



# ANNUAL REPORT

2017

## DIRECTORS

**Oliver Carroll** — Chairperson  
**Darragh McDonald** — resigned 31 August 2017  
**Lorna Jennings**  
**Geraldine Lally**  
**Caren Gallagher**  
**Allan Kearns**  
**Professor Richard Costello**  
**Lorna Coleman**  
**Sandra Healy** — appointed 2 March 2017  
**Ross Callan** — appointed 31 August 2017  
**Ciaran McGloin** — appointed 31 August 2017  
**Michael McDermott** — resigned 12 January 2017

## COMPANY SECRETARY

**Allan Kearns**

## CHIEF EXECUTIVE OFFICER

**Averil Power** — resigned November 2017  
**Kevin Kelly** (interim) — November 2017 - February 2018  
**Sarah O'Connor** — appointed February 2018

## DIRECTOR EMERITUS

**Anne Robinson**

**COMPANY REGISTERED NUMBER — 57125**  
**CHARITY REGISTERED NUMBER — CHY 6100**

## REGISTERED OFFICE

4th Floor, 42-43 Amiens Street, Dublin 1

## INDEPENDENT AUDITOR

### **RBK Business Advisers**

Chartered Accountants and Registered Auditors  
Boole House, Beech Hill Office Campus  
Beech Hill Road, Clonskeagh Dublin 4

## PRINCIPAL BANKERS

### **Bank of Ireland**

2 College Green, Dublin 2

### **AIB Dun Laoghaire**

George's Street, Dun Laoghaire, Co Dublin

## SOLICITORS

**Rutherfords**, 41 Fitzwilliam Square, Dublin 2

# CONTENTS

**Message from Chair / CEO** 3

**Statements of mission** 5

**Why our work is so important** 6

**Vision 2020 Goals** 7

**Who we help** 8

**Goal 1**

**Empowerment, Health Promotion  
and Public Engagement** 11

**Goal 2**

**Advocating for Change** 21

**Goal 3**

**Collaborating with Healthcare Professionals** 29

**Goal 4**

**Engaging with Young People** 33

**Fundraising** 39

**Our Good Governance** 41

**Our Finances** 47

Directors' report 47

Directors' responsibilities statement 57

Independent auditor's report 58

Statement of financial activities 62

Balance sheet 63

Statement of cash flows 64

Notes to the financial statements 65

The following pages do not form part  
of the statutory financial statements:

**Appendix I - Statutory and Corporate Support** 79

# FOREWORD

## IRELAND HAS THE FOURTH HIGHEST PREVALENCE OF ASTHMA IN THE WORLD.

We are happy to report that 2017 was a successful year, with our advice and support services going from strength to strength.

Our Adviceline nurses handled 4,300 calls, offering support, advice and a greater understanding regarding their medication and condition. We commenced a major evaluation of the joint asthma and COPD Adviceline service with the HSE in mid-2017. This evaluation process was extremely positive and the HSE, as a result, have continued to fund the programme. It is the linchpin in our self-management tools and the evaluation showed how highly the service is rated by the people who use it.

Our 'Asthma in the Pharmacy' programme was held in 112 pharmacies nationwide and 830 people met with our nurses to ask questions regarding their asthma. We had originally targeted 90 pharmacies for participation in this programme for 2017, so we are pleased to see this key patient empowerment engagement grow as a major support to patients and the healthcare professionals who help them.

In 2017, our public campaigns, events, information and member communications reached a large audience, as we highlighted asthma and its challenges. We run public information campaigns and create communications collateral that deliver key messages about asthma and its management to people with asthma and to the wider public. This is essential to help people feel more confident about recognising and managing an asthma attack. These campaigns included: Asthma Deaths Campaign, World Asthma Day and Hayfever Day. The Asthma Deaths Campaign alone had an estimated reach of 9.3 million.

Our Pre-Budget Submission called on the government to prioritise funding for asthma in the Budget 2018. In May 2017, we sent a written submission to the Oireachtas Joint Committee in Children and Youth Affairs, outlining the areas that would benefit from funding. Our 'Back-to-School' campaign focused on advising teachers and parents the importance of children always having their inhaler with them. Highlighting the importance of air quality, we successfully advocated for a nationwide 'Smoky Coal Ban', which is due to be implemented in Autumn 2018. This advocacy work was hugely important to improving the lives of people with asthma in Ireland.

Collaborating with our healthcare professional (HCPs) is an invaluable means of ensuring informed and supportive care for patients. Through events, resources and information materials, we updated HCPs on challenges faced by asthmatics and also on developments in asthma care. The e-learning for HCPs project, which we commenced in 2017, will be delivered in 2018 and will bear fruit for us for many years to come, helping to create the right environment for healthcare professionals to work closely with patients to deliver better health outcomes.

In 2017, we continued our work with schools to ensure a supportive and safe environment for children, where they could ask for help or use their inhaler without feeling self-conscious. Our community outreach training allows us to educate those working in disadvantaged areas, to support and advise people with asthma on how to use their inhaler correctly and manage their condition.

Adhering to the principles of good governance is an important part of our strategy to ensure trust and transparency with our members and supporters. We are committed to obtaining the Triple Lock Standard, as accredited by the Charities Institute Ireland, by the end of 2018. Good governance is built into everything we do and a considerable amount of the work on the Triple Lock journey was completed in 2017.

We would like to thank all our financial supporters – their generosity allows us to continue our critical work for asthma awareness and better care for people with asthma. We appreciate the kindness of our individual donors, our statutory funders, our corporate sponsors and those who volunteer their time, without whom our work would not be possible.

We are lucky that the asthma family is strong, connected, united, and passionate about driving change that improves the lives of the 470,000 people with asthma in Ireland. We look forward to working with that asthma family again in 2018.

**Oliver Carroll**  
Chairperson

**Kevin Kelly**  
Interim CEO

# 2017 KEY EVENTS

## JANUARY

- ASI Asthma in the Pharmacy programme 2017 kicks off - 112 clinics held in 2017

## FEBRUARY

- Development begins on Active with Asthma resources

## MARCH

- Primary Care Partnership Conference 2017

## APRIL

- Healthcare professional information evening

## MAY

- World Asthma Day
- Pre-Budget Submission 2018

## JUNE

- Nurse Training Day
- Hayfever Campaign

## JULY

- Adviceline HSE Evaluation commences - 4300 calls received in 2017

## AUGUST

- Development begins on update E-learning programme for healthcare professionals

## SEPTEMBER

- Back to Schools 2017 campaign
- Traveller and Roma Groups refresher training

## OCTOBER

- Indoor Air Campaign
- Irish Practise Nurses Association conference

## NOVEMBER

- European Federation of Airways and Allergies Training event
- Irish Thoracic Society conference

## DECEMBER

- Smoky Coal ban
- Leadership on Asthma Friendly Schools Project starts with Lorraine Nolan

## WHAT IS ASTHMA?

Asthma is the most common chronic disease in Ireland and it accounts for 5,000 hospital admissions due to asthma per annum.

It is a condition that affects the airways, which carry air in and out of the lungs. In asthma, the airways become over-sensitive; meaning that they react to things that wouldn't usually cause a problem, such as cold air or dust. These are called triggers and can lead to an increase in asthma symptoms.

The majority of people with asthma are prescribed a daily preventer inhaler to protect against an asthma attack and a reliever inhaler to use when symptoms occur. It is extremely important that preventer medication is taken as prescribed, even when asthma symptoms are not present. Failure to do so can prove fatal.

## ABOUT ASTHMA SOCIETY OF IRELAND

The Asthma Society of Ireland (ASI) was founded in 1973 to help raise public and political awareness of the condition and the challenges faced by asthmatics on a daily basis.

Today, we are a national charity dedicated to empowering Ireland's 470,000 asthmatics, helping them to take control of their asthma by providing them and their families with information, education, services and support. We are focused on representing people with asthma and working to improve their quality of life.

## OUR MISSION

Our mission is to continue to actively engage with the general public, healthcare professionals, the government, third party organisations and other stakeholders to keep asthma high on the agenda, with policy makers and politicians and in the public consciousness. We will advocate on behalf of people with asthma to ensure that they receive the best possible care, treatment, information and support.

Despite its extensive prevalence in the community, asthma remains, in many ways a forgotten disease despite its social, economic and personal impacts. It has had a low priority when compared with some other chronic and serious illnesses such as cardiovascular disease, diabetes and some cancers. One of our aims is to advocate for the full implementation of the National Clinical Programme for Asthma, which was approved in 2011. We will continue to push for better services and care management to support our members. We are constantly advocating for initiatives at a national level to address the high cost of asthma care for people with asthma and their families.

# 3.13 DAYS



The average length of stay with an asthma hospital admission.

# 4<sup>th</sup>

Ireland has the fourth highest prevalence of asthma in the world.

# 90%

Percentage of asthma deaths that are preventable.

# 1 in 5

Proportion of children who have asthma.

Proportion of adults who have asthma.

# 1 in 10



# 60%

# TEN

Average number of days of work adults miss each year due to asthma.

# twelve

Average number of days of school children miss each year due to asthma.

## WHY OUR WORK IS SO IMPORTANT

# one

### THE NUMBER OF PEOPLE WHO DIES EVERY WEEK AS A RESULT OF THEIR ASTHMA.

Percentage of people in Ireland who have uncontrolled asthma, meaning they are at risk of an asthma attack.

# 5,000+

The number of asthma admissions to hospital every year.

# €5000m+

The amount asthma costs the state per annum.

# 26 minutes



How often someone in Ireland visits an Emergency Department with asthma.

# 470,000

The number of people in Ireland who have asthma, including one in five children.

In 2015, we began implementation of our new and ambitious five year strategy, Vision 2020. The strategy was developed using insights from our members, our stakeholders, and particularly from those who directly use our patient services such as our Adviceline and clinics.

# VISION 2020

OVER THE NEXT THREE YEARS, WE WILL FOCUS OUR ACTIVITY ON FOUR KEY STRATEGIC GOALS:

## GOAL 1

**Empowerment, Health Promotion and Public Engagement**

## GOAL 2

**Advocating for Change**

## GOAL 3

**Collaborating with Healthcare Professionals**

## GOAL 4

**Engaging with Young People**

OUR STRATEGY IS DUE FOR REVIEW IN 2018, AS WE CONTINUE TO STRIVE TO MAKE OUR VISION A REALITY FOR PEOPLE WITH ASTHMA.



## ANN

Ann is from Cork, lives with her husband, Jim, and is 67 years old.

She had childhood asthma and, in the last year, she has been experiencing a lot of shortness of breath. She has regular chest infections every Winter but this year she has taken four rounds of antibiotics and she has also been on oral steroids when these chest infections were hard to shift.

She is currently being treated by her GP but it's not clear to Ann if the diagnosis is for asthma or for COPD as both of these conditions have been mentioned to her. She stopped smoking ten years ago.

She's not sure about taking all the medication she's been prescribed - maybe it's not all necessary, she's always had chest trouble. There are two things she's really worried about in the future: lung cancer and needing to be on oxygen.

### WHAT DOES ANN NEED?

- To reduce shortness of breath and infections
- A definite diagnosis
- Access to spirometry and chest x-ray
- A referral to respiratory consultant
- Support and sensitivity and to have her fears allayed

## WHO WE HELP



## TOM

Tom is 40 years old and lives in Dublin. Tom is Aoife's Dad – she is 4 years old.

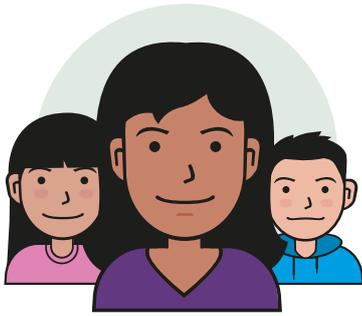
Aoife has newly been diagnosed with asthma by her GP. Tom had asthma himself as a child. Tom's really worried about Aoife, about what the diagnosis means for her. He wants her to be able to take part in activities, to go to school, to feel well. He's worried about her being at the crèche, at his ex-partner's house, at his parents' house, at parties, in case anything goes wrong.

She had an asthma attack last month and he was there and got it under control. It scared the life out of him. The worry is affecting him at work. His ex-partner doesn't want Aoife to be dependent on medication so Aoife doesn't take the medication

consistently across the week as a result. He has been trying to read up about asthma but it feels like so much to learn.

### WHAT DOES TOM NEED?

- An asthma management plan for Aoife that everyone can follow
- Access to the Asthma Adviceline and website
- Materials or videos for Aoife to learn more about asthma
- An Early Childhood Programme to help him and his ex-partner, the crèche, and others
- An asthma attack advertising campaign
- Peer support
- Reassurance so he can avoid worrying Aoife



## CLAIRE

Claire is originally from Waterford but now lives in Dublin with her partner David and their two children, Grace (6) and Daniel (3).

Grace wheezes in winter months and coughs persistently by night. She is always sick upon her return to crèche or school in September. She has had two asthma attacks in the last year. One was in school and one was while she was at her grandparents' house in Waterford. Grace is a real worrier. She worries about the attacks and also about making a fuss at school. She hates taking her inhaler in front of the other kids.

Daniel is three and is a happy-go-lucky kid. He has been having recurrent chest infections since he was a year old and had to be treated in hospital when one of these became serious. He seems to have a runny nose all the time.

Claire is really worried about how to manage their money with the costs of

having two children with asthma. Now that Grace is six, they no longer get free GP visits for her. The monthly medical costs really take a toll for them - even with the Drugs Payment Scheme, the cost is so high that everyone feels the burden of getting sick. The only relief is that Daniel is still able to see his GP with the under-6 programme.

### WHAT DOES CLAIRE NEED?

- Help with the cost of medication and devices
- Help to speak to her family/ the school
- An asthma attack advertising campaign
- Take-up of ASI Schools/ Early Childhood Programme
- Information about what to do in the event of an asthma attack
- Videos designed to help her and/or to engage her children
- Information about the diagnosis process
- Reassurance



## JACK

Jack is eight years old. He is football-mad and is adamant that he is going to win an All Ireland Final playing with Dublin.

He is obsessed with GAA, swimming and he loves watching cartoons on Netflix. He coughs a lot at night, which can make him tired. When he gets sick, he gets really sick and he misses weeks of school and training at a time. He has to either stay at home with one of his parents, who take a day off work, or at his grandparents' house.

He's afraid he won't be able to make the team with his asthma. His coach tells him he doesn't need his inhaler and that he shouldn't be depending on it.

Asthma is a bad word for Jack. He takes

his medication at home but not in school. He never uses the spacer in school because it embarrassed him. He doesn't like being different.

### WHAT DOES JACK NEED?

- To keep his place on the team
- For his coach to be ok with his asthma
- Not to have to be embarrassed about his asthma
- To stop coughing at night
- The ASI Schools Programme and an asthma buddy
- Age-appropriate videos and leaflets about asthma
- To meet or to know about a sporting hero with asthma



## SOPHIE

Sophie is 15 years old, lives in Kerry and is studying for her Junior Cert.

Sophie was diagnosed with asthma as a child. She has missed huge amounts of time at school, and finds Autumn and Winter really challenging with the temperature change, and the cold and the flu season.

Asthma is an absolute constant in Sophie's life. She has been hospitalised three times in the last year, which would make her a candidate for Xolair but it's not available to her in Kerry.

Sophie's asthma is really hard to manage. Her parents give her physio to help her clear her airways. She takes her preventer and reliever medication religiously. She's frequently prescribed weeks of steroids, which she hates, but she takes them as they're the only thing that can help. They had to give her childhood pet away.

She's never really been able to exercise or do PE. She's always had a doctor's note - she walks the perimeter of the PE Hall while other people participate. She's missed out of discos and school trips because she was in hospital or in bed sick. She's really worrying about missing school time in her exam year.

### WHAT DOES SOPHIE NEED?

- Access to Xolair or other severe asthma treatment suitable for her
- To have a normal life
- To be able to sit her exams
- Financial support for her family with GP visits, hospital stays and the cost of medication
- Peer support
- Teacher involvement/ awareness
- Help with exercise
- In the long term, support for her transition to living away from home



## KEVIN

Kevin is from Mayo and is 22 years old. He lives in Dublin, where he is studying for a degree in business. He was diagnosed with asthma as a child.

Kevin hasn't been paying much attention to his asthma. He's always missed chunks of school or part-time jobs with chest infections. Regular asthma attacks are part of it, as far as he's concerned. He doesn't take his preventative inhalers as he doesn't think they make a difference, and he rarely brings his reliever inhaler with him to college or when he's out. He generally weighs up the cost on inhalers against the money for a night out.

The house Kevin lives in is not helpful – it's damp and cold, and there's also mould

in his room. When friends come over, they smoke in the house and Kevin won't make an issue about it but even thought it really makes him wheezy and short of breath.

### WHAT DOES KEVIN NEED?

- An annual review of his asthma and an asthma action plan
- Additional support from his student health centre and pharmacy
- An asthma attack advertising campaign
- Help with how to recognise deterioration
- Psychological support to change his behaviour
- To take his preventer regularly and to know his asthma triggers

## GOAL 1

# EMPOWERMENT, HEALTH PROMOTION AND PUBLIC ENGAGEMENT

At the Asthma Society of Ireland (ASI), we are dedicated to empowering people with asthma to manage their condition and improve their quality of life. Providing expert advice and information is key to helping our members understand their asthma and prevent possible attacks.

Asthma is extremely prevalent in Ireland and many people don't realise the high risk of asthma attacks and, consequently, of asthma deaths. We aim to highlight the importance of people with asthma managing their condition, to avoid triggers and how to cope when they do experience an asthma attack. By engaging with the public, we hope to make the wider community aware of how they can support someone with asthma. We do this through providing the following services and resources and through running campaigns:

- Asthma & COPD Adviceline
- Asthma in the Pharmacy clinics
- Public Engagement Activity

Our Asthma & COPD Adviceline handled **4,300 calls in 2017.**

# ASTHMA & COPD ADVICELINE

The Asthma & COPD Adviceline is an easily accessible expert team of respiratory nurses who provide callers with personalised information, advice and support in managing their asthma, and how to cope with attacks. The Adviceline service is staffed by registered nurses with experience in respiratory clinical practice for both paediatrics and adults, and also have a diploma in asthma management.

The Adviceline nurses advise callers on smoking cessation, physical activity and also promote vaccinations. Information packs and self-management plans were posted to the callers which maximised service effectiveness. On 1st June 2016, in collaboration with the HSE and COPD Support Ireland, our service was expanded to provide support for people with COPD (Chronic Obstructive Pulmonary Disease).

Our Adviceline has been accredited by the Helplines Partnership in the UK as a result of the quality of service provided. The Adviceline can be contacted by phoning 1800 44 54 64 or by texting 'asthma' to 086 0571838. Alternatively, people with asthma or their carers can reach Adviceline by email at [nurse@asthma.ie](mailto:nurse@asthma.ie).

## RESULTS

In 2017, a HSE evaluation found that

# 96%

of callers were pleased with the empathy and understanding of the Adviceline nurse.

The nurse's level of knowledge in answering questions, and the information offered to the caller were also highly rated.

The evaluation also found that

# 79-88%

of the users agreed that as a result of using the service they felt increased confidence in managing their asthma, and realised the importance of engaging with a healthcare professional for additional support and advice.

Callers also reported an improved understanding regarding their medication and what they should do if they suffered an attack.

In 2017, the Adviceline nurses assisted

# 4,300 callers

advising them on the importance of developing a self-management plan with their GP and how to monitor their condition and be aware of exposure to triggers.

# 34%

of Adviceline users agreed that they would be less likely to miss school or work as a result of using the helpline.

## WHAT DIFFERENCE DID WE MAKE?



"Prior to contacting Adviceline, I was very nervous and concerned that I would get another asthma attack while alone or with my children, and it's a frightening situation to be in...However, with the advice and guidance given by the asthma nurse, I feel much more confident managing my situation going forward."

"I have been extremely worried and upset about my illness for a long time ...I got in contact with the ASI and my life has changed. I got to ask all my questions and finally got my answers...I was sent an action plan and I have also consulted with my GP and respiratory nurse."

# 'ASTHMA IN THE PHARMACY' CLINICS

Our 'Asthma in the Pharmacy' programme allows patients or their carers to meet an ASI Nurse for a private consultation at their local pharmacy. Each patient is allocated an appointment time and a consultation usually lasts an average of 30 minutes. During the consultation, the patient can take an Asthma Control Test. With the guidance of the nurse, they can learn more about their asthma symptom control and how to improve it. Sometimes, it may be necessary to refer a patient with poor asthma control to a healthcare professional. The patient can also have their inhaler technique checked and ask any questions they may have regarding their medication. With a better understanding of their asthma, patients feel empowered and can better liaise with their doctor in managing their condition. Patients can also receive information on any topic relating to their asthma, which might include allergies, peak flow monitoring and smoking cessation. Pharmacists can arrange an 'Asthma in the Pharmacy' clinic by calling [01 8178886](tel:018178886) or emailing [healthpromotion@asthma.ie](mailto:healthpromotion@asthma.ie). 'Asthma in the Pharmacy' has been kindly sponsored by GlaxoSmithKline (GSK).

## RESULTS

In 2017,

**830**  
people

availed of our free consultations  
with ASI nurses in

**112**  
pharmacies  
nationwide.

**410** patients  
were referred onto their GP or a Consultant.

Only **5%**  
of attendees at the 'Asthma in  
the Pharmacy' clinics in 2017 had  
an Asthma Management Plan in  
place prior to consultation.

Of those who attended the  
clinics in 2017,  
**40%**  
had suffered an asthma attack  
in the past 12 months.

## WHAT DIFFERENCE DID WE MAKE?



"I brought my Dad to see the nurse in a pharmacy. She was so helpful and thorough, and really showed empathy and care for my Dad. She gave him great tips to help manage his asthma on a daily basis."

"The asthma day was a great success. We have had great feedback from customers who had their use of inhalers reviewed and their symptoms have improved within a few weeks" – Co. Wicklow Pharmacy.

# **PUBLIC ENGAGEMENT**

Our 2017 public campaigns and events sought to highlight the difficulties faced by people with asthma and how important it is for them to identify and manage their symptoms. Engaging directly with the public raises awareness and results in greater support and understanding.

**THESE INCLUDED THE FOLLOWING:**

**ASTHMA DEATHS CAMPAIGN**

**WORLD ASTHMA DAY 2017**

**HAYFEVER CAMPAIGN 2017**

**PUBLIC EDUCATION EVENTS**

**MEMBER COMMUNICATIONS**

**INDOOR AIR CAMPAIGN**

**DIGITAL COMMUNICATIONS**

**COMMUNICATIONS ACTIVITY**

# ASTHMA DEATHS CAMPAIGN

The purpose of our Asthma Deaths campaign in May 2017 was to highlight the dangers of asthma and how an asthma attack could be fatal.

Tragically, one person a week dies in Ireland from an asthma attack but not everyone is aware of this danger.

We wanted to reach the 470,000 asthmatics and also the people who don't have asthma. Michael Martin lost his son Chris, aged 19, to an asthma attack. He featured in two powerful videos which shared his devastation at losing his son. According to Michael, "Chris always carried his reliever inhaler and would use it while playing rugby. However, he would often forget to take his preventative medication. He might take it on a Monday or a Tuesday but then forget to take it on a Wednesday or Thursday. It wouldn't be until he got a bit chesty that he would remember to take it again. He didn't realise his asthma wasn't under control and that he was at risk of a serious attack."

One video was used on social media and [www.asthma.ie](http://www.asthma.ie), while the other was used as a TV advertisement reaching a large audience. Michael was a guest with Ryan Tubridy on The Late Late Show on May 5th and gave an emotional account of what had happened to Chris. He stressed the importance of using medication properly. "I never thought asthma would kill Chris. I never thought it would kill anyone," he said.

The interview was televised in Ireland and abroad. On Monday May 8th, Joan McLoughlin was a guest on IrelandAM to speak about her son Dylan, aged 16, who had passed away following an asthma attack. The bravery of both parents in sharing their tragic story helped to put the spotlight on the Asthma Deaths Campaign. It was covered in *The Irish Independent*, *The Irish Daily Mail*, BBC News and Newstalk. Coverage also reached our younger audience through our social media channels. This is vital because one in five children have asthma. The videos were also shown at the National Clinical Programme for Asthma (NCPA) meeting and the AGM of the European Federation of Allergies and Asthma Patients Association. GSK kindly supported our work on the Asthma Deaths campaign.

## RESULTS

The campaign is estimated to have reached over

9.3 million people.

E-zines highlighting the campaign were sent to

10,000 members.



**"I never thought asthma would kill Chris. I never thought it would kill anyone,"**

*Michael Martin about his son Chris's death.*



The total reach of the World Asthma Day campaign was estimated to be **over 3 million people.**



## WORLD ASTHMA DAY

In 2017, World Asthma Day took place on Tuesday 2nd May. Our goal was to raise awareness of asthma and how to manage it for improved quality of life. Our focus during the campaign was on advising people with asthma on their inhaler techniques, as this is vital in managing the condition. There are currently 120,668 people with asthma in Dublin. Two thirds of these people are not using their inhaler correctly.

World Asthma Day coincided with World Allergies Week, 1st-8th May, and we used this opportunity to keep the spotlight on asthma and its prevalence in our communities. Asthma cannot be cured but it can be controlled. However, 60% of people with asthma in Ireland do not have their condition under control. Consequently, asthma accounts for 50,000 GP visits annually, with one person attending A&E every 26 minutes due to their asthma.

We highlighted the services we provide and self-management tools to support people with asthma, in an effort to reduce this number. Our aim was to help them understand their condition and educate them on how to control their asthma. Boots Ireland kindly sponsored the event and provided free 'Lets Breathe Easy' clinics in Boots pharmacies nationwide. Boots pharmacists continued to offer free asthma consultations and inhaler technique advice for the month of May.

### RESULTS

Our press release was picked up by

**35**  
newspapers

including  
*The Irish Independent,*  
*The Irish Examiner* and  
*The Irish Sun.*

Inhaler technique was a topic of discussion on

**10** radio  
stations  
nationwide.

The total reach of the campaign was estimated at over

**3** million

Boots Ireland provided free 'Lets Breathe Easy' clinics in

**83** Boots pharmacies  
nationwide.

### WHAT DIFFERENCE DID WE MAKE?



"These consultations are designed to provide advice and support to patients with asthma, helping them to better manage their condition. They can discuss their current use of medication with a pharmacist and have their inhaler technique checked to ensure they are not wasting their medicine by using their device incorrectly," according to Susan O'Dwyer, Healthcare Development Manager with Boots Ireland.

## HAYFEVER CAMPAIGN 2017

Every summer the ASI offers support and information to all asthmatics regarding pollen, as 80% of people with asthma also suffer from hayfever. Dyson and GSK kindly sponsored a pollen tracker in 2017 which was hosted on [www.asthma.ie](http://www.asthma.ie). It operated from June to September and each day it updated the levels of pollen nationwide. This allowed people with asthma to prepare for the day ahead and for the following day. On [www.asthma.ie](http://www.asthma.ie), the hayfever webpage also offered tips and explained that it was common for uncontrolled hayfever to lead to an increase in asthma symptoms. Daily pollen forecasts were also posted on Twitter and Facebook to reach a wider audience. The ASI posted articles and engaged with media to offer advice during exam time, festivals and holiday season. Dyson also kindly sponsored four competitions where each winner received an air purifier for liking and sharing the forecasts online – this engagement was a real driver to the hayfever page and the website analytics showed that the average period of time spent reading that page was in excess of two minutes (a very long duration by online standards).



## RESULTS

In June, an e-zine reached

**8,400**  
members

highlighting the service and offering advice on how to survive the summer.

Our service also had coverage in various newspapers, including the *Evening Herald*.

The estimated reach of the 2017 hayfever campaign was

**2,150,000.**

The week before a forecasted heatwave in Ireland, ASI's CEO and Communications Manager were interviewed on

**five** of the largest regional radio stations.

They emphasised the importance of being prepared to avoid possible triggers.

## INDOOR AIR CAMPAIGN

Our Indoor Air Campaign offers advice on how to keep our homes asthma-friendly by identifying factors that can trigger asthma symptoms. Research shows that indoor air pollution can be two to ten times higher than outdoor air pollution.

The potentially problematic elements indoors include dust, mould, pets, poor quality air and furnishings. People are often unaware that poor indoor air quality can have a negative effect on their health. The campaign was launched in late October as the weather started to get cooler and people were spending more time indoors. With the help of Dyson, we offered guidelines and advice to people with asthma on how to improve air quality in their homes. This information was also communicated on social media to reach as wide an audience as possible.

### RESULTS

**23**  
local newspapers

and

**3**  
radio stations

covered our press release regarding the dangers of drying clothes indoors.

The estimated reach of the campaign was over

**685,000** people

ASI sent our e-zine to

**8,500**  
of our members

highlighting the campaign. This e-zine performed the best of the ten e-zines we issued in 2017.

## MEMBER COMMUNICATIONS

Members of the ASI receive e-newsletters during the year announcing any upcoming campaigns, events and asthma-related news. These e-newsletters also include advice, support and a reminder of the services we offer and are designed to be topical and seasonal, so that they are relevant to members' lives. We will explore new ways to make these newsletters more engaging in 2018.

## PUBLIC EDUCATION EVENTS

At the request of the Laois Sports Partnership, a member of our Health Promotion team spoke to a group of patients and carers in October, in Rathdowney Community Hall. The talk centred on the work of the ASI and the various services we offer to people with asthma. The main focus of the event was to communicate the principles of exercising responsibly with asthma. Those in attendance included local GAA stars, Tipperary hurler Seanie Callanan and Dr Muhammed Tarik, Consultant Paediatrician at Midland Regional Hospital, Portlaoise. The response was very positive, with patients and parents approaching the stand following the talk to ask questions.

In addition, we answered asthma-related queries and distributed information materials at information stands in the following venues:

- Athlone Institute of Technology Health Fair, Westmeath
- Midland Regional Hospital, Portlaoise
- Beaumont Hospital, Dublin
- Tallaght Hospital, Dublin
- Traveller Men's Health Day, Phoenix Park, Dublin
- Ennis Health & Wellbeing Event at St. John's Hospital, Ennis, Co. Clare
- Tallaght Health Fair, Dublin

## DIGITAL COMMUNICATIONS

ASI's social media engagement saw a rise in 2017 with nearly 4,652,000 impressions received for our content. Our number of Facebook followers increased by 2,700 while the Twitter account received an additional 2,400 followers. This was a growth of 18% on Facebook and a massive 59% growth on Twitter.

## COMMUNICATIONS ACTIVITY

Our flu and pneumococcal campaign in September reminds our members, by e-zines and through social media, to speak to their doctor about vaccinations. People with asthma fall under the 'at-risk' group during cold and flu season and should consider the benefits of being vaccinated.

At Halloween, the ASI released a regional press release, warning members about the dangers of bonfires and fireworks, especially for people with asthma. This message was communicated to over 214,000 people.

## GOAL 2

# ADVOCATING FOR CHANGE

ASI believes in highlighting the challenges faced by people with asthma in Irish society and influencing the government and society to create lasting change. Our aim is to ensure the voices of our members are heard and to campaign for progressive policies to make their schools and environment healthier places to inhabit.

We do this by listening to our members - we are aware of the challenges they encounter and we learn the changes that would improve their daily lives. Armed with this knowledge we publish policy papers and run advocacy campaigns on these issues. Further to this, we lobby politicians and officials in relevant government departments to secure improved services and supports for people with asthma. In 2017, ASI continued to be the voice for our members on the working group of the National Clinical Programme for Asthma. Our interest in innovative research to improve asthma management led us to publishing a study on indoor air quality, collaborating on a research project and we also campaigned for reducing air pollution. Our work in advocacy includes:

- Pre-Budget Submission
- Oireachtas Briefing
- Oireachtas Children and Youth Affairs Committee Submission
- Back-to-School Campaign
- National Clinical Programme for Asthma
- Indoor Air Quality
- Outdoor Air Quality
- Smoky Coal Ban
- Research - Respiratory Medicines Expenditure

## PRE-BUDGET SUBMISSION

We published our Pre-Budget Submission in May 2017 to appeal to the government to prioritise asthma in Budget 2018. The submission highlighted the importance of funding in order to:

1. Reduce the cost of asthma medication.
2. Improve primary care for people with asthma.
3. Equipping schools and sports clubs to support children with asthma.
4. Provide specialised secondary care for children.
5. Improve outdoor air quality.
6. Improve indoor air quality.
7. Reduce the threat from tobacco.
8. Fund the critical work of the ASI.

## OIREACTHAS BRIEFING

Following the widespread coverage of our Asthma Deaths campaign, we held an Oireachtas Briefing in Buswell's Hotel in Dublin on Wednesday 10th May 2017. Members of the Oireachtas and representatives, including the Tánaiste and several ministers, were in attendance. We briefed those assembled on the challenges faced by our members and focused on the issues we had highlighted in our Pre-Budget Submission. Following the briefing, we were asked by members of the Joint Committee on Children and Youth Affairs to submit a written submission for consideration.

## OIREACTHAS CHILDREN AND YOUTH AFFAIRS COMMITTEE SUBMISSION

Our submission to the Oireachtas Joint Committee in Children and Youth Affairs, offered us the opportunity to emphasise how critical it is that the ASI receive adequate funding. Our submission concentrated on the following areas:

1. Reduction in the cost of medicine for families that do not have a medical card.
2. Equipping schools, sports clubs and other organisations and venues to support children with asthma.
3. Provision of specialised secondary care for children.
4. Protecting children from air pollution and tobacco smoke.
5. Outlining the importance of good indoor air quality for children.

## BACK-TO-SCHOOL CAMPAIGN

Back in October 2015, the Minister for Health had signed new regulations concerning schools into effect. These new initiatives would allow members of the public to administer life-saving rescue medicines such as epi pens, glucagon for diabetic hypoglycaemia and reliever asthma inhalers in emergency situations.

Following our Oireachtas submission, however, it came to light in 2017 that no schools had registered for this new scheme. This meant that in the case of an emergency there was no inhaler available in schools consequently putting all children with asthma at risk.

As a result, our 2017 campaign focused on advising parents and teachers that all children should always have their inhaler with them. We also appealed to the government to prioritise promoting the scheme to schools. Our CEO appeared on IrelandAM and TV3's News. Four of the largest regional radio stations broadcasted details of the scheme and it was reported on the *Irish Examiner* and *The Irish Sun*.

## NATIONAL CLINICAL PROGRAMME FOR ASTHMA (NCPA)

During 2017, the ASI continued to represent its members on the working group of the NCPA, which is a body of expert healthcare professionals drawn from numerous fields of medical care. The NCPA is responsible for guiding asthma care in Ireland, ensuring that it is in keeping with the latest international clinical guidelines and best practice standards. The ASI works alongside the NCPA to represent the voice of the patient in the decision-making process and to ensure patient needs remain a key focus of the group's work.

In 2017, the NCPA had two main areas of focus. The first was on updating the Asthma E-Learning Education Programme to provide expert, self-paced training for healthcare professionals on key aspects of care including diagnosis, self-management and paediatric care. The second area of focus was on updating the Asthma Action Plan which is a vital resource for patient self-management. It assists people with asthma in improving their quality of life, while also reducing hospital admissions and the use of urgent and unscheduled healthcare. Both of these resources will be launched in 2018.

## INDOOR AIR QUALITY STUDY

The World Health Organisation (WHO) attributes 4.3 million global deaths to indoor air pollution. The quality of the air we breathe has a major impact on our health and this is especially true for people with asthma. Many asthmatics don't realise that indoor air quality also needs to be considered in managing their condition. It is thought that exposure to indoor air pollutants such as particulate matter, second hand smoke, moulds and allergens such as pet dander and house dust mites can modify the severity of asthma and make attacks more likely. In the Velux Healthy Homes Barometer 2015, fresh air and appropriate humidity were listed among the five most important characteristics of a healthy home. Therefore, it is important to look at indoor air quality and its impact on health and disease.

In November 2016, we commissioned a study on the air quality in the homes of some of our members. The aim of the study was to evaluate whether the use of an air quality monitor, the Cair unit by Nuwave, is useful in assessing air quality in the home. The study also hoped to assess whether the use of an air purifier, the Cliniair unit by Envirion, could help improve the indoor air quality. To ensure accuracy, air quality were assessed in the homes prior to the air purifier being used, as well as afterwards. During these periods, the people with asthma tracked their symptoms on an app linked to the monitoring system.

The results of the study, which were published in 2017, found that asthma symptoms were linked to high levels of air pollution. The symptoms logged by the participants, correlated strongly with the presence of strong chemical fumes and smoke particulates in the home. This highlights the important roles of both air quality monitoring and air purification in asthma management. The ASI believes these findings warrant a larger study over a longer time frame, to confirm the results and fully determine the positive impact of air monitoring purification on asthma symptoms.

The World Health Organisation (WHO) attributes **4.3 million global deaths** to indoor air pollution.

## OUTDOOR AIR QUALITY

The ASI advocates that air pollution is not only an environmental issue, but also a serious health concern. In October 2017, the ASI issued a press release highlighting the danger posed by bonfires and fireworks to air quality, and how this is detrimental to people with asthma. This coincided with the Environmental Protection Agency's (EPA) report on the air quality in Ireland, which was a reason for concern and this was emphasised by the ASI, during an interview broadcast on The Last Word programme with Matt Cooper.

The ASI sent a submission to the EU in support of the extension of Clean Air Zones and the legislative framework for improved implementation and enforcement. The ASI supports the work of Professor John Sodeau and his colleagues in University College Cork and works in partnership with them in this area of study. The Centre for Research in Atmospheric Chemistry (CRAC) lab conducted research into particles in the air and their effect on health conditions. Their research proves how critical it is that the government implements the 'Smoky Coal Ban' and also abolishes the tax incentive for diesel cars.



## SMOKY COAL BAN

The Dublin Smoky Coal ban was introduced in the 1990's and, by 2017, it has been responsible for saving more than 8,200 lives. The ASI advocated for this ban to be extended nationwide to improve air quality and public health, particularly in rural areas.

The Department of Communications, Climate Action and Environment's 'Cleaning Our Air' consultation paper in February 2017 acknowledged several points of ASI's 2015 Clean Air Campaign, which was carried out in association with University College Cork.

In response to this, ASI identified the areas of focus to prioritise Ireland's air quality:

1. The government must adhere to their autumn 2018 'Smoky Coal Ban' implementation date and also investigate the health implications of burning wood and peat.
2. The favourable tax treatment of motor diesel should be reconsidered, following research which indicated that on short journeys, emissions from diesel cars are just as high as those from petrol cars.
3. A nationwide network of real-time air quality monitoring stations should be installed as part of a proactive plan to monitor and reduce emissions

On December 5th 2017, Minister Naughten announced the nationwide 'Smoky Coal Ban' would be implemented in Autumn 2018. This comes as a result of years of lobbying, with the ASI at the forefront of this issue. The ASI welcomed this news and issued a press release highlighting the health benefits especially for those living with asthma. The ASI also shared the news with their European counterparts, as Ireland will be the first country in the EU to implement the ban nationwide.

## RESULTS

The ASI team lobbied

**54** Oireachtas  
members  
and **nine** of their  
representatives

at our Oireachtas Briefing to change health, environmental and education policy.

The Back-to-School campaign received widespread coverage in the media reaching an estimated audience of over

**1.8** million  
people

Since launching the Back-to-School campaign, the ASI has been contacted by many schools who wish to participate in the new scheme.

After many years of lobbying by the ASI, the Smoky Coal Ban has been made a nationwide policy, due for implementation in 2018.

The Dublin Smoky Coal ban was introduced in the 1990s. By 2017, it has been responsible for saving **more than 8,200 lives**.

Smoky coal is totally banned

The Asthma Society of

**Smoky coal to be banned in small towns and villages**

**The Nationalist** Irish Paper Today

Tipperary asthma sufferers will benefit from smoky coal ban

**18,000 asthmatics applaud Limerick smokey coal ban**

**BAN ON SMOKY COAL IS WELCOME**

Coal ban benefits

MORE than 50,000 asthma sufferers in Cork will benefit

The extension of the ban to be nationwide in December 2017 makes Ireland **the first country in Europe** to take such a step.

## RESEARCH

# RESPIRATORY MEDICINES EXPENDITURE

In 2017, the ASI collaborated with University College Cork master's student, Jackie O'Dwyer on her research project entitled: A Review of Respiratory Medicines Expenditure in the Primary Care Reimbursement Services 2005-2015. The aim of this research project was to conduct an 11-year review of respiratory medicine expenditure in Ireland from 2005-2015. The study, to be published in 2018, investigated how the State could pay for the total cost of medicines through public schemes and if there would be long-term financial benefits.



Asthma accounts  
for **over 50,000**  
**GP visits** annually.

# 3 GOAL 3 COLLABORATING WITH HEALTHCARE PROFESSIONALS

Working with consultants, general practitioners (GPs), nurses, pharmacists and other healthcare professionals (HCPs) is an important part of our work. We provide education, training and support to HCPs through information meetings, DVDs, online resources, e-zines and information leaflets. Working in partnership with HCPs ensures that people with asthma get the most up-to-date personalised care possible.

This includes the following events, support and resources:

- Healthcare Professional Education
- Information Stands
- Under-6 GP Support Programme
- Inhaler Technique Resources
- E-Learning Programme
- Asthma.ie and other resources for HCPs
- Information Materials

# HEALTHCARE PROFESSIONAL EDUCATION

## 'HELPING THE ASTHMA PATIENT – WHAT'S NEW?'

In April 2017, we held an educational meeting entitled 'Helping the Asthma Patient – What's New?' which was attended by 34 HCPs. Three expert speakers, Professor Stephen Lane, Dr. Stephen Daniels and Ms. Elaine MacHale, covered the following topics:

1. Sublingual immunotherapy (SLIT) in grass pollen and house mites.
2. The Importance of understanding indoor air quality.
3. Adherence to asthma medication.

The meeting was kindly sponsored by TEVA Respiratory and the feedback we received from the attendees was very positive. The suggestions we received on our feedback forms will help generate our HCP education programme for 2017.

## ASTHMA NURSE TRAINING DAY

The annual nurse training day for the ASI's nurse panel was held in the Ashling Hotel in Dublin on Thursday 22<sup>nd</sup> June 2017. The nationwide nurse panel consisted of nurses working in both GP practices and hospital settings. There were 16 nurses in attendance on the day. The event was sponsored by GSK as part of the 'Asthma in the Pharmacy' programme.

Three expert speakers covered the following topics:

- The challenge of acute asthma in Ireland
- Developments in severe asthma
- Indoor air quality for asthma and allergy sufferers

## INFORMATION STANDS

We held information stands to distribute resources, and also highlight our services to HCPs. We engaged with HCPs at the following HCP events and hospitals (please see the section on Public Education Events for other information stand engagements):

- Irish Practice Nurse Association Conference, Tullamore
- Irish Thoracic Society Meeting, Limerick
- Primary Care Partnership Conference, Dublin

## UNDER-6 GP SUPPORT PROGRAMME

The HSE contract with GPs for free healthcare for children under 6 years of age included an emphasis on asthma management. To support GPs in this work, we developed resources and educational materials on topics such as the correct use of asthma devices for children. Our free asthma support pack includes a poster showing paediatric inhalers, a demonstration Aerochamber and placebo inhaler for patient demos, sample patient publications and asthma action plans. GPs and practice nurses can order a pack by contacting the ASI on [01 8178886](tel:018178886) or emailing [healthpromotion@asthma.ie](mailto:healthpromotion@asthma.ie).

## INHALER TECHNIQUE RESOURCES

Several research studies have shown the majority of patients with asthma are not using their inhalers properly. This can result in poor asthma control and impaired quality of life. It can also leave people at risk of potentially serious asthma attacks which can prove fatal. HCPs play a vital role in demonstrating correct inhaler use to patients, while also highlighting the importance of taking medication properly. It is essential they know how to correctly use the range of inhalers available to them.

In 2016, with the support of GSK, we developed DVDs and USBs demonstrating the use of 22 inhalers and spacer devices, and a Standard Operating Procedures booklet. We distributed these materials to all HCP events, including the following in 2017:

- Irish Practice Nurse Association Conference, Tullamore
- Irish Thoracic Society Meeting, Limerick
- Primary Care Partnership Conference, Dublin

The DVDs and SOP booklets were also posted to 121 GPs taking part in HSE's Under-6 programme in 2017.

## E-LEARNING PROGRAMME

In 2017, in conjunction with the HSE National Clinical Programme for Asthma, we updated the Asthma E-Learning Programme for HCPs to reflect the latest guidelines from the Global Initiative for Asthma (GINA). The updates related to content but the actual programme now includes gamification techniques designed to boost learning outcomes. The programme will be launched in 2018.

## ASTHMA.IE & OTHER RESOURCES FOR HCPs

Our website, [www.asthma.ie](http://www.asthma.ie), contains a dedicated section for HCPs. Throughout 2017, we also kept our HCP members informed about developments in asthma care through regular e-zines.

## INFORMATION MATERIALS

The ASI's information booklets and videos educate and update our members in helping them to manage their asthma. With the support of the NCPA and the HSE, these materials include:

- 'Take Control of Your Asthma', 'Asthma and your Child' and 'Asthma and Pregnancy' booklets
- 'Reach your Peak' booklet and posters on exercising with asthma
- 'Asthma and Allergic Rhinitis' booklet
- Inhaler technique videos on our website
- '5 Step Rule' posters and wallet cards on dealing with an asthma attack
- 'Asthma Friendly Homes' leaflet
- 'Asthma Friendly Schools' booklet

## GOAL 4

# ENGAGING WITH YOUNG PEOPLE

The ASI works with children, their teachers and carers to ensure that asthma does not unduly restrict or impact their learning and development. One in five children have asthma so it's likely that every school will have to cope with an asthma attack at some point.

Asthma symptoms can negatively affect a child's ability to learn and participate in school. It is vital that children have a safe and enjoyable environment where they are supported and protected. Our engagement with schools helps to tackle the stigma that surrounds asthma and the use of inhalers. Children need to feel confident about using their inhaler and empowered to ask for help when necessary. With this in mind, we ran a number of programmes to enable school staff to become familiar with asthma symptoms, triggers, treatments and emergency procedures and we also collaborated on a research project in relation to asthma in schools.

These included:

- Asthma Friendly Schools programme
- Leadership Project – Research on Asthma Friendly Schools Programme
- Community Outreach Programme
- 'Asthma and Your Child' DVDs
- Asthma Deaths Outreach Campaign

Students with asthma currently **miss an average of 10 school days** a year due to their asthma.

# ASTHMA FRIENDLY SCHOOLS PROGRAMME

Students with asthma currently miss an average of 10 school days a year due to their illness. Even experiencing mild asthma can affect their physical and mental health, and they may find it a struggle to keep up with their peers. We work with schools to help them support students with asthma and make the environment as asthma-friendly as possible. In 2017, we provided asthma nurse talks to schools on request and also offered the following resources to schools:

- 'Asthma Friendly Schools' booklets
- Sample school asthma policy
- Asthma record sheets to record individual information for the asthmatic students
- 'Reach your Peak' booklets on exercising safely with asthma
- Wristbands

Our Asthma Friendly Schools Award is our way of recognising schools that make an effort to utilise our resources, increase asthma awareness and engage with parents to create a supportive environment for every student with asthma. The awards come in three categories: bronze, silver and gold. St. Farnan's Post Primary School, Prosperous, Co Kildare achieved the Silver Asthma Friendly School Award in 2017. ASI thanks all the schools who engaged with us in 2017.



# LEADERSHIP PROJECT RESEARCH ON ASTHMA FRIENDLY SCHOOLS PROGRAMME (AFSP)

In 2017, the ASI collaborated with Lorraine Nolan-Daly, a master's student from the Royal College of Surgeons in Ireland on her research project entitled: Implementation of the Asthma Friendly Schools Programme in a Dublin Primary School through an Asthma Education and Awareness Initiative.

The purpose of this research was to implement the AFSP into a primary school in Dublin and gauge the outcome of the programme. The study found that the programme improved asthma medicine adherence and compliance, school attendance and quality of life for the students with asthma. It also created a supportive school environment where physical and mental wellbeing was promoted.



“Over the last 37 years, I have had personal experience of the toll asthma symptoms have taken on my mother and of the direct impact on quality of life for her and our family as a whole. The implementation of the schools programme can reduce school absenteeism, reduce ED visits, enhance medication adherence and improve health and wellbeing. It can profoundly change asthma's role in the life of a child.”

*Lorraine Nolan-Daly*

# ASTHMA COMMUNITY OUTREACH PROGRAMME

The ASI works with public service staff who support families, especially in disadvantaged communities. With the support of the HSE's National Office for Social Inclusion, we delivered half-day refresher training to 46 Traveller healthcare workers. Their initial training was in 2016, when they completed the 15 hour asthma education programme. Following the refresher training, the Traveller healthcare workers said they felt more confident in speaking to people about asthma. Feedback received also indicated that refresher training every 12 months would be beneficial.

Asthma half-day refresher training was delivered to six outreach workers in homeless and addiction services and to six Roma/Intercultural Health Workers in 2017.

In 2017, eight Roma/Intercultural Health Workers attended initial asthma education training in Waterford.

The refresher and initial training covered the following topics:

- What is asthma?
- How is asthma diagnosed?
- Asthma Triggers
- Asthma Medications
- Controlled versus uncontrolled asthma
- Signs of an asthma attack
- What to do in the event of an asthma attack
- Inhaler Technique
- Peak Flow monitoring
- 5 key messages for delivering asthma education
- Sign posting of supports for parents - Adviceline, website etc., local health services (GP, pharmacist, nurse)

## WHAT DIFFERENCE DID WE MAKE?



“Really enjoyed the training and it helped refresh my mind and I think it is important that it is done annually” – Traveller Healthcare Worker in Mayo.

## 'ASTHMA AND YOUR CHILD'

### DVDS

These were developed to provide parents with more information about asthma. The DVDs, which contained eight short videos, were distributed to parents through the Adviceline, the Asthma in the Pharmacy programme and other community events. The aim was to support and inform worried parents who had questions regarding their child's asthma. The videos covered the following topics:

1. What is asthma?
2. Does your child have asthma?
3. Diagnosed with asthma
4. Asthma triggers
5. 10 questions to ask your doctor
6. What to do during an attack
7. Exercise and asthma
8. Supports for parents

## ASTHMA DEATHS CAMPAIGN

### YOUTH OUTREACH

As part of our Asthma Deaths Campaign, our Health Promotion team visited Gorey Community School where Chris Martin had been a student before his untimely death. The students of the school honoured Chris's memory with a non-uniform day to raise funds for the ASI. A fun day was organised in the school's central courtyard, with music and games for students, parents and teachers. Our Health Promotion team spoke to a number of class groups about asthma and what to do in the case of an asthma attack. The school's fun day was very successful in raising €2,000 for ASI.

# FUNDRAISING

The ASI is a charitable organisation that receives limited funding and our critical work would not be possible without the kind support of our donors and those who fundraise for us.

Our fundraising income derives from the following sources:

- Lottery scratch cards
- Superdraw
- Individual donations and community events
- Corporate donations and sponsorships

Our gross income  
in 2017 from  
lottery sales was  
**€113,716**

## LOTTERY

## SCRATCH CARDS

The ASI has a license, granted annually by Dublin District Court, which permits us to sell lottery scratch cards on any street nationwide throughout the year. Our on-street lottery promotion is managed by IEL, and operated according to a professional code of practice. ASI ticket agents carry an I.D. card and a copy of the lottery license with them while selling tickets.

## SUPERDRAW

In the full year, our gross income from the Superdraw was  
**€221,728**

In November 2015, we added a monthly Superdraw to our fundraising activities. The draw is run by Bifta on our behalf. Prizes vary each month and include cash, travel vouchers and cars. Participation in the draw increased throughout 2016 and continued to grow in 2017.

## INDIVIDUAL DONATIONS AND COMMUNITY EVENTS

The ASI is grateful to those who make individual donations to support our work, through once-off payments or regular direct debits. We are also thankful for those that take the time to fundraise on our behalf.

In 2017, we received  
**€65,774** in individual donations, including regular contributions.

We also benefited from a wide range of other fundraising activities, through:

- People completing the Women's Mini Marathon or other sporting events in aid of ASI.
- Family and friends organising events in memory of a loved one who passed away due to asthma.
- Students organising fundraising events for us in and out of school.

# CORPORATE DONATIONS AND SPONSORSHIPS

In the full year, our gross income from the corporate partners was **€220, 771**

ASI is profoundly lucky to work with a selection of corporate partners who support our work.



# OUR GOOD GOVERNANCE

A consistent focus on strong, vigilant governance is an integral part of the ASI's strategic approach. By establishing good governance at the ASI, we ensure our work is effective, legal, transparent and responsible. This fosters an authentic and successful relationship with our supporters and members. The ASI is compliant with the following codes of practices:

- The Governance Code
- Statement of Guiding Principles for Fundraising
- Statement of Recommended Practice for Financial Reporting by Charities (SORP) standard

We are active members of The Wheel, Ireland's national association of voluntary organisations and charities. Our staff attend regular seminars, training days and sectoral updates organised by The Wheel.

The ASI is fully compliant with the Charities Act 2009, as enshrined in law and monitored by the Charities Regulator. The Charities Regulator is Ireland's statutory regulator for charitable organisations and we monitor any changes to their code to ensure we are working within its principles.

We are committed to obtaining the Triple Lock Standard, as accredited by the Charities Institute Ireland. This comprises three pillars: transparent reporting, ethical fundraising and good governance. This is the gold standard for best practice within a charitable organisation and we have adopted a timeframe to meet all criteria by the end of 2018.

## OUR POLICIES

An essential part of good governance is ensuring that internal policies are reviewed and updated on a regular basis. In 2017, the ASI updated three important documents:

- Continuity Policy
- Protected Disclosures Policy
- Staff Handbook

## CONTINUITY POLICY

This policy is a vital part of any organisations approach to good governance. The ASI is committed to ensuring that any organisational change or setback can be managed and that viable contingencies are in place. A full-scale review was undertaken in 2017 to make sure that all eventualities were planned for, and back-up plans were up-to-date and practicable. The review included giving relevant ASI employees ownership of specific contingency issues.

## PROTECTED DISCLOSURES POLICY

The ASI is committed to running an organisation that meets the highest ethical standards and in this spirit, we encourage our employees to report any instance of behaviour that fall below these requirements. The policy gives an in-depth description of the steps to follow in this instance as well as clarifying that an employee will never be penalised for reporting a disclosure in good faith. In addition to being a standalone policy, the Policy was also added to the Staff Handbook. There have been no Protected Disclosures in 2017.

## STAFF HANDBOOK

ASI's Staff Handbook serves an essential function, both as an introduction to the ASI's values and expectations for a new employee, and as a reference book for the experienced employee of the ASI's internal policies and terms. In 2017, the Staff Handbook was updated to include the Paternity Leave changes, upcoming retirement age changes and several other smaller additions.

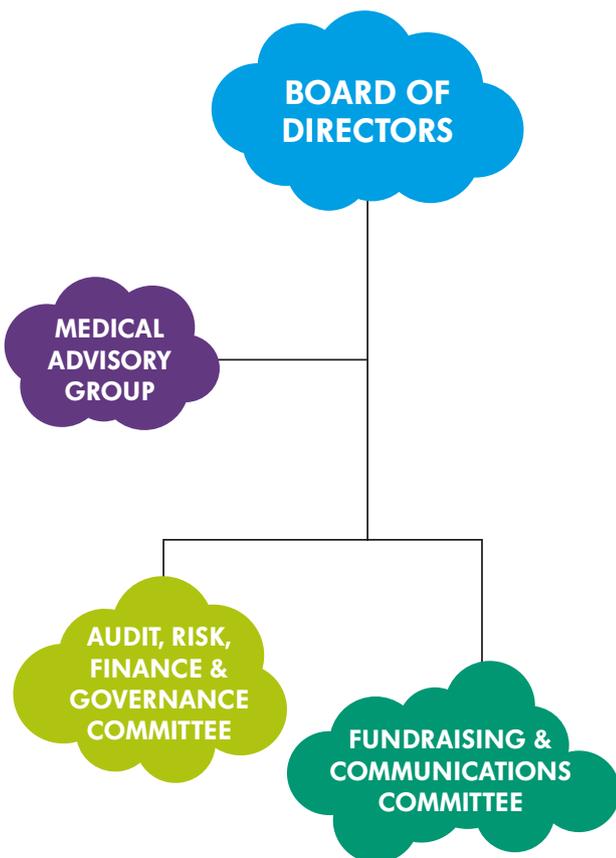
# STRUCTURAL MANAGEMENT

## THE BOARD OF DIRECTORS

The ASI is governed by its Board of Directors, which includes representation from a broad range of stakeholders, including people with asthma and the medical profession. The Directors are appointed to terms of office that comply with the Articles of Association of the ASI.

The term of office is generally three years, but Directors may be reappointed. All Directors serve in a voluntary capacity and do not receive any remuneration for their participation on the board. The Board of Directors met six times in 2017, with an overall attendance of 78%. The Board is supported by the following:

- The Medical Advisory Group
- The Audit, Risk and Finance Committee
- The Fundraising and Communications Committee.



## MEDICAL ADVISORY GROUP (MAG)

The MAG is a committee composed of experienced medical professionals in the respiratory field. They are responsible for ensuring that any research or publications from the ASI are up to the highest standards. They will also act as medical spokesmen for the ASI for specific advocacy and awareness campaigns. In 2017, the MAG reviewed and advised us on the 'Active with Asthma' resources.

## THE AUDIT, RISK AND FINANCE COMMITTEE (ARFC)

The ARFC serves as a focal point for communication between other Directors, the external auditors, the internal auditors (if any) and management, as their duties relate to financial and other reporting, internal controls and risk management. The Committee is responsible for oversight of policy updates, financial decisions and implementation of compliance controls. During 2017, the ARFC worked extensively on updating the ASI's Risk Register.

## THE FUNDRAISING AND COMMUNICATIONS COMMITTEE (FCC)

On behalf of the Board, this committee oversees the implementation of the ASI's Fundraising and Communications Strategy. It also provides support and advice to the ASI's Fundraising and Communications department, in pursuing its aims and objectives. During 2017, the FCC assisted with the planning and implementation of the Asthma Deaths campaign and World Asthma Day.



## **OLIVER CARROLL** (CHAIRMAN)

Oliver is a chartered certified accountant by profession and has extensive experience within finance and accounting, business and the asset management industry. He initially worked in public practice in a range of auditing and taxation roles, including PwC from 1996-1999. He joined Invesco, one of the largest independent asset managers in the world, in 1999 and his current role is Global Head of Finance Operations. He is a member of the Institute of Directors and he serves as a director of several of Invesco's regulated fund and management company boards which govern Invesco's cross border product range.



## **ALLAN KEARNS** (SECRETARY)

Allan works with the Central Bank of Ireland. In recent years, he has been a member of the Bank's and the European Central Bank's executive risk management committees and has had a significant role in supporting the Central Bank Board's risk and audit committees. Allan is a PhD economist by profession with significant experience of working in central banking at home and abroad. Allan's late mother was a lifelong asthmatic.

# BOARD BIOGRAPHIES



## **CAREN GALLAGHER**

Caren is a communications and policy professional with many years' experience of working in the charity sector in Ireland. She brings key skills to our board in the areas of communications, policy development, research and governance. Caren has direct experience of what it is like to live with, and care for someone with asthma, as both she and her child are asthmatics.



## **LORNA JENNINGS**

Lorna is a PR and public affairs consultant, managing PR and political advocacy for domestic and international clients including State bodies, multinationals and charities. For the past ten years, she has worked for PR agencies operating across Dublin, London and Brussels. Prior to this, she helped establish the Irish Cancer Society's advocacy strategy and provided consultancy work to several voluntary organisations, particularly in the health sector. Lorna began her career as a political assistant in the Houses of the Oireachtas. She is an active member of the Public Relations Institute of Ireland, Dublin University Women Graduates Association and Trinity Business Alumni.



## LORNA COLEMAN

Lorna has over 30 years' experience consulting in the not for profit and corporate sectors in Ireland and the USA. Lorna is passionate about education, entrepreneurship, and community development/ personal wellbeing. She began her career in computer training before founding a management consultancy business. Specialising in grant writing, she secured grant funding through Exchequer, Philanthropy and EU Grants for many companies in Ireland.



## ROSS CALLAN

Chief Financial Officer for Citibank Europe plc. since May 2013. Prior to joining Citi Ross spent 15 years in Bank of America Merrill Lynch in London, New York and Dublin. During this time Ross worked in a variety of Audit and Finance jobs, ultimately as CFO for Merrill Lynch International Bank. Ross is a Chartered Accountant and holds a BA in Economics and History from UCD.



## CIARAN MCGLOIN

Ciaran is currently a Managing Director at Novacies Capital, an Irish and UK based Private Equity firm focused on mid-market companies in the financial technology sector. He is a qualified accountant with a 25-year career specialising in private equity, financial services and financial technology businesses. Ciaran held several senior management roles with high-growth Irish and global businesses. He started his career at ICC Venture Capital where he spent 15 years. He subsequently spent six years with the ION Investment Group, a global leader in the provision of mission-critical software to financial institutions and corporates.



## GERARDINE LALLY

A graduate of NUIG and Galway native, Gerardine has worked in communications and strategic business advice as an independent consultant for the past twenty years. She has trained, coached, developed and advised senior teams, executives, and board members from public and private sector, manufacturing and service companies throughout Ireland, UK, Europe and, more recently, the US. Her ability to lead teams in bids, tenders and infrastructure projects plus make technical information accessible to a non-technical audience are particular skills. Gerardine's son is asthmatic, so asthma, inhalers and allergies are a big part of their family life.



## **PROFESSOR RICHARD COSTELLO**

Richard graduated from Royal College of Surgeons in Ireland (RCSI) in 1988, was a House Officer in Beaumont Hospital and completed postgraduate training at Johns Hopkins University Hospital, USA, & the University of Liverpool, UK. Consultant Physician in Respiratory Medicine at Beaumont Hospital, & Associate Professor of Medicine at RCSI. First recipient of the Derek Dockery Award for Health Research. In research, he has authored over 50 publications.



## **SANDRA HEALY**

Sandra is the Head of Diversity and Inclusion at Dublin City University. Before moving to DCU, Sandra held several leadership positions spanning 20 years in the telecoms industry across both the UK and Ireland; the most recent being Head of Customer Delivery for Vodafone Ireland. Sandra chaired the Vodafone Women's Network and the Diversity and inclusion committee. She also contributes hugely to the work of IBEC's Diversity Forum. Sandra holds an Honours Degree in Psychology and First-Class Masters in Organisational Psychology from DCU. She is an NLP Master Practitioner and Sales Academy Coach with expertise in delivering large-scale business transformation, building high performing teams and delivering cultural change.



## **DARRAGH McDONALD**

Darragh is a student of University College Dublin studying Commerce with a focus on Finance and he is also pursuing the CIMA Managing Accounting qualification. He is a decorated Paralympic athlete, winning Gold at the Paralympic Games in London 2012 and Silver in the Beijing Games in 2008. Through his sporting career he gained extensive experience in the areas of PR and Marketing, with a specific focus on media relations and event management.

# FINANCE

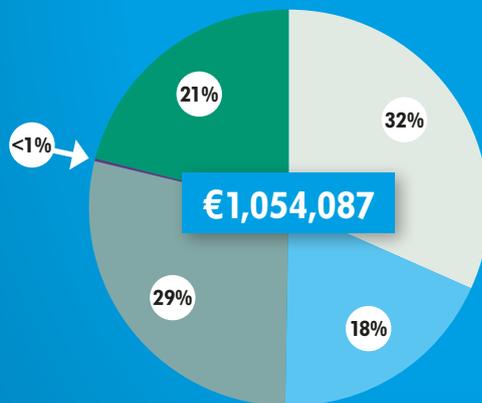
# DIRECTORS'

# REPORT

**FOR THE YEAR ENDED  
31 DECEMBER 2017**

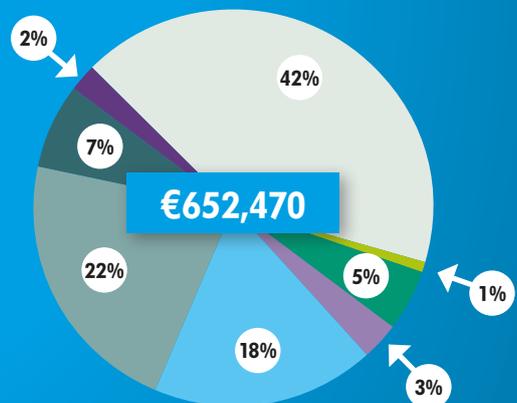
The Directors present their annual report together with the audited financial statements of The Asthma Society of Ireland (the "Society") for the year 1 January 2017 to 31 December 2017. The directors confirm that the Directors Report and financial statements of the Society comply with the current statutory requirements, the requirements of the Society's governing document and the provisions of the Accounting and Reporting by Charities: Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with FRS 102 (effective 1 January 2015).

**ANALYSIS OF GROSS INCOME**



- Lottery and Superdraw Receipts
- Community Fundraising / Donations / Membership / Other Income
- HSE and Other Statutory Funding
- Investment Income
- Corporate Sponsorship and Charitable Trust Income

**ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES**



- Health Promotion
- Health Promotion Materials
- Advocacy and Policy
- Research and Education
- Communications and Campaigns
- Programme Support Costs
- Governance Costs
- Restructuring Costs

## REVIEW OF ACTIVITIES

2017 was a hugely positive year for the Society where our finances stabilised, which is reflected in our healthy surplus for the year. The board believes this result is directly linked to the extensive restructuring carried out in 2016 designed to put the Society on a sound financial footing for years to come.

Securing HSE funding for our Adviceline in 2017 is a reflection of the valuable service provided by the helpline. Prior to this Service Level Agreement being in place, the line was funded from our own resources. Thankfully, the HSE funding has allowed us to retain and grow the line and continue to provide support to asthma patients and their carers.

Our corporate income grew in 2017, with the Society securing increased financial commitments from longstanding partners. In addition, some new partnerships were developed. The Society was selected as a GAA Charity Partner which increased our profile and boosted our attractiveness to other sponsors.

GROSS INCOME FOR THE YEAR WAS MADE UP AS FOLLOWS:	2017	2016
	€	€
HSE and other statutory funding	<b>302,464</b>	276,468
Charitable Lotteries Fund	-	-
Community fundraising, donations, membership and other income	<b>194,638</b>	153,291
Lottery and superdraw receipts	<b>335,444</b>	203,852
Corporate sponsorship and charitable trust income	<b>220,772</b>	213,187
Investment income	<b>772</b>	2,325
Total	<b>1,054,090</b>	849,123

Receipts from the Superdraw, established in November 2015, continued to perform strongly. 2017 also saw increased revenue from our Lottery product due to more strategic placement of sellers and the GAA Charity partnership.

Taking into account the cost of fundraising, the Society's net income in 2017 was €355,972. Its expenditure was €196,606.

The board predicts a more modest surplus in 2018.

# STRUCTURE, GOVERNANCE AND MANAGEMENT

## CONSTITUTION

The charity was founded in 1973 and registered as a company limited by guarantee in 1976. The liability of members is limited as defined in the Company's Constitution and shall not exceed €1 in the event of a winding up or dissolution of the Company.

The principal office of the Society is 4th Floor, 42 - 43 Amiens Street, Dublin 1. The Company's registered number is 57125 and its charity registration number is CHY 6100. Governance and management structures are set out in the Constitution.

The Society is governed by its Board of Directors, which includes representation from a broad range of stakeholders including people with asthma and from the medical profession. The Directors are appointed to terms of office that comply with the Articles of Association of the Society. The term of office is generally three years, but Directors may be reappointed.

The Board of Directors met six times in 2017. The Directors have responsibility for appointing the Chief Executive Officer who has decision making powers in relation to a range of day to day decisions. In late 2017, the Society's Chief Executive Officer resigned her position and a recruitment process was commenced for a new CEO. A new CEO, Sarah O'Connor, has been recruited and commenced in the role in February 2018.

The Board is supported by its Medical Advisory Group, its Audit, Risk and Finance Committee and its Fundraising and Communications Committee. The Audit, Risk and Finance Committee met six times in 2017. The Fundraising and Communications Committee met once in 2017.

## DIRECTORS AND COMPANY SECRETARY

The current Directors and Secretary are set out on page 1. The Directors who served during the period are as follows:

**Oliver Carroll** – Chairperson

**Darragh McDonald** – resigned 31 August 2017

**Lorna Jennings**

**Geraldine Lally**

**Caren Gallagher**

**Allan Kearns** – Director and Company Secretary

**Professor Richard Costello**

**Lorna Coleman**

**Sandra Healy** – appointed 2 March 2017

**Ross Callan** – appointed 31 August 2017

**Ciaran McGloin** – appointed 31 August 2017

**Michael McDermott** – resigned 12 January 2017

## PRINCIPAL RISKS AND UNCERTAINTIES

The Board of Directors has assessed the major risks to which the Society is exposed, in particular those related to its operations and finances.

The principal risks and uncertainties facing the Society are as follows:

### **MAINTAINING FINANCIAL STABILITY AND SUSTAINABILITY:**

The main risk facing the Society is its ability to maintain the growth in its income as seen in 2017 and return a surplus in consecutive years.

The Society prepares budgets and cash flow forecasts, which are reviewed on a regular basis in conjunction with its quarterly management accounts. Depending on the results, the Directors, where necessary, take appropriate action.

The Society has prepared and considered a budget for the financial year ended 31 December 2018. The Directors note the positive performance in 2017 and its positive impact on the Society's going concern evaluation. The Directors are confident that they have adequate resources, staff and procedures in place to deliver these plans.

### **STAFF RECRUITMENT AND RETENTION:**

The Society achieves its results through its CEO and staff. If the Society is to achieve its objectives, the CEO and other staff must build close and effective relationships with those individuals. The ability to attract and retain appropriate staff is a key ongoing challenge for the Society, particularly in today's environment. The Directors are satisfied there are adequate staff recruitment & retention policies in place to mitigate this risk and that all appropriate staff receive ongoing training and support to fulfil their roles.

The Directors are satisfied that the system of internal controls and procedures provides reasonable assurance of the safeguarding of assets, the maintenance of proper accounting records, and the reliability of the financial information.

# OBJECTIVES AND ACTIVITIES

The Asthma Society of Ireland is the leading independent agency in Ireland providing support to people and families affected by asthma. The Society's main objective is to relieve sickness and distress by enabling patients to enjoy optimal asthma control and quality of life through evidence-based care and an integrated public health approach to asthma management.

## ACTIVITIES FOR ACHIEVING OBJECTIVES

The Society helps save and improve the lives of people with asthma by:

- Providing services such as our free Adviceline, pharmacy clinics and training for health professionals;
- Providing information for patients about asthma management on our website, social media channels and in printed booklets;
- Lobbying the Government to improve services for people with asthma and participating in the working group for the HSE's National Clinical Programme for Asthma; and
- Supporting research into the causes and treatment of asthma.

### **FREE ASTHMA ADVICELINE 1800 44 54 64:**

The Society has provided an Adviceline service for over 26 years. A team of asthma specialist nurses provide callers with personalised information, education and support in relation to their asthma or their child's asthma. They also direct callers to appropriate public health services.

The service has been very positively reviewed by users, with 93% of callers rating it as 'excellent' or 'very good'. When asked in a survey what suggestions callers had to improve the service, respondents stated 'don't change a thing', 'promote it so that more people hear about it' and 'no suggestions for change as the service could not be better, kinder, or more professional'. It is accredited by the Helplines Partnership in the UK, an internationally recognised quality standard which defines and accredits best practice in Adviceline work.

The recent partnership research undertaken with the HSE showed that 70% of service users aged 50 years and under found that Adviceline helped them to avoid missing work or school because of their asthma. The research also highlighted that 56% of callers did not have a self-management plan for their asthma but subsequently drew one up and used it after their Adviceline call.

In 2017, the Adviceline handled 4,300 calls.

Members of the public can contact our Adviceline team by calling 1800 44 54 64, texting "Asthma" to 086 057 1838 or emailing [nurse@asthma.ie](mailto:nurse@asthma.ie).

## **ASTHMA IN THE PHARMACY PROGRAMME**

Our Asthma in the Pharmacy programme provides free in store nurse consultations to people with asthma. Our asthma nurses meet people with asthma in the pharmacy consultation room for up to 30 minutes each. Patients can complete an Asthma Control Test, and request information on medications, asthma action plans, allergies, inhaler technique, peak flow monitoring, and smoking cessation. People with poor asthma control are advised by the nurse to attend their healthcare professional. This programme is an integral part of our work in communities across Ireland and is supported by GlaxoSmithKline (GSK). In 2017, over 830 people availed free consultations with our nurses in almost 112 pharmacies across the country.

## **COMMUNITY OUTREACH PROGRAMME**

As part of our continuing remit to address health inequalities, we delivered an asthma education programme to outreach workers who work with travellers and people partaking of homeless and addiction services. This initiative was kindly supported by the HSE's National Office for Social Inclusion.

## **INFORMATION BOOKLETS AND RESOURCES**

The Society provides a range of free booklets and resources to help people manage their asthma. These are available in hard copy and at [www.asthma.ie](http://www.asthma.ie). This includes our 'Take Control of Your Asthma' and 'Asthma and Your Child' booklets. Our hay fever campaign and daily pollen tracker also helped people manage their hay fever throughout the pollen season.

## **PRESENTATIONS AND TALKS**

Asthma Society representatives delivered presentations and talks at a variety of events in 2017, these events included, schools, sporting clubs and universities. We also distributed educational materials at a range of events throughout the year.

## **MEMBER SERVICES**

In addition to the services outlined above, Asthma Society members receive regular communications and updates from the Society throughout the year. They receive invitations to member events and have the opportunity to take part in research and advocacy initiatives. They also receive e zines about developments in asthma care and tips on how to manage their asthma better at particular times of the year, including during the pollen season, at back to school time and at Christmas. We also remind our members of the importance of getting the flu vaccine each winter.

## **SUPPORT FOR HEALTHCARE PROFESSIONALS**

Providing asthma related education and support to GPs, nurses, pharmacists and other healthcare professionals is a key part of our work.

In 2017, we kept healthcare professionals informed about developments in asthma care through regular e zines. We held an education evening for healthcare professionals where presentations were made by leading respiratory experts. We delivered inhaler technique workshops and distributed resources with the support of GSK. Our e learning programme also provided CPD accredited online training in asthma care.

The HSE contract with GPs for free care for children under 6 years of age included an emphasis on asthma management. To support GPs in this work, we developed resources and educational materials on topics such as the correct use of asthma devices for children. We posted these to GP practices throughout the country and provided follow up telephone support on request.

We contributed to HCP events such as the Irish Thoracic Society conference and European Respiratory Society congress.

We also participated in the working group of the HSE's National Clinical Programme for Asthma. In particular, we have worked extensively on the development of a new Asthma Management Plan and on building a new e learning platform for the HSE for the healthcare professional community.

### **POLITICAL LOBBYING & ADVOCACY CAMPAIGNS**

The Society engages with politicians and policymakers throughout the year regarding issues of importance to our members, including the cost of medication, access to primary care and air quality.

We published a pre budget submission covering key policy areas such as lowering asthma deaths, lowering the cost of asthma medication, indoor and outdoor air quality and tobacco regulation. We held an Oireachtas briefing day in May 2017 to highlight these key issues with key decision makers and experienced a high level of engagement which we followed up on during the year.

### **COMMUNICATIONS AND PUBLIC ENGAGEMENT**

We highlighted asthma related issues in the media throughout the year, including on major current affairs programmes. Our communications work resulted in the Society and its services being mentioned in approximately two hundred newspaper articles and broadcast interviews in 2017.

Our key campaigns included asthma deaths, hayfever, back to school and indoor air.

### **CORPORATE PARTNERS 2017**

The Asthma Society would like to thank the following corporate partners for their support for our work in 2017:



## **GOOD GOVERNANCE & TRANSPARENCY**

The Society has signed up to the Governance Code for Community and Voluntary Organisations, is registered with the Charities Regulatory Authority and has filed returns under the Regulation of Lobbying Act 2015.

### **INVESTMENT POLICY AND PERFORMANCE**

The Board recognises the importance of protecting the assets of the Society. The objectives of the Society's investment policy are to manage its investments prudently and maintain sufficient liquidity while ensuring maximum security, meeting ethical standards and achieving the highest possible returns.

To that end, the charity's investments are currently held exclusively as bank deposits. In order to manage risk, they are spread across several bank accounts. Interest earned is applied to the charitable causes of the Society.

### **RESERVES POLICY**

The Board recognises the need to hold reserves to ensure the financial stability of the Society and to protect the Society from the risk of significant future loss of income. In particular, the Board recognises the need to acquire new funding streams to replace the income previously received from lottery sales and the Charitable Lotteries Fund. To diversify income streams and ensure financial sustainability, a multi annual Fundraising Strategy was developed and approved by the Board in early 2013. As a result of the implementation of this strategy, the Society now has a wider range of income sources, making it significantly less vulnerable to the loss of any one source of income. This work will continue in 2018 as we formulate our new Fundraising Strategy.

It is also the policy of the Society to hold sufficient reserves to fund its activities and maintain the quality of its services for a minimum period of 4 months, plus redundancy costs. Annually, the Board reviews the level of activities of the Society to determine the minimum level of reserves needed to meet its minimum funding policy. It also reviews its reserves policy on an annual basis to ensure it remains appropriate for the financial stability of the Society.

## FUTURE DEVELOPMENTS

The primary objective of the Society's 2018 operational plan is to save lives and improve the lives of people with asthma.

To that end, the Society is planning a major public awareness campaign about 'what to do in the event of an asthma attack' during World Asthma Week in May. This campaign topic arose as a result of our highly successful 2017 campaign about asthma-related deaths.

The Society will continue to support people with asthma through its free advice line service, pharmacy clinics and patient education programmes throughout the year. It will also continue to educate healthcare professionals about asthma through e-learning and evening education events.

Lobbying Government to improve services remains a key priority and will receive significant attention, like in 2017.

Financially, 2018 is shaping up to be a financially positive year with the board predicting a modest surplus at year end. The Society will continue to monitor performance against its objectives during the year.

## ACCOUNTING RECORDS

The measures taken by the Directors to secure compliance with the requirements of Sections 281 to 285 of the Companies Act 2014, with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The Society's accounting records are maintained at 4th Floor, 42 - 43 Amiens Street, Dublin 1 .

## POST BALANCE SHEET EVENTS

With the exception of the appointment of the new CEO, there have been no significant events affecting the Company since the year end, which in the opinion of Directors, require disclosure in the financial statements.

## POLITICAL CONTRIBUTIONS

There were no political contributions which require disclosure under the Electoral Act 1997.

## DISCLOSURE OF INFORMATION TO AUDITOR

Each of the persons who are Directors at the time when this Directors' report is approved has confirmed that:

- so far as that Director is aware, there is no relevant audit information of which the Society's auditor is unaware, and
- that Director has taken all the steps that ought to have been taken as a Director in order to be aware of any information needed by the Society's auditor in connection with preparing have report and to establish that the Society's auditor is aware of that information.

## INDEPENDENT AUDITOR

The independent auditor, RBK Business Advisers, Chartered Accountants and Registered Auditors, will continue in office in accordance with provisions of Section 383 (2) of the Companies Act 2014.

This report was approved by the Directors, on 23rd April 2018 and signed on their behalf by:



**Oliver Carroll**  
Director



**Allan Kearns**  
Director

# DIRECTORS' RESPONSIBILITIES

## STATEMENT FOR THE YEAR

## ENDED 31 DECEMBER 2017

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 law the Directors have elected to prepare the financial statements in accordance with Irish Generally Accepted Accounting Practice In Ireland and the Statement of Recommended Practice SORP "Accounting and Reporting by Charities" applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) effective 1 January 2015. 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 state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Directors are responsible for ensuring that the charitable company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the charitable company's, enable at any time the assets, liabilities, financial position of the charitable company to be determined with reasonable accuracy, enable 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**Date:** 23rd April 2018



**Oliver Carroll**  
Director



**Allan Kearns**  
Director

# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ASTHMA SOCIETY OF IRELAND

## OPINION

We have audited the financial statements of Asthma Society of Ireland (the 'charitable company') for the year ended 31 December 2017 which comprises of the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable Irish law and accounting standards, including 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 2015.

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2017 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland"; and
- have been prepared in accordance with the requirements of the Companies Act 2014

## BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the Ireland, including the Ethical Standard as issued by the Irish Auditing and Accounting Service Authority ("IAASA") Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## CONCLUSIONS RELATING TO GOING CONCERN

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

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

## OTHER INFORMATION

The Directors are responsible for the other information. The other information comprises the information included in the Annual report, other than the financial statements and our Auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon

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

We have nothing to report in this regard.

## OPINION ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2014

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

- the information given in the Directors' report for which the financial statements are prepared is consistent with the financial statements
- the Directors' report has been prepared in accordance with applicable legal requirements.
- we have obtained all the information and explanations which we consider necessary for the purposes of our audit,
- the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited;
- the financial statements are in agreement with the accounting records.

## MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Director's report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2014 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Directors' remunerations specified by law not made;
- we have not received all the information and explanations we require for our audit.

## RESPONSIBILITIES OF DIRECTORS OF THE FINANCIAL STATEMENTS

As explained more fully in the Directors' responsibilities statement, the members (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

As part of an audit in accordance with ISAs (Ireland), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the the assets, liabilities and financial position of the Company internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the the assets, liabilities and financial position of the Company ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in my Auditor's report to the related disclosures in the financial statements or, if such

disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of my Auditor's report. However, future events or conditions may cause the charitable company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

## 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 that we are required to state to them in the audit 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 or the company's members as a body for our audit work, for this report, or for the opinions we have formed.

---

### **Ronan Kilbane**

for and behalf of  
RBK Business Advisers  
Chartered Accountants and Registered Auditors  
Beech Hill Office Campus  
Beech Hill Road, Clonskeagh  
Dublin 4

**Date:** 23rd April 2018

# STATEMENT OF FINANCIAL ACTIVITIES

## INCORPORATING INCOME AND EXPENDITURE ACCOUNT

### FOR THE YEAR ENDED 31 DECEMBER 2017

		2017	2017	2017	2016
		UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	Note	€	€	€	€
<b>INCOME FROM:</b>					
Donations and legacies	2	472,214	142,521	614,735	474,223
Charitable activities	3	126,204	312,379	438,583	372,575
Investments	4	772	-	772	2,325
<b>TOTAL INCOME</b>		<b>599,190</b>	<b>454,900</b>	1,054,090	849,123
<b>EXPENDITURE ON:</b>					
Raising funds	5	243,218	-	243,218	245,133
Charitable activities:					
Restructuring costs	6	23,522	-	23,522	59,231
Other charitable activities	7	173,084	454,900	627,984	826,422
<b>TOTAL EXPENDITURE</b>		<b>439,824</b>	<b>454,900</b>	894,724	1,130,786
<b>NET INCOME/(EXPENDITURE)</b>		<b>159,366</b>	-	159,366	(281,663)
<b>NET MOVEMENT IN FUNDS</b>		<b>159,366</b>	-	159,366	(281,663)
<b>RECONCILIATION OF FUNDS:</b>					
Total funds at 1 January 2017	17	288,731	-	288,731	570,394
<b>TOTAL FUNDS AT 31 DECEMBER 2017</b>		<b>448,097</b>	-	448,097	288,731

All activities relate to continuing operations.

The Statement of Financial Activities includes all gains and losses recognised in the year.

# BALANCE SHEET

## AS AT 31 DECEMBER 2017

	Note	2017 €	2017 €	2016 €	2016 €
<b>FIXED ASSETS</b>					
Tangible assets	13		<b>1,836</b>		4,980
<b>CURRENT ASSETS</b>					
Stocks	14	<b>5,803</b>		9,152	
Debtors	15	<b>71,537</b>		138,883	
Cash at bank and in hand	20	<b>651,976</b>		421,193	
		<b>729,316</b>		569,228	
<b>CREDITORS:</b>					
amounts falling due within one year	16	<b>{283,055}</b>		(285,477)	
<b>NET CURRENT ASSETS</b>			<b>446,261</b>		283,751
<b>NET ASSETS</b>			<b>448,097</b>		288,731
<b>CHARITY FUNDS</b>					
Unrestricted funds	17		<b>448,097</b>		288,731
<b>TOTAL FUNDS</b>			<b>448,097</b>		288,731

The notes on pages 17 to 33 form part of these financial statements.

The Directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of.

The financial statements were approved and authorised for issue by the Directors on 23rd April 2018 and signed on their behalf on 23rd April 2018.



**Oliver Carroll**  
Director



**Allan Kearns**  
Director

# STATEMENT OF CASH FLOWS

## FOR THE YEAR ENDED 31 DECEMBER 2017

	Note	2017 TOTAL FUNDS €	2016 TOTAL FUNDS €
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>			
Net cash provided by/(used in) operating activities	19	<u>230,011</u>	<u>(231,024)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Bank deposit interest received	4	<u>772</u>	<u>2,325</u>
Net cash provided by investing activities		<u>772</u>	<u>2,325</u>
Change in cash and cash equivalents in the year		<b>230,783</b>	(228,699)
Cash and cash equivalents brought forward	20	<u>421,193</u>	<u>649,892</u>
Cash and cash equivalents carried forward	20	<u>651,976</u>	<u>421,193</u>

# NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017

## 1. ACCOUNTING POLICIES

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

### 1.1 GENERAL INFORMATION

These financial statements comprising the Statement of Financial Activities, the Balance Sheet, the Statement of Cashflows and the related notes constitute the individual financial statements of the Asthma Society of Ireland for the financial year ended 31 December 2017.

Asthma Society of Ireland is a Company Limited by Guarantee and not having a share capital (registered under Part 18 of Companies Act 2014), incorporated in the Republic of Ireland. The nature of the company's operations and its principal activities are set out in the Director's Report on pages 2 to 8.

### CURRENCY

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

### 1.2 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared on a going concern basis, in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2014.

Asthma Society of Ireland meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

### 1.3 COMPANY STATUS

The Company is a Company limited by guarantee and does not have a share capital. The members of the Company are the Directors named on page 1. The liability of members is limited as defined in the Company's Memorandum of Association and shall not exceed €5 in the event of a winding up or dissolution of the charitable company.

## 1.4 GOING CONCERN

The financial statements have been prepared on a going concern basis which assumes the Society has the ability to meet its liabilities as they fall due and will continue in operational existence for the foreseeable future.

The Society's annual income dropped considerably each year from 2013 to 2016, primarily as a result of the Government's decision to phase out the Charitable Lotteries Fund. During this period the Society used its reserves to invest in new fundraising streams. In 2016, it also significantly reduced its cost base through restructuring. As a result, the Society has reported a surplus of €159,366 for 2017 compared with a deficit of €281,663 in 2016. The Society has opening reserves at the start of 2018 of €448,097 which is in excess of the minimum required by the Board's reserves policy.

The 2018 budget approved by the directors provides for a surplus in 2018. This will leave the Society with opening reserves at the start of 2019, which, combined with its revised operational plan, in the opinion of the directors, demonstrate the Society's ability to continue comfortably as a going concern.

The financial statements do not contain any adjustments that may be necessary should the going concern basis of preparation be inappropriate.

## 1.5 FUND ACCOUNTING

General funds are unrestricted funds which are available for use at the discretion of the Directors in furtherance of the general objectives of the Company and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Directors for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

## 1.6 INCOMING RESOURCES

All income is recognised once the Company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

For legacies, entitlement is taken as the earlier of the date on which either: the Company is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Company has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Company, or the Company 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.

Gifts in kind donated for distribution are included at valuation and recognised as income when they are distributed to the projects. Gifts donated for resale are included as income when they are sold. Donated facilities are included at the value to the Company where this can be quantified and a third party is bearing the cost. No amounts are included in the financial statements for services donated by volunteers.

Donated services or facilities are recognised when the Company has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Company of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of the Friends is not recognised and refer to the Directors' report for more information about their contribution.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the Company which is the amount the Company would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

## **1.7 RESOURCES EXPENDED**

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the Company and include project management carried out at the Company's offices on Amiens Street. Governance costs are those incurred in connection with administration of the Company and compliance with constitutional and statutory requirements.

All expenditure is inclusive of irrecoverable VAT.

## **1.8 TANGIBLE FIXED ASSETS AND DEPRECIATION**

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Fixtures and fittings	20% straight line
Office equipment	10% straight line
Website development	33% straight line

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

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Statement of financial activities incorporating income and expenditure account.

### **1.9 OPERATING LEASES**

Rentals under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

Benefits received and receivable as an incentive to sign an operating lease are recognised on a straight line basis over the period until the date the rent is expected to be adjusted to the prevailing market rate.

### **1.10 INTEREST RECEIVABLE**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the company; this is normally upon notification of the interest paid or payable by the Bank.

### **1.11 STOCKS**

Stocks are valued at the lower of cost and net realisable value after making due allowance for obsolete and slow moving stocks.

### **1.12 DEBTORS**

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

### **1.13 CASH AND CASH EQUIVALENTS**

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

### **1.14 OTHER FINANCIAL LIABILITIES**

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 market rate. In this case the arrangement constitutes a financing transaction and the financial liability is measured at the present value of future payments discounted at a market rate of interest for a similar debt instrument.

### **1.15 FINANCIAL INSTRUMENTS**

The company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

## 1.16 PROVISIONS

Provisions are recognised when the company has a present legal or constructive obligation as a result of past events; it is probable that an outflow of resources will be required to settle the obligation; and the amount of the obligation can be estimated reliably.

Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. A provision is recognised even if the likelihood of an outflow with respect to any one item included in the same class of obligations may be small.

Provisions are measured at the present value of the expenditures expected to be required to settle the obligation using a pre tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to passage of time is recognised as a finance cost within expenditure on charitable activities.

## 1.17 PENSIONS

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

## 1.18 CRITICAL ACCOUNTING ESTIMATES AND AREAS OF JUDGEMENT

In the application of the charity's accounting policies, which are described above, 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 that are considered to be relevant. 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 period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

## GOING CONCERN

The directors have prepared budgets and cashflows for a period of at least 12 months from the date of approval of the financial statements which demonstrate that there is no material uncertainty regarding the charity's ability to meet its liabilities as they fall due and to continue as a going concern. On this basis, the directors consider it appropriate to prepare the financial statements on a going concern basis.

## 2. DONATIONS AND LEGACIES

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
General donations and miscellaneous income	78,152	-	78,152	81,071
Legacies and bequests	40,541	-	40,541	-
Corporate Donations	78,250	142,521	220,771	187,887
Community & Events	20,181	-	20,181	31,272
Regular Givers	33,362	-	33,362	36,693
Private Members Draw	221,728	-	221,728	137,300
Total donations and legacies	<u>472,214</u>	<u>142,521</u>	<u>614,735</u>	<u>474,223</u>
Total 2016	<u>298,569</u>	<u>175,654</u>	<u>474,223</u>	

## 3. CHARITABLE ACTIVITIES

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Department of Environment	-	-	-	20,724
National Lottery Grants (Department of Health, HSE)	-	2,500	2,500	17,900
HSE National Clinical Asthma Programme	-	33,773	33,773	33,080
Gross Lottery Receipts	113,716	-	113,716	66,552
Miscellaneous	12,488	9,915	22,403	29,555
HSE DNC	-	7,643	7,643	7,644
HSE Health Promotion	-	760	760	12,845
HSE PC (Asthma Adviceline)	-	159,190	159,190	45,278
Pobal	-	70,710	70,710	56,884
HSE PC (IHCP Programme)	-	4,191	4,191	28,613
Department of Health	-	15,000	15,000	-
HSE Community Outreach	-	7,261	7,261	40,032
HSE Socially Excluded	-	1,436	1,436	13,468
Total	<u>126,204</u>	<u>312,379</u>	<u>438,583</u>	<u>372,575</u>

In respect of the prior year, income of €20,724 received from the Department of Environment and Gross lottery receipts amounting to €66,552 were classified as unrestricted funds. Of the €29,555 miscellaneous income, €12,531 was classified as unrestricted funds. The remaining income received in the prior year was classified as restricted funds.

## 4. INVESTMENTS

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Bank deposit interest received	<u>772</u>	<u>-</u>	<u>772</u>	<u>2,325</u>
Total 2016	<u>2,325</u>	<u>-</u>	<u>2,325</u>	

## 5. RAISING FUNDS

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Asthma Devices	<u>8,666</u>	<u>-</u>	<u>8,666</u>	<u>4,515</u>
Fundraising costs	<u>177,752</u>	<u>-</u>	<u>177,752</u>	<u>206,422</u>
Lottery costs	<u>56,800</u>	<u>-</u>	<u>56,800</u>	<u>34,196</u>
Total	<u>243,218</u>	<u>-</u>	<u>243,218</u>	<u>245,133</u>

All expenditure in the prior year related to unrestricted funds.

## 6. RESTRUCTURING COSTS

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Restructuring costs	<u>23,522</u>	<u>-</u>	<u>23,522</u>	<u>59,231</u>

The above restructuring costs in the current and prior year relate to the implementation of the Board approved restructuring plan during 2016 which involved the significant reduction in staff numbers to ensure the protection of the core services of the Society.

## 7. CHARITABLE ACTIVITIES

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Health promotion	38,177	234,428	272,605	295,184
Health promotion materials	-	3,628	3,628	6,609
Advocacy & policy	8,105	25,995	34,100	60,605
Research & education	2,638	14,469	17,107	126,473
Communications and campaigns	14,739	103,497	118,236	130,383
Programme Support costs (note 8)	100,729	72,883	173,612	196,455
Governance costs (note 9)	8,696	-	8,696	10,713
Total	<u>173,084</u>	<u>454,900</u>	<u>627,984</u>	<u>826,422</u>

## 8. PROGRAMME SUPPORT COSTS

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Wages and salaries	4,750	40,952	45,702	57,255
General office expenses	28,564	4,443	33,007	42,858
Premises costs	38,541	414	38,955	39,955
Web support	4,341	4,160	8,501	10,351
HR costs	1,743	-	1,743	5,182
Finance costs	22,790	22,914	45,704	40,854
Total	<u>100,729</u>	<u>72,883</u>	<u>173,612</u>	<u>196,455</u>

## 9. GOVERNANCE COSTS

	2017	2017	2017	2016
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Governance costs including auditors remuneration	<u>8,696</u>	<u>-</u>	<u>8,696</u>	<u>10,713</u>

## 10. NET INCOME/(EXPENDITURE)

### THIS IS STATED AFTER CHARGING/(CREDITING):

Depreciation of tangible fixed assets:  
- owned by the company

	2017	2016
	€	€
	<b>3,144</b>	4,471

## 11. STAFF COSTS

### THE AVERAGE NUMBER OF FULL TIME EQUIVALENT PERSONS FOLLOWS:

Fundraising and admin

Advocacy and communications

Health promotion

	2017	2016
	No.	No.
	1.00	3.50
	2.13	2.00
	3.66	3.50
	<b>6.79</b>	9.00

### STAFF COSTS WERE AS FOLLOWS:

Wages and salaries

Employers PRSI

Pension costs

	2017	2016
	€	€
	318,373	419,972
	32,751	45,269
	9,500	11,120
	<b>360,624</b>	476,361

The members of the Board do not receive remuneration for their services as members of the Board.  
Directly incurred expenses are re-imbursed, if claimed and amounted to €NIL (2016: €NIL)

### THE NUMBER OF HIGHER PAID EMPLOYEES WAS:

In the band €90,000 - €100,000

In the band €80,000 - €90,000

In the band €70,000 - €80,000

In the band €60,000 - €70,000

	2017	2016
	No.	No.
	1	1
	-	-
	-	-
	-	-
	<b>1</b>	1

This band includes basic pay and excludes employer pension and PRSI contributions.

## 12. TAXATION

The Charity is exempt from taxation under section 11 (6) of the Corporation Tax Act 1976, as a Company.

## 13. TANGIBLE FIXED ASSETS

	FIXTURES AND FITTINGS €	WEBSITE DEVELOPMENT €	COMPUTER EQUIPMENT €	TOTAL €
<b>CURRENT YEAR</b>				
<b>COST</b>				
At 1 January 2017 and 31 December 2017	57,234	29,299	37,609	124,142
<b>DEPRECIATION</b>				
At 1 January 2017	53,461	29,299	36,402	119,162
Charge for the year	1,937	-	1,207	3,144
At 31 December 2017	55,398	29,299	37,609	122,306
<b>NET BOOK VALUE</b>				
At 31 December 2017	1,836	-	-	1,836
At 31 December 2016	3,773	-	1,207	4,980

	FIXTURES AND FITTINGS €	WEBSITE DEVELOPMENT €	COMPUTER EQUIPMENT €	TOTAL €
<b>PRIOR YEAR</b>				
<b>COST</b>				
At 1 January 2016 and 31 December 2016	57,234	29,299	37,609	124,142
<b>DEPRECIATION</b>				
At 1 January 2016	51,045	29,299	34,347	114,691
Charge for the year	2,416	-	2,055	4,471
At 31 December 2016	53,461	29,299	36,402	119,162
<b>NET BOOK VALUE</b>				
At 31 December 2016	3,733	-	1,207	4,980
At 31 December 2015	6,189	-	3,262	9,451

## 14. STOCKS

	2017	2016
	€	€
Finished goods and goods for resale	<u>5,803</u>	<u>9,152</u>

## 15. DEBTORS

	2017	2016
	€	€
Trade debtors	20,781	81,193
Private members draw	40,811	43,132
Prepayments and accrued income	<u>9,945</u>	<u>14,558</u>
	<u>71,537</u>	<u>138,883</u>

## 16. CREDITORS

	2017	2016
	€	€
<b>AMOUNTS FALLING DUE WITHIN ONE YEAR</b>		
Trade creditors	22,174	25,485
PAYE	11,855	9,788
Other creditors	97,508	80,414
Accruals	13,955	29,942
Deferred income	<u>137,563</u>	<u>139,848</u>
	<u>283,055</u>	<u>285,477</u>

## 17. STATEMENT OF FUNDS

CURRENT YEAR	BALANCE AT	INCOME	EXPENDITURE	BALANCE AT
	1 JANUARY 2017			31 DECEMBER 2017
	€	€	€	€
<b>UNRESTRICTED FUNDS</b>				
General Fund	288,731	599,190	(439,824)	448,097
<b>RESTRICTED FUNDS</b>				
Restricted Funds	-	454,900	(454,900)	-
<b>TOTAL OF FUNDS</b>	<b>288,731</b>	<b>1,054,090</b>	<b>(894,724)</b>	<b>448,097</b>

PRIOR YEAR	BALANCE AT	INCOME	EXPENDITURE	TRANSFERS	BALANCE AT
	1 JANUARY 2016			IN/OUT	31 DECEMBER 2016
	€	€	€	€	€
<b>DESIGNATED FUNDS</b>					
Designated funds	270,000	-	-	(270,000)	-
	270,000	-	-	(270,000)	-
<b>GENERAL FUNDS</b>					
General Fund	248,652	400,701	(630,622)	270,000	288,731
	248,652	400,701	(630,622)	270,000	288,731
Total Unrestricted funds	518,652	400,701	(630,622)	-	288,731
<b>RESTRICTED FUNDS</b>					
Restricted Funds	51,742	448,422	(500,164)	-	-
	51,742	448,422	(500,164)	-	-
<b>TOTAL OF FUNDS</b>	<b>570,394</b>	<b>849,123</b>	<b>(1,130,786)</b>	<b>-</b>	<b>288,731</b>

## 18. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS
	2017	2017	2017
	€	€	€
<b>CURRENT YEAR</b>			
Tangible fixed assets	1,836	-	1,836
Current assets	729,316	-	729,316
Creditors due within one year	(283,055)	-	(283,055)
	<b>448,097</b>	-	<b>448,097</b>

	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS
	2016	2016	2016
	€	€	€
<b>PRIOR YEAR</b>			
Tangible fixed assets	4,980	-	4,980
Current assets	569,228	-	569,228
Creditors due within one year	(285,477)	-	(285,477)
	<b>288,731</b>	-	<b>288,731</b>

## 19. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2017	2016
	€	€
Net income/(expenditure) for the year (as per Statement of Financial Activities)	159,366	(281,663)
<b>ADJUSTMENT FOR:</b>		
Interest from investments	(772)	(2,325)
Depreciation of fixed assets	3,144	4,471
Decrease/(increase) in stocks	3,349	(9,151)
Decrease/(increase) in debtors	67,346	(76,769)
(Decrease)/increase in creditors	(2,422)	134,413
Net cash provided by/(used in) operating activities	<b>230,011</b>	<b>(231,024)</b>

## 20. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2017 €	2016 €
Cash at bank and in hand	651,976	421,193
Total	<b>651,976</b>	421,193

## 21. PENSION COMMITMENTS

The Company operates defined contribution schemes for the benefit of its staff. The assets of the scheme are held separately from those of the Company in independently administered pension funds. Pension costs amounted to €9,500 (2016: €11,120).

## 22. OPERATING LEASE COMMITMENTS

At 31 December 2017 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

	2017 €	2016 €
Within 1 year	29,250	29,250
Between 1 and 5 years	21,938	-
Total	<b>51,188</b>	29,250

## 23. RELATED PARTY TRANSACTIONS

No related party transactions took place during the year ended 31 December 2017.

## 24. POST BALANCE SHEET EVENTS

The new CEO, Sarah O'Connor, was appointed and commenced at the Company on 26th February 2018. There have been no other significant events affecting the Company since the year end, which, in the opinion of the Directors, require disclosure in the financial statements.

## 25. CONTROLLING PARTY

There is no ultimate controlling party. The Directors control the day to day running of the Company on behalf of its members.

## 26. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Board.

## APPENDIX

# DISCLOSURE OF STATUTORY & CORPORATE SUPPORT

The following information does not form part of the audited financial statements:

## DETAILS OF STATUTORY FUNDING RECEIVED IN 2017

FUNDING AGENCY	GOVERNMENT DEPARTMENT	AMOUNT RECEIVED/ DEFERRED	FUNDING WAS RESTRICTED TO EXPENDITURE ON THE FOLLOWING	AMOUNT SPENT IN 2017	TO BE SPENT/ RETURNED IN 2018
HSE Grant Aid, Nation Lottery	Health and Children	€2,500	Asthma Friendly School Programme	€2,500	€Nil
Pobal - Dormant Accounts Fund	Social Protection	€1,367	Parents & Carers Programme	€1,367	€Nil
Pobal - Scheme for support of National Organisations	Environment, Community & Local Government	€69,343	Core staffing	€69,343	€Nil
HSE NAP	Health and Children	€33,773	Support to National Clinical programme for Asthma	€33,773	€Nil
HSE- PC (HCP programme)	Health and Children	€4,191	Support to the HSE under ós Programme	€4,191	€Nil
HSE- PC (Adviceline)	Health and Children	€159,190	Asthma Adviceline	€159,190	€Nil
HSE Health	Health and Children	€17,155	Asthma Friendly Promotion Sports Club	€760	€16,395
HSE DNC	Health and Children	€7,643	Asthma Service for people in DNC area	€7,643	€Nil
Dept of Health	Health and Children	€15,000	Bubble day	€15,000	€Nil
HSE National Social Inclusion Office	Health and Children	€26,299	Traveller outreach programme	€7,261	€19,038
HSE National Social Inclusion Office	Health and Children	€21,096	Socially excluded outreach	€1,436	€19,660
<b>TOTAL</b>		<b>€357,557</b>		<b>€302,464</b>	<b>€55,093</b>

“This service is amazing... My son has asthma and I felt totally alone trying to manage it... I was so worried, and I called the Adviceline. It was amazing. I got so much advice on inhalers, going to a GP and paediatricians... I got numerous follow up phone calls. This service is truly amazing and thank you to you all involved for giving me the tools to manage my son’s asthma.”

Asthma Society of Ireland  
42-43 Amiens Street  
Dublin 1

.....  
Cumann Asma na hÉireann  
42-43 Sráid Amiens  
Áth Cliath 1

Tel 01 817 8886  
Email [healthpromotion@asthmasociety.ie](mailto:healthpromotion@asthmasociety.ie)

.....  
Asthma Adviceline  
**1800 44 54 64**