into the hospital bed to do the hair of patients who are too unwell to move about, a skill that she learnt from one of the nuns who worked at the hospice.

Such is the inspiring nature of Ms McDonagh, that her daughter Mairead now works in the hospice as a nurse.

Rachel Quirke (33) – volunteer with Children In Hospital

Rachel Quirke is approaching her sixth year of volunteering with Children In Hospital, a charity that organises volunteers to come and do what children – particularly those who spend long periods of time in a hospital bed – need most: play.

Her involvement with Crumlin Children's Hospital began when she was training to become a primary school teacher and she did a placement in the hospital school.

"I really loved my time there and I remember thinking when I qualified, that I'd love to keep in touch with the hospital and do something to help out," Ms Quirke said.

Now she spends two hours every week visiting patients and their families, which she described as her favourite time of the week.

When Ms Quirke visits the children, she does so with an understanding of the importance of play for the development of children, but particularly for the children who need a distraction from the hardship and injustice of childhood illness.

It's not only the children who benefit from volunteers like Ms Quirke, as their presence also allows parents to catch a breath or take a moment for themselves.

"A nurse might say 'listen, there's a parent in there since eight o'clock this morning and they haven't had a break', and we'll then let the parent know that we'll be there for two hours," Ms Quirke said.

"You can see the change in their demeanour and in their mood," said the teacher from Rathfarnham, who gets tremendous fulfilment from being able to give the children in Crumlin Hospital something to smile about.

Mary Stott (57) – volunteer with Friends of the Elderly

Mary Stott began volunteering with Friends of the Elderly in 2021, having spent years lending her time to many other charities in a counsellor's capacity.

She holds a masters degree in psychotherapy from Trinity College Dublin.

"I was brought up by my grandparents – so it really tugged at my heartstrings," said the native of Carrickmacross, Co Monaghan, when asked why working with the elderly was something she was drawn to.

"I started working in the shop, and that's where I seemed to be the best version of myself," she said.

She volunteers in the second-hand shop where people come to buy clothes, books and jewellery at a discounted price, and which funds the services, outings and the supports provided by Friends of the Elderly.

"I admire them – they're doing themselves the world of good," Ms Stott said of the people involved in the charity.

"They really live in the here and now, and we can take a lot from them.

"Instead of seeing ageing as a decline, I really see it as a privilege now."

Audrey and Rodney Evans (both 81) – volunteers with Tiglin

Audrey and Rodney Evans have been volunteering for more than 20 years with Tiglin, a charity dedicated to restoring the lives of those affected by homelessness or addiction.

The couple both work to provide meals for people who have experienced levels of trauma or addiction that led them to circumstances where they are lacking in basic needs.

Ms Evans volunteers in The Lighthouse Cafe on Dublin's Pearse Street, where those impacted by homelessness or social exclusion are invited into what Tiglin described as "a living room for those who don't have one".

Mr Evans meets people who live on the street, bringing them hot meals and offering some company.

Ms Evans speaks passionately about the people she works with and for, and has witnessed first-hand the impact that providing a support network can have.

"I had Sunday lunch with a lovely guy and his gorgeous wife and kids a few weeks back, and you know, a few years ago he was living on the street," Ms Evans said.

She said that many of those who avail of the supports provided by Tiglin go on to study, or even come back and volunteer with the service themselves.

Ms Evans said that her friends and neighbours are extremely generous with donations to the cafe.

She is also part of a wonderful knitting group who make hats and scarves for those who come to The Lighthouse Cafe.

Mr and Ms Evans travel into the city centre from their home in Greystones, Co Wicklow.

They said all forms of entertainment is provided for Tiglin's service users.

"We've had musicians, choirs, bingo and we show films on a Friday night and everyone gets popcorn," Ms Evans said, adding that there is nothing nicer than when someone comes in and asks if she has the time to sit and speak with them for a while.

"That's what we're there for," she said.

KINDNESS

SECTION
3

Fundraising

FUNDRAISING 2025

In 2025, we created a space of remembrance in the months of March and April, as we encouraged our supporters to remember those they have loved and lost through the **5K Spring Memorial Walk**. We are grateful to AWS in Communities for sponsorship and to our Volunteers and their dogs who were ambassadors for this year's walk. We were deeply thankful to our supporters who rallied to the walk again this year and raised over **€45,209** for St. Francis Hospice. We were delighted to receive photographs from participants of their walks with family, friends and pets and share their experiences through our social media.

Jennifer Fay, Dublin County Champion, appealed to supporters of hospice to join her in this year's Vhi Women's Mini Marathon and there was a great response to her call. We are so grateful to Jennifer and all the participants, who collectively raised **€80,447**.

Engagement with our supporters for **Sunflower Days in June 2025** was threefold: collections across North Dublin, our Sunflower Reflection video providing the opportunity for remembrance, and finally, the opportunity to visit our Sunflower Field in Ballyboughal.

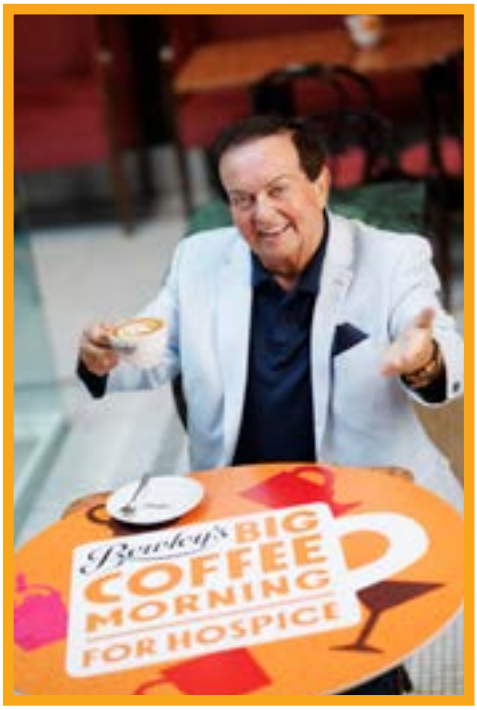
Our collections through Nolan's Clontarf, Blanchardstown Shopping Centre, Pavilions Swords, Charlestown Finglas, Supervalu Donabate, Holywell, Kilbarrack and Centra Edenmore were hugely supported. We are so grateful to the Centre Managers and their patrons for their generosity.

The Sunflower Reflection created by our social work and chaplaincy teams reached out providing a reflective space for all. It included two beautiful musical pieces played on mandolin by actor Brendan Gleeson, a great advocate for hospice.

Our Sunflower Days campaign fittingly concluded with visits by members of our community to the newly located three-acre field in Ballyboughal which was laden with many varieties of Sunflowers, courtesy of the Hoey/Bergin families. This beautiful place provided a quiet space to sit or capture some sunflower images through art and photography and invited people to brighten their homes with Sunflowers to enjoy. The total funds raised from **Sunflower Days 2025 was €145,904**.

FUNDRAISING 2025

With a view to engaging the local community in the new development of a 24 single bedroom In-Patient Unit at Raheny, the **Buy a Brick** Campaign was launched in June 2025 by actor Brendan Gleeson, who continues to advocate tirelessly for St. Francis Hospice. A Virtual Community Supporter Wall was developed on the Hospice website, which, as well as contributing to the campaign, afforded members of the community the opportunity to add their name or message to a brick. In 2025, this campaign achieved **€186,000** in funding and over 34 pages of names/messages were added to this very meaningful wall. The Buy a Brick campaign continues.



In 2025 the 34th **Bewley's Big Coffee Morning for Hospice** was launched in Bewley's Café, Grafton Street with Marty Morrissey as Ambassador. Marty gave so generously of his time to the launch. It was a great opportunity to acknowledge and celebrate the very generous sponsorship and long-standing partnership with Bewley's, in particular Paddy and Veronica Campbell and their staff. This brilliant partnership is underpinned by the generosity of community.
The response to this year's Bewley's Big Coffee Morning for Hospice was deeply appreciated with hosts organising Coffee Mornings literally, morning, noon and night. Thanks to the hosts and their guests this year's campaign achieved **€412,339** for St. Francis Hospice and over **€2m** for hospices nationwide.

The Hospice Monthly Draw continues to provide a regular and steady income for the hospice. It is reassuring at the commencement of each year to know that this income can be relied upon. On the last Thursday of each month our Draw Administrator is always delighted to make four prize winning phone calls! We are deeply grateful to all our Draw Members for such loyal and ongoing support. This year the Draw raised **€327,969** for the Hospice.

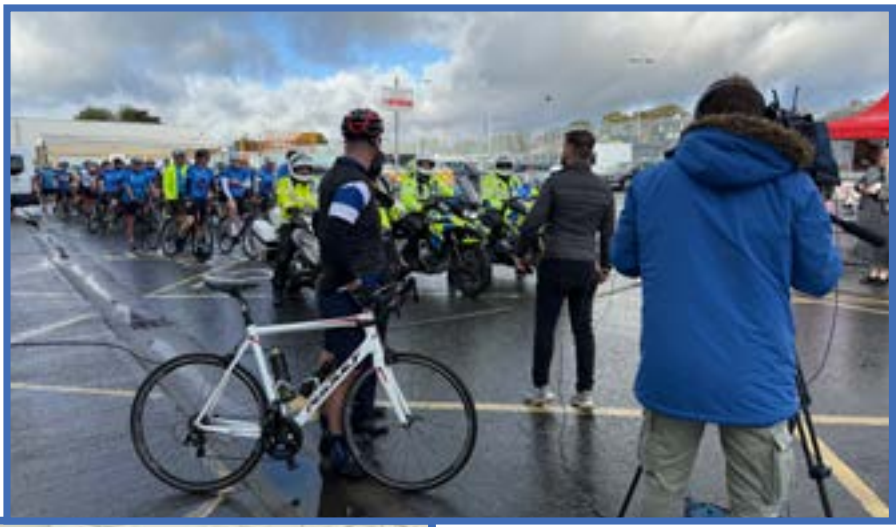
We would like to thank **Together for Hospice** for their support with Sunflower Days and Bewley's Big Coffee Morning for Hospice on behalf of hospices nationally. All monies raised locally through these campaigns remain local to each hospice.

TOGETHER FOR HOSPICE
THE NATIONAL HOSPICE MOVEMENT

FUNDRAISING 2025

There was a huge increase in **Community Supporter Events** throughout 2025. These events maintain and strengthen our bonds with people in our Community, and often events are held on an annual basis. Many of these events are held by families in memory of their loved one; what a wonderful way to celebrate their lives and at the same time helping to ensure that hospice care can be provided to members of their community. This year, Community Supporter Events achieved **€1,217,409** for St. Francis Hospice. We are so grateful to all our event holders both past and present for their loyalty, creativity and massive generosity.

While there is a decrease in the use of coin within the community, our Collection (Mite) Boxes and **Collection Units** continue to generate a substantial annual income for the hospice. This is thanks to the 19 **Mite Box Volunteers** who manage Collection Boxes throughout North Dublin City and County. Our larger collection units within both the Blanchardstown and Pavilions Shopping Centres continue to perform well throughout the year. Collection Boxes and Units combined achieved a **total of €150,145 in 2025**. We are deeply grateful to all who contribute in this way to the hospice.



The annual Blue Wheels Charity Cycle in support of St Francis Hospice featured on Virgin Media's Ireland AM with Deric Hartigan.

FUNDRAISING 2025

Our **Tree of Life Ceremonies** were well attended by members of the Community this year. Both Ceremonies were supported by staff, volunteers, An Garda Siochana, Civil Defence and the Order of Malta. Our trees were supplied by Fingal County Council and the Westerholt Family in Wicklow. With candles in hand, our trees were lit to the moving voices of the Laurel Lodge and Musical Suspects choirs.

The lighting of the Hospice Christmas trees is always a poignant yet uplifting moment knowing that so many members of our community, who we have been privileged to care for, are remembered. The enormous amount of **€680,383** was raised from the sponsorship of lights, hospice collections, the purchase of Christmas goods by mail, online and through our hospice Christmas Shops.

With the continued support of Grainne Ui Chaomhanaigh, John Hayes, Micheál Kilcrann in tandem with the Fundraising Team, the hospice secured a Toyota Yaris Luna Crossover Hybrid Car from Denis Mahony Motors for the Annual Car Draw 2025. Ticket sales commenced on 25th September and were sold from hospice receptions, online, through the Blanchardstown Shopping Centre supported by Ciara Curtis, Marketing Manager, through our Christmas Appeal mailer and private ticket sellers. At the conclusion of ticket sales on 11th January 2026, the Fundraising Team and our scrutineers from Blanchardstown Garda Station ensured adherence to the Terms and Conditions of the Annual Car Draw. The Blanchardstown Shopping Centre Management Team hosted the Annual Car Draw on 22nd January 2026 in the company of public representatives and members of the community. Our congratulations to the winner of the Car and to all other winners of prizes associated with the Annual Car Draw.

The enormous generosity of the Community saw the **Annual Car Draw achieve €171,000** in funds for the hospice.

We are deeply grateful to Fr. Dan Joe O'Mahony and Ciara Curtis, Marketing Manager of the Blanchardstown Centre, who have continued to be powerful advocates for the Hospice within the local community.

St. Francis Hospice is progressing rapidly with its plans for the building of a new in-patient unit in Raheny with the build due to commence in summer 2026. The inter-connectedness of both hospices and communities is vital for this development and the overall provision of care. We look forward to the support of all to help us progress in our mission to provide the best quality palliative care for the people of North Dublin City and County and surrounding counties.

FUNDRAISING 2025

ACHIEVEMENTS IN 2025/ FUTURE PLANS 2026

In 2025 through the generosity of Hospice supporters we achieved **€ 7,399,439.** The income achieved was exceptional due to the generosity, loyalty and belief in hospice care by the Community.

Our budget for 2026 is €6.5m

A Fundraising Audit was conducted by Mazars in 2025, the outcome of which was reasonable assurance. **In 2026 findings and recommendations from this audit will be implemented.**

Throughout 2025 **communication** through the Hospice Connection newsletter and campaigns, particularly the launch of Buy a Brick by Brendan Gleeson, lifted the hospice profile resulting in a substantial increase in awareness of St Francis Hospice in our community.

In 2026 communication through our **Hospice Connection newsletter** will continue as we update our supporters on our progress in relation to the new development and the constant progress that continues to be made for our patients and families.

We will continue to work with **Together for Hospice**, the national representative body for hospice fundraising nationally through National Sunflower Days and Ireland's Biggest Coffee Morning for Hospice. **We look forward to participating in a new Corporate Partnership with Vital Pharmacies throughout 2026.**

In addition to the Buy-a-Brick campaign we continue with the Living Today, Building for Tomorrow campaign, which offers the business community an opportunity to support the Raheny redevelopment. Created to help support companies achieve their ESG (Environmental, Social and Governance) goals, the Living Today, Building for Tomorrow

campaign continues to grow. We would like to take this opportunity to give our sincere appreciation to all who are currently donating through this campaign.

In 2025, Legacy income was significantly more than projected. Legacy income ensures St. Francis Hospice can plan for the future and meet the changing needs of our community. We truly value the support given in this way. Families and friends of those who supported the Hospice through a gift in their will in 2025 should know their loved one has created a legacy that will live on for many years to come and impact the lives of patients and families in their community. **Information and heightening awareness specific to legacies will be conducted throughout 2026.**

Corporate Partnerships and Philanthropy

In St. Francis Hospice we value the opportunities that corporate partnerships bring to both the hospice and companies partnering with us. Our aim is always to work

in the spirit of collaboration and excellence to bring about a true partnership. The financial support offered by companies that donate ensures we can expand access to our services, and achieve higher standards and innovative patient care programmes. The benefits are seen in the care provided to patients and also to their loved ones.

In 2025 St. Francis Hospice Dublin welcomed many of its corporate partners to both hospices to hold their own team meetings, paint walls, plant and weed flower beds, or decorate the hospice Christmas Trees.

The presence of our **corporate partners** strengthens bonds with hospice staff and also amongst themselves. They gain valuable insight into the benefits of palliative care and the services offered by St. Francis Hospice, which can in turn be disseminated back to all their colleagues.

St Francis Hospice was privileged to receive exceptional support from Trusts and Foundations in 2025. Grants provided in this way have supported extra hours in Bereavement for children and families, and allowed for the purchase of innovative equipment to enhance the comfort of our patients.

The most significant grants came from the Stavros Niarchos Foundation (SNF) and the Tom Cunningham Trust (TC Trust) to support the expansion of our Outpatient and Day Service (OPDS). SNF has committed to funding a Clinical Nurse Specialist for 2 years and the TC Trust is funding an Occupational Therapist, Physiotherapist and Senior Social Worker for a 2-year period also. With support from these grants the OPDS service can expand and develop new programmes.

The TC Trust made a further grant to support the Raheny Redevelopment fund, including the demolition of the Retreat House and preparing the site for construction. It is with thanks to this grant that we are closer than ever to creating a modern, state-of-the-art facility that will offer comfort, dignity, and the highest standard of care for our patients and their families.

As we prepare to undertake one of the most ambitious development projects in the history of St. Francis Hospice, we would like to acknowledge our generous and visionary donors who have supported us throughout 2025. Planned and strategic gifts, like those we have received from individuals, companies and as part of estate planning, play an important role in giving us the confidence required as we move ahead with this vital project. Thank you.

We look forward to continuing to build on existing and new corporate and philanthropic relationships in 2026.

SECTION
4

Financial Review

FINANCIAL REVIEW

St. Francis Hospice Dublin continued to deliver high-quality specialist palliative care services in 2025 while maintaining a stable and sustainable financial position. The year was characterised by continued growth in service activity, strong statutory funding support, and disciplined financial management.

SERVICE DELIVERY

In 2025, the Hospice provided 41,836 episodes of care to 2,331 patients, reflecting sustained demand for specialist palliative care services. This activity included:

- **Community Palliative Care:** 13,160 nursing visits and 748 medical visits delivered in patients' homes
- **Outpatient and Day Services:** 637 patients attended a total of 9,978 sessions
- **In-Patient Unit:** 644 admissions providing specialist care

The Hospice remains committed to delivering excellence in patient and family care, with a continued focus on education and research in palliative care and expanding specialist services beyond our facilities. Development of our services continues in line with identified needs across North Dublin and surrounding counties, within our available financial resources.

INCOME AND FUNDING

The Hospice continued to benefit from strong statutory and fundraising income streams in 2025, supporting the delivery of essential services:

- **HSE Revenue Funding:** €25.05 million was received under the Service Arrangement, ensuring the ongoing sustainability of core services and enabling the Hospice to meet demand for palliative care.
- **Fundraising Income:** €7.45 million was raised during the year, representing an increase of €439,488 (6.27%) compared to 2024. This reflects the continued generosity of our donors, supporters and the success of our fundraising initiatives.
- **Capital Grants:** The Hospice received €185,319 in capital funding from the HSE to support infrastructure and service development.

EXPENDITURE

Total expenditure increased by €1.39 million (5.33%) compared to 2024, reflecting the ongoing cost of delivering high-quality services:

- **Pay costs** increased by €1.43 million (7.9%), driven by additional staffing requirements and public sector pay increases.
- **Non-pay costs** decreased slightly by €32,800 (0.4%), remaining broadly in line with 2024 levels.

The Hospice continues to carefully manage its cost base while prioritising patient care and service delivery.

FINANCIAL PERFORMANCE AND POSITION

The Hospice recorded a surplus of €5.48 million in 2025, compared to €13.93 million in 2024. The reduction reflects the inclusion of significant once-off funding in 2024, which included part of the HSE funding in respect of the Raheny Hospice Redevelopment project.

Despite this decrease, the 2025 surplus has enabled the Hospice to:

- Maintain a sustainable financial position
- Continue to allocate funding toward the Raheny Hospice Redevelopment fund
- Preserve a minimum working capital position
- Remain free from long-term capital debt

FINANCIAL STABILITY

The Hospice's financial position remains strong, supported by consistent statutory funding and stable fundraising income. The absence of long-term debt and the maintenance of adequate reserves provide a solid foundation for future development and service expansion.

EXECUTIVE DECISIONS

In line with the Board's strategic objective of strengthening financial resilience, a decision was taken in 2025 to increase cash reserves to the equivalent of three months' operational expenditure. To support this objective, legacy income was undesignated from previously allocated funds.

During the year, €1.45 million in legacy income was received and applied in support of this strategy.

SUSTAINABILITY AND OUTLOOK

The transition to Section 38 status in 2024 has continued to deliver significant benefits for the Hospice in 2025. This funding model has strengthened financial stability by reducing reliance on fundraising to support core service delivery, while allowing fundraising income to be increasingly directed towards capital development and service enhancement initiatives.

SECTION
5

Financial Statements

DIRECTORS' RESPONSIBILITIES STATEMENT FOR YEAR ENDED 31 DECEMBER 2025

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 that 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 (Generally accepted Accounting Practice in Ireland) issued by the Financial Reporting Council. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the profit or loss of the company for that financial year and otherwise comply with the Companies Act 2014.

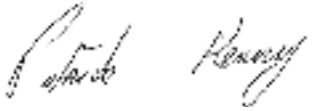
In preparing these financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and 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 profit or loss 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.

Approved by the board of directors and signed on its behalf by:

Dermot McCarthy
Director



Patrick Kenny
Director

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. FRANCIS HOSPICE DUBLIN

Opinion

We have audited the financial statements of St Francis Hospice ("the company") for the year ended 31 December 2025, which comprise the Statement of Financial Activities, Statement of Financial Position, the Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies set out in note 1. The financial reporting framework that has been applied in their preparation is applicable Irish law and Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland, as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2019.

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2024 and of its profit for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard for Auditors (Ireland) issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Conclusions relating to going concern

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

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

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

Other information

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. FRANCIS HOSPICE DUBLIN

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2014

In our opinion, based on the work undertaken in the course of the audit, we report that:

- the information given in the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which, to the best of our knowledge and belief, are necessary for the purposes of our audit.

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

Matters on which we are required to report by exception

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

The Companies Act 2014 requires us to report to you if, in our opinion, the requirements of any of sections 305 to 312 of the Act, which relate to disclosures of directors' remuneration and transactions, are not complied with by the company. We have nothing to report in this regard.

Responsibilities of directors for the financial statements

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements in accordance with the applicable financial reporting framework that give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF ST. FRANCIS HOSPICE DUBLIN

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the company's financial statements is located on the IAASA's website at: **https://iaasa.ie/publications/description-of-the-auditors-responsibilities-for-the-audit-of-the- financial-statements/**. This description forms part of our auditor's report.

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

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

John Manning
Statutory Auditor

27 May 2026

for and on behalf of PKF Brenson Lawlor Chartered Accountants
Argyle Square
Morehampton Road
Donnybrook
Dublin 4

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2025

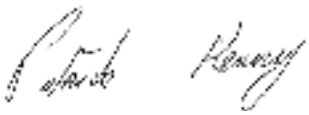
	Notes	2025 Restricted Funds	2025 Unrestricted Funds	2025 Total	2024 Restricted Funds	2024 Unrestricted Funds	2024 Total
		€	€	€	€	€	€
Income from							
Donations and legacies	3	**1,797,111**	**2,995,038**	**4,792,149**	906,052	3,433,606	4,339,658
Other activities	4	**-**	**2,655,019**	**2,655,019**	-	2,668,022	2,668,022
Charitable activities	5	**25,271,100**	**21,030**	**25,292,130**	32,922,169	-	32,922,169
Investment income	6	**-**	**147,294**	**147,294**	-	14,200	14,200
Other income	7	**73,947**	**44,312**	**118,259**	-	116,466	116,466
Total		**27,142,158**	**5,862,693**	**33,004,851**	33,828,221	6,232,294	40,060,515
Expenditure on		**2,903**	**1,098,346**	**1,101,249**			
Raising funds	8	**24,399,954**	**2,021,468**	**26,421,422**	4,234	967,349	971,583
Charitable activities	9				23,362,558	1,794,780	25,157,338
Total		**24,402,857**	**3,119,814**	**27,522,671**	23,366,792	2,762,129	26,128,921
Net income	13	**2,739,301**	**2,742,879**	**5,482,180**	10,461,429	3,470,165	13,931,594
Transfer		**(1,850,927)**	**1,850,927**	**-**	(1,739,101)	1,739,101	-
Net income Movement in funds		**888,374**	**4,593,806**	**5,482,180**	8,722,328	5,209,266	13,931,594
Reconciliation of funds							
Total funds brought forward	22	**9,948,450**	**30,685,269**	**46,963,577**	1,226,122	31,805,861	33,031,983
Total funds carried forward	22	**10,836,824**	**41,608,933**	**52,445,757**	9,948,450	37,015,127	46,963,577

STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 31 DECEMBER 2025

	Notes	2025	2024
		€	€
Fixed Assets			
Intangible Assets	15	**139,412**	243,158
Tangible Assets	16	**28,492,599**	28,762,965
Financial Assets	17	**100**	100
		28,632,111	29,006,223
Current Assets			
Debtors	18	**8,821,920**	10,234,126
Cash at bank and in hand		**18,047,129**	10,203,413
		26,869,049	20,437,539
Creditors: Amounts falling due within one year	19	**(3,055,403)**	(2,480,185)
Net Current Assets		**23,813,646**	17,957,354
Net Assets		**52,445,757**	46,963,577
Reserves and Funds			
Accumulated restricted funds		**10,836,824**	10,107,611
Accumulated unrestricted funds	22	**41,331,639**	32,671,586
Accumulated designated funds	22	**277,294**	4,184,380
Total reserves and funds	22	**52,445,757**	46,963,577

The financial statements were approved and authorised for issue by the Board of directors on 27 May 2026 and signed on its behalf by:

Dermot McCarthy
Director



Patrick Kenny
Director

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2025

	Notes	2025		2024	
		€	€	€	€
Cash flows during the finanical period					
Net cash generated during the financial period	24		8,667,179		7,846,300
Investing activities					
Purchase of fixed assets		(970,757)		(1,866,278)	
Interest received		147,294		14,200	
Net cash flows used in investing activities			(823,463)		(1,852,078)
Net increase in cash and cash equivialents			7,843,716		5,994,221
Cash and cash equivalents at beginning of year			10,203,413		4,209,192
Cash and cash equivialents at end of year			18,047,129		10,203,413

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

1 ACCOUNTING POLICIES

The principal accounting policies are summarised below. They have all been applied consistently throughout the financial year and the preceding year.

General Information and basis of accounting

St. Francis Hospice Dublin is a company Limited by guarantee incorporated in Ireland with a registered office at Station Road, Raheny, Dublin, D05 E392 and its company registration number is 153874. The nature of the company's operations and its principal activities are set out in the director's report on pages 3 to 11.

In accordance with Section 1180(8) of the Companies Act 2014, the company is exempt from including the word "Limited" in its name. The company is limited by guarantee.

The charity constitutes a public benefit entity as defined by FRS 102.

The financial statements have been prepared in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2019. The charity has applied the Charities SORP on a voluntary basis as its application is not a requirement of the current regulations for charities registered in the Republic of Ireland however it is considered best practice. As noted below, the directors consider the adoption of the SORP requirements as the most appropriate accounting practice and presentation to properly reflect and disclose the activities of the organisation.

The Financial Statements are prepared on the going concern basis, under the historical cost convention and comply with the financial reporting standards of the Financial Reporting as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities.

The financial statements are prepared in Euro which is the functional currency of the company. The financial statements are rounded to the nearest €.

Going Concern

The directors have a reasonable expectation that St. Francis Hospice Dublin has adequate resources to continue in operational existence for the foreseeable future, thus they continue to adopt the going concern basis in preparing the annual financial statements.

Fund Accounting

The following funds are operated by the charity:

Restricted Funds

Restricted funds are to be used for the specified purposes as laid down by the donor/grantor. Expenditure which meets these criteria is allocated to the fund.

Unrestricted Funds

General funds represent amounts which are expendable at the discretion of the directors in furtherance of the objectives of the charity and which have not been designated for other

purposes. Such funds may be held in order to finance working capital or capital expenditure.

Designated Funds
Directors can designate part or all, of the unrestricted funds for specific purposes. These designations have an administrative purpose only, and do not legally restrict the board's discretion to apply the fund.

Income Recognition
All incoming resources are included in the Statement of Financial Activities when the charity is entitled to the income, the amount can be quantified with reasonable accuracy and it is probable the income will be received. The following specific policies are applied to particular categories of income.

Donations and fundraising income
Donations and fundraising income are credited to income in the period in which they are receivable. Donations received in advance for specified periods are carried forward as deferred income. As with many similar charitable organisations, independent groups from time to time organise fundraising activities and may operate bank accounts in the name of St Francis Hospice Dublin. However, as amounts collected in this way are outside the control of the company, they are not included in the financial statements until received by St Francis Hospice Dublin.

Grants
The charity receives grants from the HSE, the government, and other agencies to fund its core operations, capital projects, and any other activities undertaken in furtherance of the charity's objectives. Income from government and other grants are recognised at fair value when the charity has entitlement after any performance conditions have been met, it is probable that the income will be received, and the amount can be measured reliably. If entitlement is not met, then these amounts are deferred income.

Legacies
Legacy income is recognised at the earlier of the date on which : the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the company that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy is only considered probable when the amount can be measured reliably, and the charity has been notified of the executor's intension to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated Services and facilities
Proceeds from the sale of donated goods are recognised in the financial statements in the period in which they are realised. No amount is included in the financial statements for volunteer time in line with the SORP (FRS 102).

Investment income
Interest and investment income are included when receivable and the amount can be measured reliably, this is normally upon notification of the interest paid or payable by the bank.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Expenditure Recognition

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably.

It is categorised under the following headings:

- Costs of raising funds; and
- Expenditure on charitable activities.

Costs of raising funds

Cost of raising funds includes expenditure directly associated with generating fundraising income, including attracting voluntary income and grant income.

Expenditure on charitable activities

Expenditure on charitable activities comprise those costs incurred by the charity in the pursuit of the charity's objectives and in the delivery of its activities and services. It includes both costs that can be allocated directly such as wages and salaries and costs of an indirect nature necessary to support the delivery of its activities and services.

Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include administration, finance, payroll, and governance costs which support the activities and services of the charity. Support costs are allocated to expenditure on charitable activities. Costs relating to a particular project are allocated directly others are apportioned on an appropriate basis such as the time spent by staff on these activities.

Employee Benefits

The company provides a range of benefits to employees, including paid holiday arrangements and defined contribution pension plans.

Short term benefits, including holiday pay and other similar non-monetary benefits, are recognised as an expense in the period in which the service is received.

The company participates in the Single Public Service Pension Scheme in respect of eligible employees. This is a defined benefit scheme which is externally administered. For accounting purposes, the scheme is treated as a defined contribution scheme, as the company's obligation is limited to the payment of contributions.

The company also operates a defined contribution pension scheme for certain employees. The scheme is externally funded, with assets held separately from those of the company in independently administered funds.

For defined contribution arrangements, the company pays contributions to pension schemes on a contractual basis. The company has no further payment obligations once the contributions have been paid. Contributions are recognised as an employee benefit expense in the period in which they are payable.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Foreign Currencies

Transactions in foreign currencies are recorded at the rate of exchange at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the statement of financial position date are reported at the rates of exchange prevailing at that date. Exchange differences are recognised in the Statement of Financial Activities in the financial year in which they arise.

Taxation

The company has been granted charitable tax-exempt status by the Revenue Commissioners under CHY number 10568 and therefore no provision for corporation tax is required.

Intangible fixed assets

Acquired intangible assets are capitalised at cost and are amortised using the straight-line basis over their useful lives up to a maximum of 3 years.

Intangible assets are reviewed for impairment at the end of the first full financial year following acquisition and in other periods if events or changes in circumstances indicate that the carrying value may not be recoverable.

Tangible fixed assets and Depreciation

Tangible fixed assets are carried at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price, costs directly attributable to bringing the asset to the location and condition necessary for its intended use, applicable dismantling, removal and restoration costs. Assets under construction are not depreciated until they are available for use.

Subsequent additions are included in the assets carrying amount or recognised as a separate asset, as appropriate, only when it is probable that the economic benefits associated with the asset will flow to the Hospice and the cost can be reliably measured. Assets in the course of construction are carried at cost.

Major components are treated as separate assets where they have significantly different pattern of consumption of economic benefits and are depreciated separately over their useful lives.

Depreciation is calculated to write off the cost of tangible fixed assets over their expected useful lives in equal annual instalments. The annual rates of depreciation are as follows:

Buildings	-	2.00%
Modular Buildings	-	10.00%
Office Equipment	-	12.50%
Medical Equipment	-	12.50%
Computers	-	33.33%
Furniture, fixtures & fittings	-	12.50%
Motor vehicles	-	20.00%

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of the age and in the condition expected at the end of its useful life. Repairs and maintenance costs are expensed as incurred.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Financial assets

IInterests in subsidiaries, associates and jointly controlled entities are initially measured at cost and subsequently measured at cost less any accumulated impairment losses. The investments are assessed for impairment at each reporting date and any impairment losses or reversals of impairment losses are recognised immediately in expenditure.

A subsidiary is an entity controlled by the company. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

An associate is an entity, being neither a subsidiary nor a joint venture, in which the company holds a long-term interest and where the company has significant influence. The company considers that it has significant influence where it has the power to participate in the financial and operating decisions of the associate.

Entities in which the company has a long-term interest and shares control under a contractual arrangement are classified as jointly controlled entities.

Impairment of fixed assets

Assets not measured at fair value are reviewed for any indication that the asset may be impaired. If such indication exists, the recoverable amount of the asset, or the asset's cash generating unit, is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in statement of financial activities unless the asset is carried at a revalued amount where the impairment loss is a revaluation decrease.

Debtors

Debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due.

Grants and funding receivables are recognised when the charity has unconditional entitlement to the income, receipt is probable, and the amount can be measured reliably.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, demand deposits and other short- term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

Trade and other creditors

Trade creditors are measured at invoice price, unless payment is deferred beyond normal business terms or is financed at a rate of interest that is not a market rate. In this case the arrangement constitutes a financing transaction, and the financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Outstanding holiday pay is provided for as a liability at the end of the year.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Deferred Income

The charity, where applicable, recognises deferred income, where the terms and conditions have not been met or uncertainty exists as to whether the charity can meet the terms or conditions otherwise within its control, income is then deferred as a liability until it is probable that the terms and conditions imposed can be met.

Some of the grants received are subject to performance related conditions or time periods, when these performance related or other conditions are met the deferred income is released to income in the statement of financial activities.

Financial instruments

The charity only holds basic financial instruments as defined in FRS 102. These include cash at bank, trade and other receivables, trade payables, and investments.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Impairment of financial assets

Financial assets, other than those held at fair value through the statement of financial activities are assessed for indicators of impairment at each reporting end date.

Derecognition of financial assets

Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

Classification of financial liabilities

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities. Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities

Basic financial liabilities

Basic financial liabilities are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

2 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Hospice's accounting policies, which are described in note 1, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the financial period in which the estimate is revised if the revision affects only that financial period or in the financial period of the revision and future financial periods if the revision affects both current and future financial periods.

Information about critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the accounting policies and the notes to the financial statements.

Critical judgements in applying the Company's accounting policies

In the opinion of the directors, there were no critical judgements apart from those involving estimations (which are dealt with separately below), made in the process of applying the company's accounting policies.

Critical accounting estimates and assumptions

The directors make estimates and assumptions concerning the future in the process of preparing the company's financial statements. The resulting accounting estimates will, by definition, seldom equal the related actual results, the estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year are addressed below.

Critical accounting estimates and assumptions

(i) Useful economic lives of tangible fixed assets

The annual depreciation on tangible fixed assets is sensitive to changes in the estimated useful lives and residual values of the assets. The useful economic lives and residual values are reviewed annually. They are amended when necessary to reflect current estimates, based on economic utilisation, technological advancements and the physical condition of the assets. The amortisation rate for capital grants is also reviewed in conjunction with the asset lives review and these are adjusted if appropriate.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

3 DONATIONS AND LEGACIES

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
Donations	1,797,111	1,543,706	3,340,817	2,459,620
Legacies	-	1,451,332	1,451,332	1,880,038
	1,797,111	2,995,038	4,792,149	4,339,658

4 OTHER ACTIVITIES

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
Lotteries and Raffles	-	500,008	500,008	513,213
Campaigns and Appeals	-	363,174	363,174	328,292
Fundraising Events	-	1,791,837	1,791,837	1,826,517
	-	2,655,019	2,655,019	2,668,022

5 CHARITABLE ACTIVITIES

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
Health Service Executive				
- Revenue Grants	25,054,656	-	25,054,656	23,201,633
- Capital Grants	185,319	-	185,319	9,707,784
Other Grants	21,947	-	21,947	4,000
Conferences, seminars and research income	-	21,030	21,030	-
Child and Family Agency	9,178	-	9,178	8,752
	25,271,100	21,030	25,292,130	32,922,169

6 INVESTMENT INCOME

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
Deposit interest	-	147,294	147,294	14,200
	-	147,294	147,294	14,200

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

7 OTHER INCOME

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
HSE reimbursements / recoveries & others	73,947	-	73,947	71,280
VAT and cost recoveries	-	44,312	44,312	45,186
	73,947	44,312	118,259	116,466

8 EXPENDITURE ON RAISING FUNDS

	Restricted	Unrestricted	2025 Total	2024 Total
	€	€	€	€
Raising donations, legacies, corporate donations and regular giving	-	55,075	55,075	64,768
Fundraising activities - campaigns, appeals and events -	2,903	451,264	454,167	397,173
Support costs (Note 10)	-	592,007	592,007	509,642
	2,903	1,098,346	1,101,249	971,583

9 EXPENDITURE ON CHARITABLE ACTIVITIES

	Activities Undertaken Directly	Support Costs (Note 10)	Total 2025	Total 2024
	€	€	€	€
Raheny and Blanchardstown	813,970	5,857,095	6,671,065	5,534,342
Homecare, Raheny Day Care				
In-Patient Unit Raheny	2,317,507	5,458,610	7,776,117	7,756,544
Blanchardstown Day Care and Outpatients	1,125,560	984,122	2,109,682	1,944,745
In-Patient Unit Blanchardstown	3,268,262	6,596,296	9,864,558	9,921,707
	~~7,525,299~~	~~18,896,123~~	~~26,421,422~~	~~25,157,338~~

10 ANALYSIS OF SUPPORT COSTS

	Total 2025	Total 2024	Basis of Allocation
	€	€	€
Fundraising activities (Note 8)	592,007	509,642	Fundraising team
Charitable activities:			% time spent
Raheny and Blanchardstown			on activities
Homecare, Raheny Day Care	5,857,095	4,711,702	
In-Patient Unit Raheny	5,458,610	5,414,355	Salary Costs -% time
Blanchardstown Day Care and Outpatients	984,122	807,197	spent on activities
In-Patient Unit Blanchardstown	6,596,296	6,618,638	
Total	18,896,123	17,551,892	

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

11 STAFF NUMBERS AND COSTS

The average monthly number of persons employed by the company during the financial year was as set out below:

	Total 2025	Total 2024
	€	€
The average monthly number of persons employed by the company during the financial year was as set out below:		
Clinical/Nursing	216	204
Other support services	30	30
Administrative and fundraising staff	62	61
	308	295
The aggregate payroll costs of these were as follows:		
Wages and salaries	17,359,554	16,033,023
Social welfare costs	1,853,626	1,730,584
Pension costs	274,951	297,927
	19,488,131	18,061,534

Key Management Personnel
The total remuneration for key management personnel for the financial year amounted to € 1,227,555 (2024: €1,089,330 Remuneration included salaries, employer PRSI and pension contributions.

Employee remuneration exceeding €70,000:		
€70,000- €80,000	49	30
€80,001- €90,000	11	8
€90,001- €100,000	7	5
€100,001- €110,000	3	2
€110,001- €120,000	1	-
€120,001- €130,000	-	1
€130,001- €140,000	1	-
€140,001- €150,000	-	-
€150,001- €160,000	-	-
€160,001- €170,000	-	-
€170,001- €180,000	1	1
€190,001- €200,000	-	-

12 DEFINED CONTRIBUTION SCHEMES

	2025 Total	2024 Total
	€	€
Charged to the statement of financial activities	274,951	297,927
	274,951	297,927

The company operates a defined contribution pension scheme, "Pension Scheme Fund", for eligible employees. The scheme is externally financed, with assets held separately from those of the company in an independently administered fund.

Following the transition to Section 38 status, employees are members of the Single Public Service Pension Scheme.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

The company continues to make employer pension contributions in respect of employees who are not members of the public service pension scheme.

13 NET INCOME

	2025	2024
	€	€
The net income for the financial year is arrived at after charging/(crediting):		
Depreciation and amortisation	1,344,869	1,317,948
Directors' remuneration (b)	-	-
Auditors' remuneration (a)	17,160	16,300
(a) Auditors' remuneration disclosures (net of VAT and outlays):		
Audit	16,000	15,200
Tax advisory	-	-
Other assurance services	-	-
Other non- audit services	1,160	1,100
(b) No salaries for fees are payable to the directors of the company for their services as directors.		

14 TAXATION

No taxation arises in the current year or prior financial year due to the charitable status of the company.

15 INTANGIBLE FIXED ASSETS

	Software Costs	Total
	€	€
Cost		
At 1 January 2025	507,916	€507,916
Additions	9,516	9,516
At 31 December 2025	517,432	517,432
Amortisation		
At 1 January 2025	264,758	264,758
Amortisation during the year	113,262	113,262
At 31 December 2025	378,020	378,020
Net book value		
At 31 December 2025	139,412	139,412
At 31 December 2024	243,158	243,158

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

16 TANGIBLE FIXED ASSETS

	Buildings	Furniture Fixtures & Fittings	IT Equipment	Motor Vehicles	Plant, Machinery & Equipment	Total
	€	€	€	€	€	€
Cost:						
At 1 January 2025	42,338,459	4,107,891	435,051	192,000	2,835,865	49,909,266
Additions	383,902	72,317	91,553	-	413,469	961,241
Disposals	-	-	-	-	(19,816)	(19,816)
At 31 December 2025	**42,722,361**	4,180,208	**526,604**	**192,000**	**3,229,518**	**50,850,691**
Depreciation:						
At 1 January 2025	15,236,183	3,522,891	367,998	192,000	1,827,229	21,146,301
Charge for the year	830,421	128,156	57,151	-	215,879	1,231,607
Eliminated in respect of disposal	-	-	-	-	(19,816)	(19,816)
At 31 December 2025	**16,066,604**	**3,651,047**	**425,149**	**192,000**	**2,023,293**	**22,358,092**
Net book value:						
At 31 December 2025	**26,655,757**	**529,161**	**101,455**	**-**	**1,206,226**	**28,492,599**
At 31 December 2024	**27,102,276**	**585,000**	**67,053**	**-**	**1,008,636**	**28,762,965**

17 FINANCIAL FIXED ASSETS

	2025	2024
	€	€
Shares in subsidiary undertaking		
	100	100

Subsidiary undertaking	Registered Principal Office Activity	Country of Incorporation %	Held	Principal Activity
S.F.H. Property Service Limitied	Raheny, Dublin 5	Ireland	100%	Non-trading

The capital and reserves at 31 December 2025 were €100 (2024: €100) and the result for the financial year ended 31 December 2025 was €Nil (2024: €Nil).

18 DEBTORS: (AMOUNTS FALLING DUE WITHIN ONE FINANCIAL YEAR)

	2025	2024
	€	€
Trade debtors, funding receivables and accrued income	**8,485,628**	9,900,997
Prepayments	**336,292**	333,129
	8,821,920	10,234,126

Included in debtors is an amount of €8,380,000 due from the Health Service Executive (HSE) in respect of an approved capital grant relating to the Raheny In-Patient Project. The balance remains outstanding at the reporting date.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

19 CREDITORS: (AMOUNTS FALLING DUE WITHIN ONE FINANCIAL YEAR)

	2025	2024
	€	€
Trade creditors	1,170,628	1,044,049
Taxation and social welfare	544,007	496,706
Other creditors	310,108	59,650
Accruals	1,030,660	879,780
	3,055,403	2,480,185

20 FINANCIAL INSTRUMENTS

The carrying values of the company's financial assets and liabilities are summarised by category below:

	2025	2024
	€	€
Financial assets		
Investment in subsidiary (Note 17)	100	100
Measured at undiscounted amount receivable		
Debtors (Note 18)	8,821,920	10,234,126
Financial liabilities	-	-
Measured at undiscounted amount payable		
Trade creditors (Note 19)	1,170,628	1,044,049

21 CONTINGENT LIABILITIES

Under an agreement between the company and the Health Service Executive dated 1 December 2005, the company had a contingent liability in respect of a capital grant received of €600,000, which would become repayable if certain conditions set out in the agreement were not met within 20 years of the date of the agreement. The amount potentially repayable reduced by 1/20th of the grant in each financial year.

As at 31 December 2024, the remaining contingent liability was €30,000. As the 20-year period expired during the year, no contingent liability remains at 31 December 2025 (2024: €30,000)

Under a separate agreement between the company and the Health Service Executive, the company has a contingent liability in respect of a capital grant received of €1,500,000, which would become repayable if certain conditions set out in the agreement are not met within 20 years of the date of the agreement. The amount potentially repayable reduces by 1/20th of the grant received in each financial year.

As at 31 December 2025, the contingent liability amounted to €450,000 (2024: €525,000).

Under a separate agreement between the company and the Health Service Executive, the company has a contingent liability in respect of a capital grant received of €900,000, which would become repayable if certain conditions set out in the agreement are not met within 20 years of the date of the agreement. The amount potentially repayable reduces by 1/20th of the grant received in each financial year.

As at 31 December 2025, the contingent liability amounted to €405,000 (2024: €450,000).

The government grants are secured over the premises known as "Walmer Villa", Station Road, Raheny, Dublin 5.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

22 FUNDS OF THE CHARITY

	Restricted Funds	Unrestricted Funds	Designated Funds	Total
	€	€	€	€
At beginning of the year	9,948,450	32,830,747	4,184,380	46,963,577
Net Income	27,142,158	5,862,693	-	33,004,851
Expenditure	(24,402,857)	(3,119,814)	-	(27,522,671)
Transfers	(1,850,927)	5,758,013	(3,907,086)	-
At the end of the year	**10,836,824**	**41,331,639**	**277,294**	**52,445,757**

Restricted funds refer to income received which is restricted for a specific purpose.

To align with the Board's strategic goal of increasing the cash reserve to three months of expenditure for St. Francis Hospice, the Board in 2025 decided to un-designate legacy income from the designated fund for this purpose.

As a result, the balance on designated funds at the year-end was €277,294 (2024: €4,184,380).

23 RESTRICTED FUNDS

Restricted funds represent income received which is subject to specific conditions imposed by donors or grantors as to how the funds may be applied. Such funds are expended in accordance with those conditions.

The movements on restricted funds during the financial year are set out below:

	1 January 2025	Income	Expenditure	Transfer	31 December 2025
	€	€	€	€	€
HSE Service Level Agreement Funding	-	25,054,656	(24,116,437)	(938,219)	-
Building Development Fund	9,363,464	1,112,914	(104,838)	(387,511)	9,984,029
HSE Capital Funding	309,355	185,319	-	(408,265)	86,409
Charitable Trusts and Foundations	-	586,016	(22,573)	-	563,445
Other Restricted Funds	275,631	203,253	(159,010)	(116,932)	202,942
	9,948,450	**27,142,158**	**(24,402,857)**	**(1,850,927)**	**10,836,824**

HSE Service Level Agreement Funding represents funding received from the Health Service Executive to support the delivery of core hospice services. Income is recognised in the period in which the related expenditure is incurred.

Included within transfers is an amount of €938,219 arising from an underspend of HSE Service Level Agreement funding in the year. With the approval of the Health Service Executive, this amount has been retained by the Hospice and released from restricted funds to unrestricted reserves.

The retained funding is intended to support the ongoing financial sustainability of the Hospice, including working capital requirements and future service and capital needs, in line with the parameters agreed with the Health Service Executive.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2025

Capital funds comprise grants received for the support of capital expenditure projects.

Transfers are made from restricted funds to unrestricted funds where capital expenditure funded from restricted donations relates to assets held for general charitable purposes and is no longer subject to donor-imposed restrictions.

Movements in the year reflect capital project expenditure incurred and the related release of funding between restricted and unrestricted reserves

Charitable Trusts and Foundations comprises grants received from charitable bodies to support specific programmes and services delivered by the hospice. Through the Ireland Funds, the Tom Cunningham Trust (TC trust) provided €500,000 in support of the Raheny Redevelopment fund and an additional €500,000 towards the expansion of our Outpatient and Day Services.

Other Restricted Funds comprise a number of individually immaterial grants and donations received for designated purposes, including education, training, and patient support initiatives. These have been aggregated to enhance the clarity of presentation.

24 RECONCILIATION OF NET EXPENDITURE TO NET CASH OUTFLOW DURING THE FINANCIAL PERIOD

	2025	2024
	€	€
Net Income	**5,482,180**	13,931,594
Adjustment for:		O
Investment income	**(147,294)**	(14,200)
Depreciation	**1,344,869**	1,317,948
Movement in working capitals		
Increase in debtors	**1,412,206**	(7,912,245)
Increase /(decrease) in creditors	**575,218**	523,203
Cash flow generated from operations	**8,667,179**	7,846,300

25 ANALYSIS OF CHANGES IN NET DEBT

	1 January 2025	Cash flows	31 December 2025
	€	€	€
Cash at bank in hand	10,203,413	7,843,716	18,047,129
	10,203,413	7,843,716	18,047,129

26 FINANCIAL COMMITMENTS

There are no capital commitments which have been contracted for but not provided in the financial statements as at 31 December 2025 (2024: €Nil). There are no contracted future minimum lease payments under non-cancellable operating leases as at 31 December 2025 (2024: €Nil).

27 SUBSEQUENT EVENTS

Subsequent to the reporting year end, the company received confirmation from the Health Service Executive in 2026 of approval for additional capital funding of €18.7 million towards the redevelopment of the In-Patient Unit at St Francis Hospice Raheny. As this approval had not been finalised or confirmed at the reporting date, no income or related debtor has been recognised in these financial statements.

28 GRANT DISCLOSURES

The Charity receives grant funding from a number of statutory and other bodies. Grant income is recognised in accordance with the Charities SORP (FRS 102) and is disclosed in line with applicable reporting requirements, including HSE Circular 13/2014.

Grant Body	Purpose	Income recognised €	Expenditure incurred €
Health Service Executive	Service Arrangement – delivery of core services	€25,054,656	€24,116,437
Health Service Executive	Capital energy projects – infrastructure improvements	€185,319	€287,015
Dublin City Council	Conservation and redevelopment plan	€11,750	-
Tusla – Child and Family Agency	Social work and bereavement services	€9,178	€9,393
		€25,260,903	**€24,412,845**

29 CONSOLIDATED GROUP FINANCIAL STATEMENTS

Consolidated group financial statements have not been prepared, as the company has availed of the exemption under Section 303(2) of the Companies Act 2014 not to prepare consolidated financial statements.

30 APPROVAL OF FINANCIAL STATEMENTS

The directors approved the financial statements on 27 May 2026.

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