

ANNUAL REPORT

2018



3,010

one-to-one patient support calls
on Asthma & COPD Adviceline

98.4%

of Adviceline users surveyed were quite
or very satisfied with the ability of the
Adviceline nurse to answer questions

122

Asthma in the Pharmacy clinics
held around the country

10,000

patients helped to create
their Asthma Action Plans

397,628

visits to asthma.ie

13,332

people improved their inhaler
technique via our videos on asthma.ie

€140,589

raised from the public

26

Asthma Nurse Specialists school visits

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A MESSAGE FROM **DR ALLAN KEARNS** CHAIRPERSON

I am pleased to introduce the 2018 Annual Report of the Asthma Society of Ireland. This Report sets out how we deliver on our mission to save lives and improve the lives of people with asthma. We detail the broad range of activities undertaken by the Society, covering health promotion, awareness campaigns, and advocacy.

We welcomed a new Chief Executive Officer, Sarah O'Connor, in early 2018. It was opportune in 2018 - midway through our 2015-2020 strategic plan - to review our strategic approach. We have made important changes that laid the foundation for 2018 and beyond. The patient voice has been made more central as a guide to all we seek to achieve with the Society.

While we have always advocated on behalf of asthma patients using the best available domestic and international evidence, we have developed our research capabilities to fill the information gaps in everyone's understanding of the prevalence and severity of asthma in modern day Ireland.

Finally, our helpline, health promotion and awareness campaigns are delivering more information in an increasingly accessible way. In particular, our World Asthma Day campaign in 2018 helped patients and their families to recognise the symptoms of an asthma attack and to know the 5 Step Rule to safely manage an asthma attack. The campaign reached key audiences who struggle to manage asthma through a broad range of media outlets and utilising video and PR to best effect. This stand-out campaign was commended for an Irish Healthcare Award.

We aim for the highest standards of governance, risk management, transparency and accountability. Our annual financial statements, appended to this annual report, are externally audited in line with all the applicable standards.

I warmly thank all those who volunteer, donate or otherwise support the Society. Some of our most committed supporters have suffered bereavements of loved ones from asthma attacks, and I am always moved by their generosity to think of other asthma patients at this most difficult time. I am grateful to the members of the Board who give freely of their expertise and time throughout the year. I am thankful also to our CEO and Asthma Society team members for their continued work on delivering our vision of everyone with asthma living a full life, symptom free.

Dr Allan Kearns
Chairperson



A MESSAGE FROM SARAH O'CONNOR CEO

I started with the Asthma Society as CEO in late February 2018. My first week in the role coincided with Storm Emma and illustrated the challenges of patients with asthma very clearly. Patients were very anxious about how to manage their asthma while experiencing a significant asthma trigger (colder air) – we experienced an influx of calls to our Asthma and COPD Adviceline, and our website and social media channels were extraordinarily busy.

To me, it demonstrated the degree to which asthma, as Ireland's most common chronic illness, can recede into the back of the patient's mind – until something happens to make asthma management an immediate and serious problem. Of course, the Asthma Society exists to serve patients in that hour of need, but our work has to encompass and achieve so much more than that. We have to help patients to be more informed and empowered to ensure that they have controlled asthma, instead of jerking from unexpected respiratory crisis to crisis.

With that week in mind, our Asthma and COPD Adviceline is central to our work and the user survey which we ran in 2018 powerfully communicated the positive impact of this service for patients and their families. The Adviceline was commended in the Patient Education of the Year category in the Irish Healthcare Awards. Our Asthma in the Pharmacy programme, too, has gone from strength to strength in 2018, with huge demand from pharmacies nationwide for this key patient intervention. We plan to build the capacity and reach of both these programmes in 2019.

While the weather in early 2018 proved an asthma management challenge for patients, the Asthma Society closed the year by launching the new Asthma Action Plan, developed according to international best practise guidelines, working closely in conjunction with the National Clinical Programme for Asthma. The Asthma Action Plan, based on a traffic light system, can help patients and healthcare professionals to work together to ensure that patients recognise if their condition is deteriorating and to know how to take action to keep themselves safe. The Asthma Action Plan, which launched alongside a new asthma e-learning programme for healthcare professionals, can truly equip patients to control their asthma. The Asthma Society will build the Asthma Action Plan into all its work, as a key tool to prevent asthma deaths.

We hear from patients daily and we truly value what they tell us. The Asthma Society undertook a Strategic Review in 2018, after engaging with and listening to patients, healthcare professionals and education and research professionals across the country, as well as our partners and funders. The input from patients, highlighting the impact of asthma on their lives and the gaps they experience in support for managing the condition, was of huge importance in steering the work of the Society.

As an asthma patient myself, I try to bring my own experience to our work with patients and to be mindful of the uncertainty surrounding diagnosis, the anxiety of late night escalation of symptoms, and the dread and fear of recurrent unresolved asthma symptoms. My own asthma and rhinitis are now finally fully controlled, following a conversation with my GP involving honest discussion of symptoms, a sense of curiosity and interest in finding the solution, and a focus on following the agreed treatment plan. As a result, I am evangelical how we can help other patients to benefit from the huge improvement in quality of life created by a lightbulb healthcare discussion.



We are supported in our work by people who make donations, large and small. We are also supported by people who help us multiply our asthma management message – people influencing their family, friends and colleagues to be more in control of their health. I thank each and every one of these people – we simply could not do our work without them.

Sarah O'Connor
CEO

2018 KEY EVENTS

JANUARY

- Asthma in the Pharmacy 2018 programme commences – 122 clinics held in 2018
- Operation Asthma digital campaign commences

FEBRUARY

- Asthma Winter Survival Guide launched

MARCH

- Adviceline awareness campaign launched
- ANÁIL Annual Respiratory Nursing conference

APRIL

- St. Vincent's University Hospital Health Fair

MAY

- World Asthma Day 2018
- New asthma.ie website launched

JUNE

- Hayfever campaign launched

JULY

- #LetMeBreathe - Pre-Budget Submission 2018 and advocacy campaign

AUGUST

- Back2School 2018 campaign launched

SEPTEMBER

- Asthma Society presented on Asthma and COPD Adviceline at European Respiratory Society conference in Paris
- Asthma Deaths campaign

OCTOBER

- Indoor Air campaign launched
- Flu vaccine initiative
- Halloween Asthma Guidance

NOVEMBER

- Mystery of Spacers research and campaign
- Asthma Research Bursary launched at ITS
- Easing the Economic Burden of Asthma research project commenced

DECEMBER

- Asthma patient experience focus group
- 12 Days of Asthma campaign
- Newly updated E-learning programme launch
- New Asthma Action Plan launch

WHAT IS ASTHMA?

Asthma is the most prevalent chronic disease in Ireland. It is a condition that affects the airways, which carry air in and out of the lungs. In asthma, the airways become over-sensitised, reacting 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.

It is extremely important that preventative medication is taken regularly, as prescribed and even when asthma symptoms are not present. 60% of Irish people do not have their asthma under control. Failure to recognise triggers and control asthma can prove fatal. Asthma deaths are rising in Ireland – one person dies every six days from asthma.

ABOUT US?

The Asthma Society of Ireland 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 380,000 people with asthma, to take control of their condition by providing them and their families with information, education, services and support.

THE ASTHMA SOCIETY'S MISSION & VISION

- Our mission is to save lives and improve the lives of people with asthma.
- Our vision is everyone with asthma living a full life, symptom free.

VISION 2020

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

Vision 2020 has focused our activity on the following four strategic goals:

GOAL 1 EMPOWERMENT, HEALTH PROMOTION AND PUBLIC ENGAGEMENT

The Asthma Society will empower all people with asthma to manage their condition at all stages of the patient journey.

GOAL 2 ADVOCATING FOR CHANGE

The Asthma Society will lead the way in understanding the challenges faced by people with asthma in Irish Society and will influence government and society for change.

GOAL 3 COLLABORATING WITH HEALTHCARE PROFESSIONALS

The Asthma Society will continue to work with health care professionals to improve their understanding of the needs of people with asthma.

GOAL 4 ENGAGING WITH YOUNG PEOPLE

The Asthma Society will engage with young people to empower them (and their carers) and to help them manage their asthma and live life to the full.

WHY OUR WORK IS SO IMPORTANT

2.4m

The number of asthma GP consultations annually.

€1,242

The annual average cost of asthma per patient.

1 in 5 

Proportion of children who experience asthma at some stage in their life.

1 in 10

Proportion of children who currently have asthma.

1 in 13

Proportion of people in Ireland currently have asthma.

66%

Percentage of asthma deaths that are preventable.

five

Average number of school days missed every year due to asthma.



ASTHMA IN IRELAND

2nd

Ireland had the second highest rate of asthma hospital discharges in Western Europe in 2016.

seven

Average number of work days missed every year due to asthma.

890,000

The number of people in Ireland who experience asthma at some stage of their life.

14 

Compared to 14 other European countries: Ireland had the highest death rate from asthma in 2015.

Four ^{minutes} 

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

one every six days

The frequency that people are dying as a result of their asthma.

40,593

The number of children registered under the Asthma Cycle of Care programme.

€472 million

The amount asthma costs the state per annum.

8,000

The number of asthma admissions to hospital every year.

REVIEW OF VISION 2020

In 2018, the Asthma Society reviewed its Vision 2020 Strategy, working with the Board, specialists in asthma management, our funders, patients and patient representatives.

The Strategic Review involved assessing the performance of key health promotion, awareness, advocacy programmes and campaigns, to determine their effectiveness in achieving the Asthma Society's overall mission. A new strategy will be launched in 2019.

GOAL 1 EMPOWERMENT, HEALTH PROMOTION AND PUBLIC ENGAGEMENT

Some achievements were standouts – working with the HSE and COPD Support Ireland on the Asthma and COPD Adviceline and achieving the international Helplines Partnership standard. The Asthma in the Pharmacy programme continues to deliver a key patient intervention across the country. Our World Asthma Day campaigns have delivered against planned outcomes, reaching the desired targets. However, asthma management is an always-on activity for patients and the Asthma Society must stretch its support programmes, advocacy and awareness campaigns to support patients year-round.

Future programmes and campaigns will need to be developed to ensure that we are reaching people with economic or societal disadvantage, who are frequently disproportionately affected by asthma, and also those who may find asthma management and health literacy a challenge.

GOAL 2 ADVOCATING FOR CHANGE

The announcement of the nationwide ban on the sale, distribution and use of smoky coal and the government's plan to publish a national Clean Air Strategy in December 2017 were major achievements for asthma patients. The Asthma Society has lobbied for a nationwide ban on smoky coal since the 1990s. The Asthma Society will continue to work with the Minister and other stakeholders to have these commitments implemented as soon and as fully as possible.

The Strategic Review identified the following advocacy priorities for the future: the significant gaps in healthcare provision for asthma patients; the strain that asthma can put on personal finances; the lack of availability of inhalers in school, clubs, and workplaces; lack of access to medication and care for severe asthma patients.

GOAL 3 COLLABORATING WITH HEALTHCARE PROFESSIONALS

The Asthma Society has worked with healthcare professionals for decades to improve their understanding of the needs of people with asthma. We are strongly connected with the work of many healthcare organisations and we are positioned to use these networks to best effect. The provision of the e-learning module for healthcare professionals, with the National Clinical Programme for Asthma, is a major achievement under this goal.

GOAL 4 ENGAGING WITH YOUNG PEOPLE

The Asthma Society has had limited funding in recent years to run large-scale projects for young people. It is a strategic priority to generate funding support for our work with young people, either through schools, clubs or using online resources.

KEY INSIGHTS FROM STRATEGIC REVIEW

While the Strategic Review highlighted significant results in programmes, delivering high quality services for patients, it also pointed out important insights about asthma management and healthcare provision in Ireland which will be significant in the future direction for the Society.

From the Strategic Review, the Board and Executive's assessment flagged that the Asthma Society would need its new strategy to focus on delivering or facilitating key healthcare interventions to radically reduce the increasing number of asthma deaths occurring in Ireland.

These interventions can happen through our programmes in person, on the phone, online or via healthcare professionals who use our materials and training programmes to transform asthma management in Ireland. Social media, our website and digital programmes may be instrumental in future success for the Society.

With limited resources, the Asthma Society can only undertake limited programmes, and these must be as impactful as possible, aiming to boost self-management among patients.

Improved measurement of the impact of our work and always listening to asthma patients will ensure that we continue to work on the right projects for people with asthma, helping them to live full-lives, symptom-free.



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



TOM

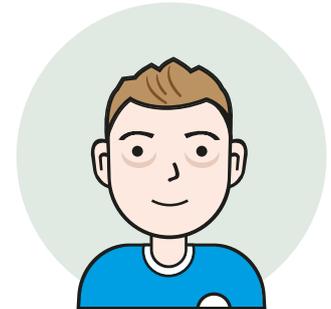
Tom is 40 years old and lives in Dublin. Tom is Aoife's Dad – she is 4 years old.

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



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 Asthma Society Schools Programme and an asthma buddy
- Age-appropriate videos and leaflets about asthma
- To meet or to know about a sporting hero with asthma

WHO WE HELP



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 Asthma Society 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



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 biologic treatment 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 biologic treatment 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, 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 asthma patients managing their condition to avoid triggers and learning 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 by running campaigns:

- Asthma and COPD Adviceline
- Asthma in the Pharmacy
- Traveller & Roma Outreach
- Public Engagement Activity

Our Asthma & COPD Adviceline handled **3,010 calls in 2018.**

ASTHMA AND COPD ADVICELINE

The Joint Asthma and COPD Adviceline is a collaboration between the Asthma Society, COPD Support Ireland and the HSE. This was launched on the 1st July 2016. The Adviceline is a call-back service that is available free-of-charge to people with asthma and/or COPD, and their family and carers. A panel of respiratory nurse specialists provide personalised information, advice and support to callers from across Ireland on managing their respiratory condition.

Improving the quality of life of asthma patients is a major focus for the Asthma Society and the Adviceline service is a flagship programme designed to achieve this.

The Helplines Standard is an internationally-recognised quality standard, which defines and accredits best practice in helpline work. The Asthma and COPD Adviceline has been accredited by the Helplines Standard for the past three years and the Asthma Society began the re-accreditation process in 2018, to be completed in 2019.

In 2018, the Asthma Society's Joint Asthma and COPD Adviceline received a commendation at the Irish Healthcare Awards for 'Patient Education Project of the Year – Non Pharmaceutical'.

The commendation recognises the Adviceline's focus on improving patient care, innovation and collaboration.

In 2018, the Adviceline nurses continued to increase their respiratory knowledge and refine their expertise by attending the Asthma Society Nurse Training Day and completing an allergy e-learning course.

RESULTS

3,010
Adviceline calls
were recorded during 2018.

69%
of Adviceline users were recommended to see their GP following an Adviceline call.

89%
of Adviceline users had an improved knowledge of what to do in the event of an asthma exacerbation after using the service.

Of Adviceline users surveyed...

98% were quite or very satisfied with the empathy and understanding of the Adviceline nurse.

97% were quite or very satisfied with the level of information provided by the Adviceline nurse.

98% were quite or very satisfied with the friendliness of the Adviceline nurse.

98% were quite or very satisfied with the ability of the Adviceline nurse to answer questions.

WHAT DIFFERENCE DID WE MAKE?



"I called as my 6-year-old had been to a GP and was awaiting consultation with a specialist – the nurse was amazingly informative, helpful, patient. She helped me develop a proper list of issues to address with the specialist."

"The first comprehensive advice I have ever received on the management of asthma!"

"This service is amazing. I'm a physiotherapist with a background in respiratory, but I have had little experience with asthma. My son has asthma and I felt totally alone trying to manage it. He was being treated for regular chest infections. I was so worried and I called the Adviceline. It was amazing. I got so much advice on inhalers, going to my GP, paediatrician, and advice about epipens (peanut allergy). 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. Thank you xx"

"When I contacted Adviceline I had suffered two asthma attacks and was really struggling with my breathing and it was affecting my work and home life. I found the advice extremely helpful and my health benefited from it hugely. Prior to contacting Adviceline, I was very nervous and concerned that I would get another asthma attack when either by myself or with my children - it's a frightening situation to be in. However, with the advice and guidance given by the asthma nurse, I felt much more confident managing my situation going forward. I am more than happy to recommend Adviceline to others."

"I now have an asthma treatment plan in place and the right medication for my daughter. Very thankful to that nurse for all the advice - only for her my little girl could have died."

"I was lucky, because a few days after the call, I booked to see my GP and just as I walked in the door, I suffered a major asthma attack, which the nurse had predicted. He was able to give me a nebuliser on the spot and I then got a letter to visit the asthma clinic, which I hadn't bothered about for nearly 15 years. The nurse's advice ultimately saved my life, because if I had had that attack at home, I wouldn't have survived."

ASTHMA IN THE PHARMACY

Our 'Asthma in the Pharmacy' programme allows patients or their carers to meet an Asthma Society 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 takes the Asthma Control Test.

With the guidance of the nurse, they can learn more about their asthma symptom control and how to improve it. The patient can also have their inhaler technique checked and ask any questions they may have regarding their medication. Sometimes, it may be necessary to refer a patient with poor asthma control to a healthcare professional. 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 or emailing healthpromotion@asthma.ie.

A renewed emphasis in 2018 was to partner with the biggest pharmacy chains to increase the number of Asthma in the Pharmacy days held nationwide. The Asthma Society worked with Molloy's, Adrian Dunne, McCauley's, McCabe's, Hickey's and Lloyd's as well as independent pharmacies around the country to reach the maximum amount of asthma patients.

Our first Paediatric Asthma in the Pharmacy Day was piloted in Haven Pharmacy Holly's in Ballinasloe, Co. Galway. The feedback from the parents of the children, the paediatric nurse and the pharmacy staff was extremely positive. This adaptation of the Asthma in the Pharmacy day will be rolled out in increased numbers in 2019.

The 'Asthma in the Pharmacy' programme has been kindly sponsored by GlaxoSmithKline (GSK).

RESULTS

In 2018, a total of

122
Asthma in
the Pharmacy
days

were held around the country.

This is a **12%**
increase
from 2017.

764

number of patients seen at
Asthma in the Pharmacy
Clinics in 2018.

43%

percentage of people who
had experienced an asthma
attack in the past 12 months.

1

number of people referred to emergency room.

1%

percentage of people who had an
asthma management plan in place
in 2018, prior to the consultation.

399

number of
people referred
to GP.

WHAT DIFFERENCE DID WE MAKE?



“The day was a great success. The nurse had appointments throughout the day and was very professional and thorough with all of our patients. Our patients were delighted with the service and gave us great feedback on the event. It was a very positive and productive day”

– *Cork pharmacy*

“An actual charity that we have reached out to have been more supportive and engaged with us with more empathy than any hospital. The Asthma Society has been in touch with us on a regular basis, provided great advice and suggested ways to approach the issues we had. Our point of contact has listened, asked questions and provided honest feedback and genuine concern.”

– *Dublin pharmacy*

“Found the day very beneficial, it is a great service to be able to offer our patients and the feedback from the patients is always very positive. They really enjoy the opportunity to chat through things. The nurse is fantastic with the patients and they all speak very highly of her”.

– *Cork pharmacy*

TRAVELLER & ROMA OUTREACH

Asthma is a disproportionately prevalent condition in the Roma and Traveller groups. The Asthma Society, in collaboration with Pavee Point and the Irish Traveller Movement, works to empower members of the Traveller community with asthma and their family members to better manage their disease. The objective is to use a “Train the Trainer” approach and culturally appropriate resources provide asthma education to members of the Traveller community.

The Asthma Society, in collaboration with the HSE National Social Inclusion Office in the South East, is developing culturally appropriate information resources, videos and animations for the Roma community. To commence this project, the Asthma Society’s Health Promotion team conducted a focus group in Enniscorthy with the Roma community. The aim was to identify which resources would be most useful to the Roma community.

The Asthma Society’s Health Promotion team and the Communications team will collaborate and build the required resources to inform and support those in the Roma community with asthma. The Asthma Society will be working on delivering these programmes in 2019.

RESULTS

2 traveller
training
refresher
sessions

– empowering traveller peer
healthcare workers to work with
their communities

Attendance at Southside
Travellers’ Action Group
Health Fair

Roma Community
Focus Group

WHAT DIFFERENCE DID WE MAKE?



“This session was an eye opener”

“Training improved my level of understanding about asthma and different treatments”

PUBLIC

ENGAGEMENT

Our 2018 public campaigns and events provided many opportunities for us to engage with the public directly and advise them on best practice for identifying and managing asthma symptoms. Our goal was to highlight the difficulties faced by people with asthma, to encourage greater support and understanding in homes, workplaces and in the local community.

THIS INCLUDED THE FOLLOWING:

WORLD ASTHMA DAY

HAYFEVER CAMPAIGN

ASTHMA FRIENDLY HOMES

MYSTERY OF SPACERS CAMPAIGN

BE WINTER READY

**ASTHMA AND COPD
INFORMATION STANDS**

WORLD ASTHMA DAY

CAMPAIGN BACKGROUND

Prior to the campaign, a survey of over 1,100 people with asthma revealed an alarming gap in knowledge regarding management of their condition and what they should do if they suffered an asthma attack. The majority of people admitted they would not know the necessary steps to take in the event of an asthma attack, nor would they be able to recognise when an attack is occurring.



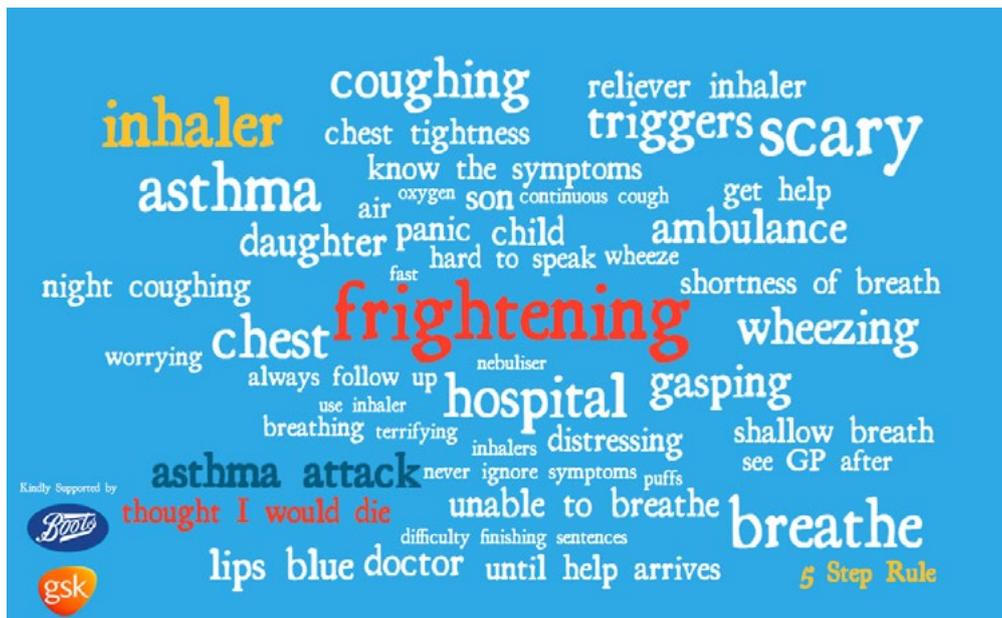


CAMPAIGN AIMS:

Our 2018 World Asthma Day campaign sought to educate people on how to recognise the symptoms of an asthma attack and how to manage an asthma attack using the 5 Step Rule.

We identified two target audiences of young adults (16-24) and parents (25-45), aiming to achieve the following goals:

- To build awareness of symptoms of an asthma attack and how to manage it
- To communicate key messages to radically transform asthma management:
 - An asthma attack is a medical emergency.
 - One person dies a week as a result of an asthma attack.
 - An attack can happen anywhere.
- The symptoms of an asthma attack are traumatic and stressful, and potentially fatal.
- To build parent/carer confidence about managing an asthma attack – any person can help.





The campaign has received a commendation at the Irish Healthcare Awards for the **"Best Use of Social Media"** category and was nominated for the PRII Excellence in Communications Award.



DRIVING BEHAVIOUR CHANGE DURING WORLD ASTHMA DAY

A variety of ways to change public behaviour around asthma were implemented:

- We created infographics illustrating the results of our survey and highlighting the substantial information gaps and the specific surprising results within that survey.
- We produced three videos – two worked to show the simple steps to take in the event of an asthma attack (one for a child under 6 years and the other for anyone over 6 years), and a third building awareness of the symptoms of an attack and how people feel when they have an asthma attack. These insights were taken directly from our survey, ensuring patients' voice was a feature of the campaign.
- We partnered with Communicorp for an advertising campaign. This included radio ads that informed people of the dangers of an asthma attack, on street activations, social media promotion and a video with Dublin's 98FM.
- Asthma Attack Wallet cards with the 5 Step Rule were distributed to the public with Spin 103 and Dublin's 98 FM.

Our 2018 World Asthma Day campaign was kindly supported by GSK and Boots Ireland.

RESULTS

1,038,295

number of World Asthma Day video views.

45% increase

in first time Adviceline calls month-on-month.

13,999,862

Potential overall media reach coverage

83

number of Let's Breathe Easy Clinics held in Boots Pharmacies Nationwide.

12 year old

Katie

ran a fundraising event, where she was sponsored to cut off her hair to raise funds and create awareness of asthma.



TYPICAL ALLERGY SYMPTOMS ARE...

- Sneezing
- Impaired sense of smell
- Itchy, blocked or runny nose
- Itchy throat, inner ear or mouth
- Headaches
- Red, itchy or watery eyes
- A loss of concentration and generally feeling unwell

80 PERCENT of asthmatics also suffer from Hayfever

1 in 5 people in Ireland suffer from Hayfever

People often suffer from a combination of

Asthma Eczema and/or Hayfever

COMMON HAYFEVER TRIGGERS

- Flower Pollen
- Tree Pollen
- Wood Pollen
- Fungi Spores
- Grass Pollen

Asthma Adviceline
1800 44 54 64

asthma.ie

OUR HAYFEVER CAMPAIGN

Hay fever affects one in five people in Ireland, bringing with it irritating symptoms like itchy eyes, runny nose and headaches. For the 80% of people with asthma who also live with hay fever, it can be more serious – often leading to a flare-up of their asthma symptoms and, in some cases, causing an asthma attack.

The Asthma Society launched the annual Hay fever Campaign to help the 312,000 people with asthma who also have hay fever, reduce their exposure to pollen where possible and safely manage their symptoms.

From May to August the Asthma Society launched a Pollen Tracker on www.asthma.ie. The tracker provided an update

of pollen levels across the four provinces each day, and a prediction of the pollen levels for the following day. Online and media engagement increased awareness of how hay fever can affect those with asthma and offered practical advice on how to manage their condition.

The Asthma Society, in partnership with Dyson Ireland, also launched their Practical Tips for Gardening with Asthma and Allergies leaflet at Bloom 2018, for all the gardeners who suffer from asthma and hay fever. In addition, Sarah O'Connor, CEO of the Asthma Society, held a Facebook Live Q&A at the Dyson stand at Bloom. Joining her for this Q&A were Dr. Marcus Butler, Asthma Society Medical Director and Respiratory Specialist Consultant at St. Vincent's Hospital, and Pam Quinn, Respiratory Nurse Specialist at the Mater Hospital.

This campaign was nominated for Patient Education Project of the Year – Non Pharmaceutical at the Irish Healthcare Awards in 2019.

The 2018 Hayfever Campaign was kindly supported by Dyson and GSK.

RESULTS

Asthma.ie Pollen Tracker Views

31,897

Bloom Facebook Live Total Views

21,800

Website visits during campaign

160,537

Potential Media Reach of Campaign

24,217,753

Social Media Reach

2,910,252



ASTHMA FRIENDLY HOMES

In winter, people spend on average up to 90% of their days indoors. Research has shown that indoor air can be up to five times more polluted than the air outside. Triggers within the home include pet dander, dust, mould, cleaning products, cooking appliances and smoke. In Ireland, 61% of households own a pet, and animals in the home can have a major effect on a family member's asthma.

For people with asthma, indoor air has a material impact on health and quality of life. With that in mind, the Asthma Society launched the Asthma Friendly Homes campaign, to help people understand what the most common triggers are within the home and what they can do to combat them. The Asthma Society also released a new Asthma Friendly Homes leaflet which is available on asthma.ie. It offers hints and tips to help people make their homes asthma friendly.

As part of our Asthma Friendly Homes campaign we identified and highlighted Halloween and winter triggers. These include bonfires, fireworks, dust mites, mould, pets and smoke. Highlighting these possible triggers can help a person with asthma manage their condition and avoid a potentially fatal asthma attack.

This campaign was kindly supported by Dyson.

RESULTS

Potential Reach of campaign

4,005,626

Social Media reach

155,415

Asthma.ie visits during campaign

27,466

Adviceline calls

+35% compared to the month prior.

ASTHMA FRIENDLY HOMES
Campaign kindly supported by **dyson**

CLEANING PRODUCTS

BLEACHES, POLISHES AND AIR FRESHENERS CAN ALL CAUSE AN ASTHMA ATTACK

Use warm water for cleaning, where possible

ASTHMA ADVICELINE
1800 44 54 64
asthma.ie

ASTHMA SOCIETY OF IRELAND

The graphic features three house icons with symbols for a person, lungs, and a pet. A central illustration shows a spray bottle and a bucket. The background is blue with a subtle pattern of clouds and a house.

HALLOWEEN

In October, the Asthma Society highlighted harmful triggers to be aware of during Halloween and throughout the winter season. These include bonfires, fireworks, dust mites, mould, pets and smoke. Highlighting these possible triggers can help a person with asthma manage their condition and avoid a potentially fatal asthma attack.

MOULD

MOULD SPORES THAT CAUSE ALLERGIC REACTIONS IN PEOPLE DO NOT HAVE TO BE ALIVE. IN FACT THEY CAN BE MORE DANGEROUS TO PEOPLE WHEN DEAD.

ASTHMA ADVICELINE: 1800 44 54 64

ASTHMA FRIENDLY HOMES
Campaign kindly supported by **dyson**

ASTHMA SOCIETY OF IRELAND

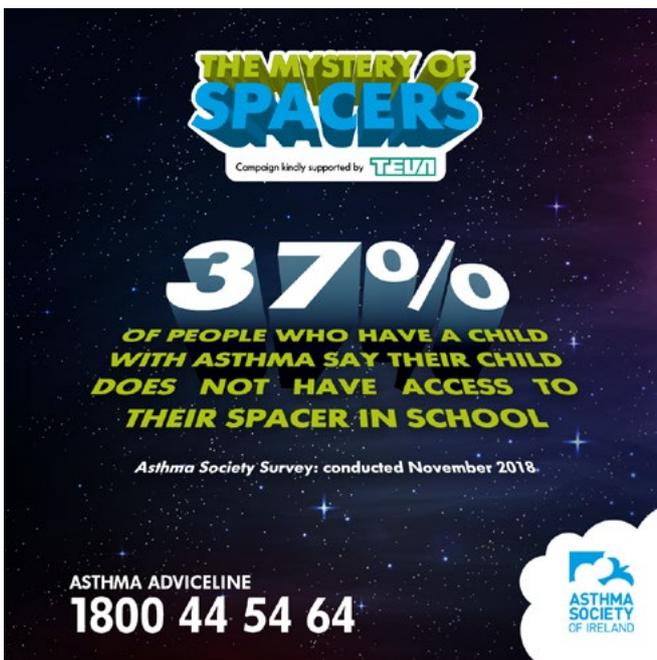
asthma.ie

The graphic has an orange background with a pattern of leaves. It features a circular illustration of a person's face with a green circle over their nose and mouth, containing a black silhouette of a person's head with a white skull-like pattern. The background also includes a faint illustration of a person's face.

MYSTERY OF SPACERS CAMPAIGN

In asthma management, a spacer device is one of the most important tools for ensuring asthma medication is properly delivered down into the lungs. Nearly half of people with asthma are not using their spacer device adequately.

A survey conducted by the Asthma Society on spacer device usage in Ireland, showed that 48% of people had not used a spacer device in the last year or never used one at all. This survey, which was completed by 2,318 people, was conducted in November and December 2018 as part of the Asthma Society's new 'Mystery of Spacers' campaign. The campaign aimed to clear up the many myths around spacer devices and essentially get more people using them.



Findings from the survey also revealed that 33% of people whose child has asthma said their child would feel very or somewhat embarrassed using their spacer device at school. Also 41% of people with asthma admitted that they do not use their spacer device regularly.

The campaign also included a Live Facebook Q&A on spacer devices, media engagement on spacer device usage with the results of the survey, social media infographics and new dedicated spacer pages on asthma.ie. The Asthma Society also published a member e-newsletter announcing the campaign which contained a link to the spacer survey.

This campaign was kindly supported by Teva.

RESULTS

Media Potential Reach of Campaign

173,999

Asthma.ie visits during campaign

32,207

Spacer Q&A video views

1,402

Asthma Society Spacer Device Usage survey completions

2,318

Social media reach

53,760



BE WINTER READY

In 2018, Ireland experienced some of its coldest weather on record. A national red warning was put in place with many people unable to attend work due to the snow storm brought on by Storm Emma and the so-called “Beast from the East”.

Cold weather is a very common trigger for people with asthma.

Throughout this cold period, we reminded people daily through our social media platforms to manage their asthma during the cold spell and provided them with top tips on how to do so. We also released our ‘Winter Survival Guide’ during this national emergency, which led to multiple media hits both regionally and nationally.



In December 2018, the Asthma Society made people more aware of potential triggers within their home at Christmas that are capable of causing an asthma attack. Our Winter Wellness videos really helped patients to better understand how to manage their asthma in colder months.

NEW ASTHMA.IE WEBSITE

In May 2018, as part of their World Asthma Day 2018 campaign, the Asthma Society launched the newly updated website: asthma.ie.

After listening to our members and their opinions on the old asthma.ie website, we undertook a huge project to create a whole new website, with user's needs and ease of navigation as key drivers for the project.

Feedback on the newly updated asthma.ie has been extremely positive.

WHAT DIFFERENCE DID WE MAKE?



"I use the asthma.ie website every week. I suffer very badly with my asthma. I use it every time I have a question on asthma. Thank you, Asthma Society."

RESULTS

In 2018, there were

397,628 visits

to asthma.ie.

The most visited page in 2018 was the **Pollen Tracker**

which ran from May to August as part of the Hayfever campaign.

The screenshot shows the homepage of the asthma.ie website. At the top right, there is a grey bar with the text "ADVICELINE" and a phone icon followed by "1800 44 54 64". Below this is the Asthma Society of Ireland logo, a search bar with a "Search" button, and links for "SHOP" and "DONATE". A navigation menu includes "E-LEARNING", "ABOUT ASTHMA", "ABOUT US", "SUPPORT US", and a red "ASTHMA ATTACK" button. The main content area features a large graphic for the "September SURVIVAL GUIDE" with a blue button that says "Click here for the Guide". Below the button is the text "Practical tips to help control your child's asthma during September and into the winter months." To the right of this text is an illustration of a family (a man, a woman, and two children) and a cloud-shaped callout box containing the text: "ASTHMA ADVICELINE 1800 44 54 64", "COPD ADVICELINE 1800 83 21 46", and "nurse@asthma.ie". At the bottom of the page, there are four columns of links: "Who We Are" (Our Mission, Meet the Team), "What We Do" (Health Promotion, Awareness Campaigns), "Support Us" (Donate, Fundraise for us), and "About Asthma" (HCP Training, Learn about asthma).

ASTHMA & COPD

INFORMATION STANDS

In 2018, the Asthma Society supported public events by holding information stands to distribute leaflets and increase awareness regarding available resources. The aim was also to highlight and promote services to healthcare professionals, students and other members of the public.

We had information stands at the following events/locations:

- Bloom Festival
- Irish Practice Nurse Association Conference, Limerick
- Irish Thoracic Society Meeting, Belfast
- Tallaght Health Fair
- Dundalk IT and Athlone IT
- Healthy Ireland – Cashel and Tipperary Libraries

GOAL 2

ADVOCATING

FOR

CHANGE

The Asthma Society 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, while also campaigning for progressive policies to make their schools, homes and workplaces less harmful to their health. Armed with this knowledge, we publish policy papers and run advocacy campaigns to highlight these issues. Further to this, we lobby politicians and officials in relevant government departments to secure improved services and supports for people with asthma.

We do this by listening to our members. We learn the challenges they encounter and hear about the changes that would improve their daily lives.

Our work in advocacy includes:

- Pre-Budget Submission
- Our Biggest Challenge – Eliminating Asthma Deaths
- Clean Air
- Emergency access to inhalers in schools
- New Research – Easing the Economic Burden of Asthma
- Patient Experience Focus Groups
- Building Collaboration and Impact in Healthcare Policy



PRE-BUDGET SUBMISSION

On the 11th July 2018, the Asthma Society launched its Pre-Budget Submission, Let Me Breathe, in Buswells Hotel, Dublin. It contained 10 life-saving initiatives to improve healthcare and quality of life for asthma patients.

Two key initiatives the Asthma Society has championed are:

1. The delivery of the long-promised free annual GP asthma review for people with asthma. An annual asthma GP review is an annual appointment with a GP that gives a person with asthma the opportunity to discuss their condition, analyse their medication and assess if it needs to be changed, and find out whether their asthma is properly controlled.
2. The change in regulations to make it easier for all schools, clubs, and workplaces to have a reliever inhaler available in the event of someone having an asthma attack.

The other eight key asthma management initiatives included in the Pre-Budget Submission were:

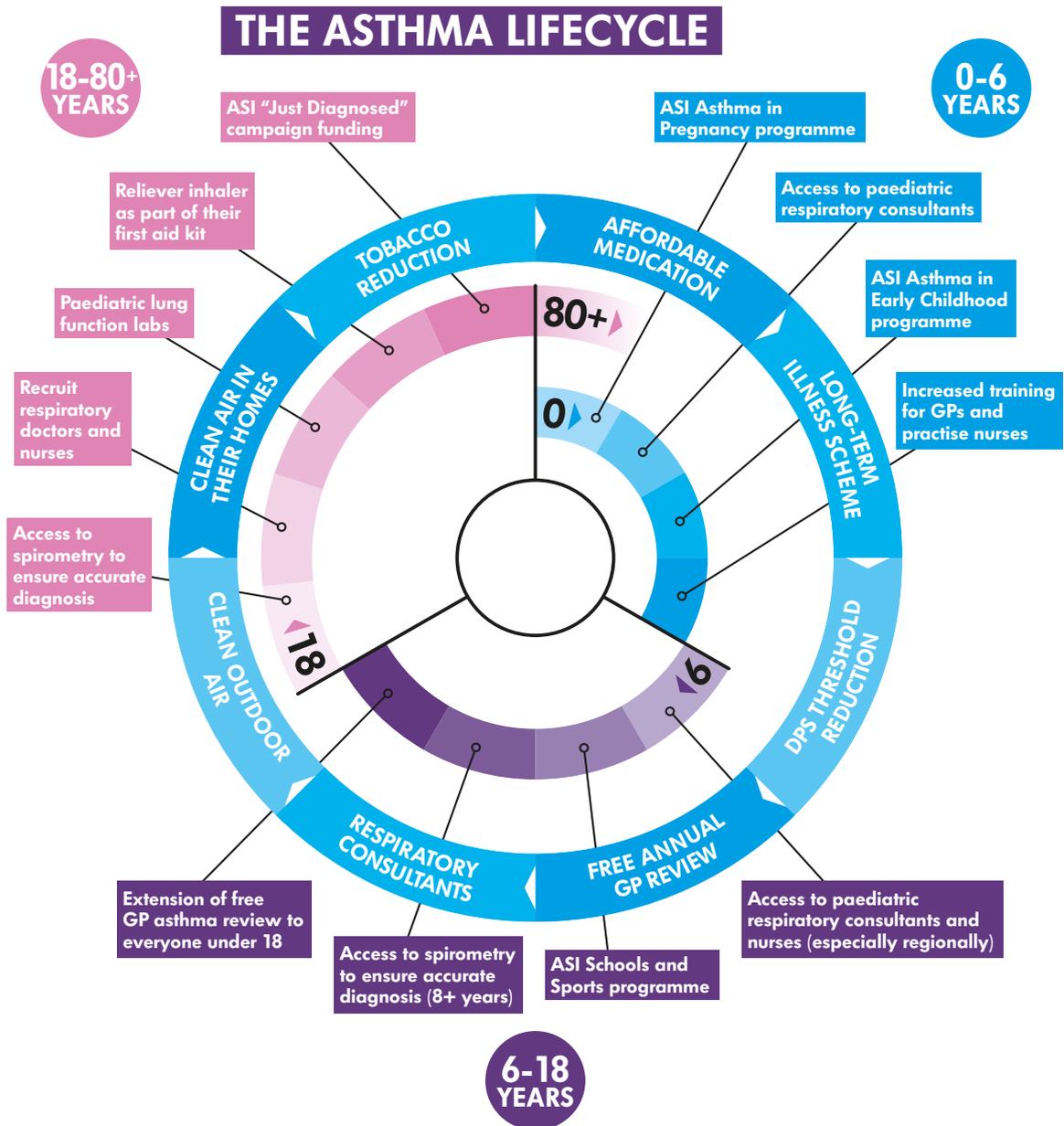
- Specialised Hospital Doctors, Nurses and Diagnostics For Children
- End the Post-Code Lottery for People with Severe Asthma
- Re-visit the National Clinical Programme for Asthma
- An Inhaler Can Save a Life
- Eradicate Outdoor Air Pollution
- Protect Indoor Air Quality
- Reduce The Tobacco Threat
- Fund The Asthma Society's Essential Programmes for people with asthma

WHAT DIFFERENCE DID WE MAKE?

42 TDs and Senators attended our Pre-Budget Submission launch

Our policy initiatives on severe asthma, air quality, tobacco and e-cigarettes, boosting patient self-management have been continued in one-to-one meetings with key politicians and health policy decision-makers since our Pre-Budget Submission

The Asthma Society met with Chair of the Joint Oireachtas Committee on Health Michael Harty in 2018 to brief him on key asthma management issues



OUR BIGGEST CHALLENGE – ELIMINATING ASTHMA DEATHS

2018 was a year in which the potentially fatal nature of asthma was regrettably brought to the national attention on a number of occasions. Two teenagers with asthma lost their lives within the space of one week and they were not the only tragic losses to asthma. Complete figures relating to asthma deaths are still unavailable, however, as the HSE has yet to release the asthma deaths which took place in 2018.

The devastation created by these losses for family member and friends is profound and it remains incredibly painful because, so often, people believe their loved one could have been saved in different circumstances. It can be devastating too for healthcare professionals to lose a patient with asthma in this way.

Emer Kelly had asthma for almost all her life, before she passed away in early 2018 from an asthma attack. Emer was only 47 when she died.

Emer's mother Ciara has worked closely with the Asthma Society since that time, fundraising and creating better awareness of the seriousness of uncontrolled asthma. She has become a passionate advocate for patients and their needs.

Asthma: 'It's not taken seriously. This is killing people'

Emer Kelly was 47 when she died of an attack in January. Fatalities are on the increase

© Sat, Oct 6, 2018, 08:01

Niamh Cahill



Emer Kelly, who died of an asthma attack, and her daughter, Ciara Kelly

Ciara Kelly's mother, Emer, suffered from asthma since childhood and was "always breathless", Ciara recalls. Asthma attacks came "almost monthly" and Emer was hospitalised many times following severe attacks.

Despite the severity of her condition, however, Ciara felt healthcare professionals "weren't sure how to treat it ... There wasn't a huge amount of help there to prevent attacks happening".

Ciara is determined to spread the message about the importance of asthma management to help prevent more people dying from asthma. The Asthma Society worked with Ciara as a patient advocate and with key healthcare professionals to raise awareness of the tragic loss which asthma can cause.

Ciara spoke eloquently to the Asthma Society's Board in October 2018, feeding into a major change in the Society's long-term strategy. Ciara was subsequently invited to come on to the Asthma Society's Board and she will take up this position in early 2019. Ciara's devotion to asthma awareness and advocacy skills will prove valuable additions to the existing skills among board members.

Our new strategy, to be launched in 2019, will ensure that all the Asthma Society's work is honed and focused on eliminating asthma deaths in the future.

POLITICAL

ENGAGEMENT

CLEAN AIR

Following its Pre-Budget Submission, the Asthma Society continued to raise the importance of protecting our indoor and outdoor air quality.

The issue of air quality has grown in public consciousness in recent years and clinical research is building a greater understanding of the true impact of air pollution on our health, especially in relation to respiratory health. A number of measures in the Pre-Budget Submission related to air quality and the Asthma Society continued to lobby at national and regional level for necessary changes to protect people with asthma in Ireland.

The Network for Ireland's Environmental Compliance and Enforcement Conference in November was a turning point for the Asthma Society in 2018, building new and valuable alliances for the Society's work on clean air.

The Society created a new Independent Air Advisory Panel (IAAP) in late 2018 - a committee consisting of experts from the fields of research, chemistry and pharmacology. The combined expertise of its members, will be a major asset to the Asthma Society in future years, helping to shape policy, research and strategy around environmental issues.

Towards the end of 2018, it became clear that the Asthma Society would need to step up its work in relation to ensuring that the promised implementation of the Smoky Coal ban and the publication of the government's Clean Air Strategy (as announced in December 2017) would come to fruition by end 2019.

ACCESS TO EMERGENCY INHALERS IN SCHOOLS

In October 2015, the Minister for Health signed new regulations allowing trained members of the public to administer life-saving rescue medicines like a reliever inhaler. The legislation enables bodies to register and obtain the required medication without the need for a prescription and to have it on site for immediate use. The Pre-Hospital Emergency Care Council (PHECC) is responsible for approving the training courses for persons engaged or employed by listed organisations for the supply and administration of medicinal products in emergencies but the training for staff spans two working days long, which can be challenging for schools, clubs and workplaces to obtain.

The Asthma Society has learnt through a parliamentary question that less than ten schools had registered for the scheme in 2018. The Asthma Society has called on Minister Harris to revisit these regulations to ensure that they are practical and implementable and rolled out to every school, club and workplace in Ireland.

Schools, workplaces, gyms, and other public spaces need to have a reliever inhaler available and someone on site who can administer it. This will be a major objective for the Asthma Society in its new long-term strategy.

NEW RESEARCH - 'EASING THE ECONOMIC BURDEN OF ASTHMA'

In 2018, the Asthma Society, in collaboration with Saludem Insights and kindly supported by GSK, instigated a study to assess the economic burden of asthma on Irish adults, children and the healthcare system. The study, entitled Easing the Economic Burden of Asthma, will gather reliable, up-to-date data that will be used to advocate for better care for people with asthma.

The Asthma Society believes this could be achieved by an asthma self-management programme provided through primary care services. National and international guidelines have long recommended that all people with asthma should be provided with an asthma self-management programme. Such a programme is currently only available to children under 6 years of age in Ireland.

Prior to this, asthma prevalence statistics for Ireland are outdated and unreliable. The Asthma Society looks forward to publishing the findings of their study in 2019 and using the results to advocate for change in asthma care in Ireland.

The Asthma Society has also partnered with UCD in the Community and the UCC School of Nursing to facilitate students taking on Masters and PhD projects relating to asthma management.

PATIENT EXPERIENCE FOCUS GROUPS

In December, Darmah Market Research facilitated a Patient Focus Group with the Asthma Society, to listen to the voice of the asthma patient and understand the experiences they have when they access the healthcare service.

The focus group findings gave the Asthma Society a greater appreciation of the patient journey and enabled them to have a better understanding of the needs of the asthma patient and their families. The results of the focus group, which were compiled into a report, will be used by the Asthma Society in the future to ensure the needs of people with asthma are always the priority. They will be fundamental in informing the direction of our next Strategic Plan.

The focus group and patient voice project was kindly supported by Mundipharma.

- ❑ Satisfaction with the GP support setting tends to be low
- ❑ It seems that the GP is casual in how the condition is managed
- ❑ In the main heard a negative perception of how GPs deal with asthma
- ❑ A lot of patients feel they are on a "DIY" type journey and to an extent are 'self-managing' their asthma
- ❑ Acknowledgment in the room that there is little awareness among the general public in relation to how Asthma/ COPD affects people. One participant told of her experience on the bus travelling to the focus group meeting — overhead people in front make negative comments about her cough.
- ❑ The requirement to keep informing people who liaise with your children about the children's asthma is ongoing – have to keep repeating it.

Sometimes symptoms have lessened by the time I get to the GP, hard to explain how bad I was feeling.

Told by the consultant that women of your age who are overweight develop late onset asthma, you may want to think about that

The GP is afraid to interfere with my treatment, he leaves it to the professor

I am angry, it seems it is left to me to manage my treatment on my own

The stand in doctor said you have asthma and gave me the inhalers

Sometimes it seems the regular GP is too familiar, often the relief Doctor gives a better service and can be more effective

Skin allergy can be common with asthma. The specialist in NEPAL made the link between the skin allergy and the asthma

The GP said come down and use the nebuliser when you need it, that does not work if I get an attack in the middle of the night

Adult male – asthma sufferer. Also had COPD. He is a smoker. Was admitted to A & E but discharged a few hours later without seeing a nurse even though he knew he wasn't well. Re-admitted hours later – Felt dismissed because of his smoking, made to feel guilty. Feels he is not taken seriously when he accesses HCP services.

Father of 5 year old girl, diagnosed when she was 2. The child has missed 15 days of school since September. The child's mother is managing the situation via the inhaler usage. Tried to get an appointment with a respiratory consultant but was dismissed

A mother with a 14 year old son who is asthmatic. The mum was only diagnosed 2 years ago as asthmatic. The path to diagnosis was traumatic, after being treated for flu, chest infections, pneumonia, a chest x-ray was clear. She developed a chronic dry cough with fits of vomiting / shaking, eventually she was rushed to A&E and after several tests the consultant concluded she had asthma

A lady with COPD living in the Waterford region. Feels angry with the lack of managed support from the GP, feels the GP is allowing her to self-treat. This lady had an episode of excessive CO₂ levels, (normal is 5, 11 is lethal and her level was 35), was rushed to hospital and survived. She sees the lung professor every 12 weeks but feels her GP is not able to support in a positive way

Mother of a 15 year old son who was diagnosed at 2½ years. The son is mild and his asthma is under control, as he got older it is easier to manage. Tends to be worse in the winter and is grand in the summer. He was diagnosed after continuous chest infections.





BUILDING COLLABORATION AND IMPACT IN HEALTHCARE POLICY

The Asthma Society worked to build collaborations with key health policy stakeholders in Ireland, Europe and further afield in 2018.



SLÁINTECARE

Asthma Society CEO Sarah O'Connor was appointed by Minister for Health Simon Harris TD to the Sláintecare Implementation Advisory Council in Autumn 2018, representing patient voice in respect of patients with chronic illness.

The Advisory Council is made up of an independent chair, the Sláintecare Executive Director, clinical and health service leaders, patient/service users, international experts and independent change management experts. The Advisory Council provides advice and support on the delivery of the Sláintecare Implementation Strategy, Ireland's cross-party long-term health transformation policy.

IRISH PLATFORM FOR PATIENT ORGANISATIONS, SCIENCE AND INDUSTRY (IPPOSI)

In 2018, the Asthma Society CEO Sarah O'Conno, took a role on IPPOSI's Board of Directors to help provide strategic direction, and help IPPOSI's staff with all aspects of their work. IPPOSI is a key organisation working on patient advocacy, health policy, e-health, service delivery, funding and access to innovation.

ASTHMA UK

At of the European Respiratory Society in Paris, the ASI met with Asthma UK. Asthma UK represents the 5.4 million people in the UK who currently have asthma. At this meeting both organisations shared ideas on how to improve their services, and looked at past successes and learnings within each of the organisations. There was a particular interest in learning more about Asthma UK's WhatsApp self-management support programme.

ELF PATIENT ADVISORY COMMITTEE

The Asthma Society attends the European Lung Foundation Patient Advisory Council meetings at the European Respiratory Society and at the organisation's AGM (held in Lisbon in 2018). These events allow the Asthma Society to learn from other patient organisations, to develop strong working relationships with other Europe-wide groups and to develop cohesive policies across Europe.



EUROPEAN RESPIRATORY SOCIETY AND GLOBAL RESPIRATORY SUMMIT

Asthma Society CEO Sarah O'Connor attended the European Respiratory Society Congress in Paris from 15th-19th of September. She gave a presentation on our Asthma and COPD Adviceline to the delegates and participated in a seminar on creating patient behaviour change. She also spoke on an Advisory panel regarding emergency asthma exacerbations, representing asthma and COPD patient needs in this forum.

NATIONAL CLINICAL PROGRAMME FOR ASTHMA

The Asthma Society continued its work with Prof. Pat Manningon the Working Group of the National Clinical Programme for Asthma in 2018, until his retirement at the end of 2018. It is vital that this working group and the projects it drives include patient representation to ensure that the HSE takes account of patient needs and gaps in patient journeys. With changes coming to the structure of the clinical programmes in 2019, representation by patient organisations remains key.

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. We were delighted to launch our Asthma Action Plan in 2018 which aims to reduce asthma related fatalities by encouraging asthma patients to manage their condition through working with a healthcare professional.

Our work with HCPs includes the following events, support and resources:

- Asthma Action Plan creation and launch (in conjunction with the National Clinical Programme for Asthma (NCPA))
- E-learning launch (in conjunction with NCPA)
- Asthma Research Bursary
- Vaccinations and Flu Campaign
- Specialist Pharmacy E-learning launch
- New Inhaler Technique Videos
- Launch of Genomics Medicines Ireland Asthma Research Study
- South East Peer Support Group Programme

ASTHMA ACTION PLAN

In collaboration with the NCPA, the Asthma Society launched the newly designed Asthma Action Plan in December.

The Asthma Action Plan will allow patients and healthcare professionals to work together to manage the patient's asthma. It is a patient-friendly resource, aiming to reduce confusion around asthma management and help users to recognise if their asthma is properly controlled.

GREEN ZONE	ORANGE ZONE	RED ZONE
<p>Everyday asthma care</p> <p>ASSESSMENT My asthma is controlled:</p> <ul style="list-style-type: none"> I have no cough, wheeze, shortness of breath or chest tightness I can exercise without asthma symptoms My asthma symptoms do not wake me at night I do not need to take days off school, college or work I use my reliever inhaler twice a week or less (under the age of 6 years) I use my reliever inhaler once a week or less (under the age 6 years) <p>My peak flow is between _____ and _____ (80 – 100% of my personal best)</p> <p>ACTION</p> <p>Controller inhaler When my asthma is controlled I take my controller medication everyday.</p> <p>Name _____ Colour _____</p> <p>Number of puffs in the morning _____ Number of puffs at night _____</p> <p>I always rinse my mouth after I take my controller inhaler.</p> <p>Reliever inhaler I take my reliever inhaler if I wheeze, cough, have chest tightness or I am finding it difficult to breathe.</p> <p>Name _____ Colour _____</p> <p>Number of puffs _____</p> <ul style="list-style-type: none"> I should always carry my reliever inhaler. I take two puffs of my reliever inhaler before exercise if needed. <p>When I am well, I also take my other medication.</p> <p style="background-color: #2e8b57; color: white; padding: 2px;">I always use a spacer with my inhaler if I have one</p>	<p>When I am feeling unwell</p> <p>ASSESSMENT</p> <ul style="list-style-type: none"> My asthma symptoms include one or all of the following: cough, wheeze, shortness of breath or chest tightness I have symptoms with exercise My asthma symptoms wake me at night I need to take days off school, college or work due to asthma symptoms I am taking my reliever inhaler more than twice a week (over the age of 6 years) I am taking my reliever inhaler more than once a week (under the age of 6 years) My peak flow is dropping I feel like I have a cold or flu <p>ACTION</p> <p>Controller inhaler When I am feeling unwell I take my medication like this.</p> <p>Name _____ Colour _____</p> <p>Number of puffs in the morning _____ Number of puffs at night _____</p> <p>Reliever inhaler</p> <p>Name _____ Colour _____</p> <p>Number of puffs _____</p> <ul style="list-style-type: none"> If I am not improving and I have been prescribed Prednisolone tablets (steroid tablets) to keep at home, I should start taking them. Yes / No If I continue to feel unwell and I am not improving, or I am concerned, I contact the GP/ Nurse/ out-of-hours Doctor/Emergency Department. <p style="background-color: #ff8c00; color: white; padding: 2px;">I always use a spacer with my inhaler if I have one</p>	<p>When I am having an asthma attack</p> <p>ASSESSMENT</p> <ul style="list-style-type: none"> My asthma symptoms are getting worse and I have increased: cough, wheeze, shortness of breath or chest tightness My reliever inhaler gives little or no relief I find it difficult to talk or walk I find it difficult to breathe I have blue lips or fingernails My peak flow is dropping further The attack came on suddenly I am breathing fast and using my tummy and neck muscles <p>ACTION</p> <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p style="color: red; text-align: center;">THIS IS AN EMERGENCY – ACT NOW</p> <p style="color: red; text-align: center;">Follow the 5 steps below. If you are worried or not improving at any stage, CALL 999/112</p> </div> <ol style="list-style-type: none"> Stay calm. Sit up straight – do not lie down. Take slow steady breaths. Take one puff of your reliever inhaler (blue) every minute. Use a spacer if available. <ul style="list-style-type: none"> People over 6 years can take up to 10 puffs in 10 minutes Children under 6 years can take up to 6 puffs in 10 minutes Call 112 or 999 if your symptoms do not improve after 10 minutes Repeat step 3 if an ambulance has not arrived in 10 minutes <p>It is safe to take additional puffs of your blue inhaler during an acute asthma attack.</p> <p style="background-color: #ff0000; color: white; padding: 2px;">I always use a spacer with my inhaler if I have one</p>

The UK National Review Asthma of Deaths report, published in 2014, found that people who use an Asthma Action Plan are at significantly lower risk of a fatal asthma attack and tend to miss fewer days on average from school or work.

It states that, "Less than a quarter (23%) of those that died had ever been given a written asthma action plan even though evidence shows that people who have an action plan are four times less likely to be hospitalised by asthma attacks. Nearly half (45%) died without seeking medical assistance or before emergency medical care could be provided. An action plan may have prevented this by ensuring they took appropriate action and knew when to seek help."

We therefore consider an Asthma Action Plan to be a critical part of asthma patient care. The Asthma Society advises all children and adults with asthma to fill in an Asthma Action Plan with their healthcare professional. The new Asthma Action Plan is available on www.asthma.ie and from the HSE's website. Patients can phone the Asthma Adviceline on 1800 44 54 64 and a specialist respiratory nurse can guide them through how to complete their Asthma Action Plan, which they can then finalise with their GP and/or consultant.

E-LEARNING LAUNCH



Welcome to the National Asthma Management Education Programme

Asthma Society of Ireland

This Asthma Education Programme has been developed by the Asthma Society of Ireland and The HSE National Asthma Programme to provide the core knowledge needed by healthcare professionals to manage the care asthma patients receive in line with international best practice. The Global Initiative for Asthma (GINA) guidelines were locally adapted by the Quality in Practice Committee of the Irish College of General Practitioners and the Asthma Society of Ireland and published as 'Asthma Control in General Practice'. These guidelines inform the content of the programme.

In late 2018, the Asthma Society, working closely with the NCPA, launched its new e-learning programme 'Care of Adults and Children with Asthma E-Learning Education Programme'. The programme will help healthcare professionals increase their knowledge in asthma care.

The e-learning programme was developed to address key issues in asthma care with clinical expertise from the HSE National Clinical Programme for Asthma, patient and service user expertise from the Asthma Society of Ireland, healthcare delivery expertise from frontline staff, and input from other stakeholders including ANÁIL, the Irish Thoracic Society and the Royal College of Physicians Ireland.

HCPs involved in the care of adults and children with asthma can use the programme to enhance their skills and gain a comprehensive understanding of international best practices of asthma care by completing five modules, which address diagnosis, assessment, treatment, dealing with asthma attacks and monitoring of adults and children with asthma.

The resource is geared towards self-directed learning, allowing learners to go through the modules at their own convenience with structured training and review exercises to reinforce the learning.

ASTHMA RESEARCH BURSARY

In November, the Asthma Society opened a call for applications for the Asthma Research Bursary 2018. The bursary, which is a joint collaboration between the Asthma Society of Ireland, the Irish Thoracic Society and Novartis Ireland, aims to improve the lives of people with asthma and their families.



The 2018 bursary will see the successful applicant(s) granted €10,000 to fund an asthma research project. The bursary is open to all medical and allied healthcare professionals based in the Republic of Ireland who are also members of the Irish Thoracic Society.

The research project will have a defined benefit for people with asthma and/or their families, in improving their quality of life and also creating a better understanding of the condition.

The successful applicant will be announced in early 2019.

VACCINATIONS AND FLU CAMPAIGN

The Asthma Society launched its Flu Campaign in September, in collaboration with the HSE, to warn members of the public - especially those with asthma - and HCPs of the importance of getting the flu vaccine to mitigate the risks of contracting the flu.

The flu virus is particularly dangerous to people with asthma, especially older people with the condition. The virus causes swelling and narrowing of the airways in the lungs, along with excess mucus, three factors that can trigger an asthma attack. For some patients, an asthma attack can prove fatal. The Asthma Society highlighted this danger through online and print articles, broadcast interviews and via their social media. People were advised to take precautions to minimise their chances of contracting the virus and to update their vaccine.

RESULTS

Website visits during Campaign

27,572

Total Potential Reach of Campaign

672,658

Social Media Reach of Campaign

57,203

SPECIALIST PHARMACY E-LEARNING LAUNCH

In late 2018, the Asthma Society was proud to participate in the launch of a specialist pharmacy (and physiotherapy) e-learning programme. Many of the Asthma Society's patient-friendly resources were utilised in this e-learning programme.



The new programme was developed through a collaboration between the Asthma Society, GSK, the School of Pharmacy, the Department of Physiotherapy in University College Cork, the Physiotherapy Department of University Hospital Kerry, and Health Innovation Hub Ireland.

Healthcare professionals involved in the care of adults and children with asthma will be able to enhance their skills and gain a comprehensive understanding of international best practices of asthma care including: diagnosis, assessment, treatment and monitoring of adults and children with asthma.

NEW INHALER TECHNIQUE VIDEOS

The Asthma Society makes every effort to ensure their inhaler technique videos are up-to-date. It is estimated that over half of people with asthma in Ireland are not consistently using their device correctly – leading to only a partial delivery of medication and poor symptom control.

Three new inhalers entered the Irish market in 2018, for each of these new inhalers a video was created and published on asthma.ie to demonstrate the correct way to use it.

RESULTS

Visits to inhaler technique page

13,332

Third most visited
page on asthma.ie

Average time spent on page

1 minute
15 seconds

LAUNCH OF GMI ASTHMA RESEARCH STUDY

In September, the Asthma Society, in collaboration with Dr. Eleanor Dunican, St. Vincent's University Hospital, Dr. Marcus Butler, St. Vincent's University Hospital, and Lorna Murphy, Genomics Medicine Ireland (GMI), launched the GMI Asthma Research Study. The nationwide study aims to examine the genomic basis of chronic respiratory conditions, such as asthma, and COPD and the underlying genetic factors that are common amongst people living with both. Approximately 35% of all asthma patients are living with Asthma-COPD Overlap. The purpose of the study is to detect links that may help in understanding the disease and predict the severity of it. The project will continue to be rolled out in 2019 and beyond.

SOUTH EAST PEER SUPPORT GROUP PROGRAMME

A Regional Chronic Disease Self-Management Programme (CDSMP) steering group was formed in August, to combine the expertise of the HSE and the voluntary sector in delivering CDSMP, for people living with any chronic condition in the South East.

The Asthma Society became a member of the steering group for the South East in 2018 and Asthma Society Health Promotion Officer Lisa Higgins took up the position of Vice Chair of the Committee. The CDSMP in the South East runs workshops that people that live with various chronic health conditions can attend. These workshops provide an opportunity for those with a chronic disease to come together and learn practical health-related skills.

NURSE TRAINING DAY

The Annual Nurse Training day for the Asthma Society nurse panel was held in the Ashling Hotel, Dublin, on Thursday 24th of May. Our nationwide nurse panel attending the event consisted of nurses who work in both hospital settings and in GP practices. Expert speakers gave presentations on the following topics:

- Asthma in children
- Sublingual immunotherapy (SLIT) in allergic rhinitis (asthma) - current concepts
- The Basics of Human Safety Information (HSI) reporting.

This event was kindly supported by GSK and is part of our 'Asthma in the Pharmacy Day' programme.

RESULTS **24**
There were **24** nurses in attendance

GOAL 4

ENGAGING WITH YOUNG PEOPLE

The Asthma Society works with children, their teachers and carers to save lives. Our aim is also to ensure that asthma does not unduly restrict or impact children's learning and development. One in five children have asthma so it is 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 in managing their symptoms. Our engagement with schools helps to tackle the stigma that surrounds asthma and the use of inhalers. Children should feel confident about using their inhaler and empowered to ask for help without feeling embarrassed.

With this in mind, our engagement included:

- Asthma Friendly Schools
- Back2School Campaign
- RTE news2day
- Asthma Friendly Crèche Talk

In recent years, it has been challenging for the Asthma Society to run large scale projects in schools and with young people due to funding constraints. It is a major priority for the Society to run additional programmes with broader reach to extend the work to as many children as possible.

If we create good asthma management in our young population, we can radically alter health outcomes for these patients later in life.

ASTHMA FRIENDLY SCHOOLS

The Asthma Society works with schools to help support students with asthma and to create an asthma-friendly environment. As part of this initiative, an asthma nurse specialist will visit a school on request and speak to teachers and students about asthma management and what to do if a student experiences an asthma attack.



The Asthma Society also offers Asthma Friendly Schools Awards, which acknowledges schools that increase the level of asthma awareness in its classrooms and helps create an environment which is supportive for students with asthma.

In June, Scoil Mhuire Gan Smál in Kilkenny, County Louth, was awarded a Silver Asthma Friendly Schools Award. Their teacher, Ms. Cròna Tansey is a passionate ambassador for the Asthma Society.

The Asthma Society plans to expand the number of schools participating in the Asthma Friendly Schools programme in 2019, pending available funding.



RESULTS

The Asthma Society arranged and facilitated

26 Asthma Nurse Specialist school talks in 2018.

The Asthma Society ran a focus group on its Asthma Friendly Schools Programme in late 2018, to plan how to better engage with children, parents and teachers in future years.

BACK2SCHOOL CAMPAIGN

As the weather becomes cold and damp, doctors see a spike in hospital visits and admissions in children with asthma and this is known as the 'September Asthma Peak'. In August, the Back2School Campaign was launched by the Asthma Society, to advise parents and children how to manage their asthma when returning to school.

As part of this campaign the Asthma Society published a press release offering tips from medical professionals detailing the best way to keep children healthy for the coming school year. These tips included taking their preventer medication, discussing an Asthma Action Plan for your child with your GP and their teacher and putting together an 'asthma pack' for your child.

Various posts on asthma.ie offered advice, such as How to keep your child out of hospital this September, A Teacher's Guide: Getting an Inhaler in your School Page, Back2School Checklist and an Inhaler Technique video.

The Asthma Society engaged in media interviews and posted articles on asthma.ie and on social media to highlight the importance of being prepared and vigilant during the school term.

RESULTS

Potential Reach of Campaign

1,235,928

Social Media Reach of Campaign

281,921

Adviceline Calls

35% increase
in calls compared to
month prior

Website Visits during Campaign

35,454

RTE NEWS2DAY

On October 1st, RTE news2day reported that the staff and pupils of Sacred Heart Senior National School Killinarden were learning how to be an Asthma Friendly School with the help of Asthma Society Respiratory Nurse Specialist Pam Quinn. This news programme is geared specifically towards young people and is aired in the late afternoon on RTE2. The story was also posted on the RTE news2day Twitter page.

ASTHMA FRIENDLY CRÈCHE TALK

In 2018, the Asthma Society began providing Asthma Nurse Specialists talks to crèches on request. The first crèche to receive this talk was Kids Inc Crèche, Montessori & After School in Swords, Co. Dublin. Feedback from the day showed that it was a success and we will continue providing crèche talks in 2019, upon request.

FUNDRAISING & FINANCE REVIEW

GOAL OF FUNDRAISING AND MAIN OBJECTIVES

The Asthma Society 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. We follow the Statement of Guiding Principles for Fundraising as set out by the CII (Charities Institute of Ireland).

We adhere to the following standards:

TREATING ALL OUR DONORS WITH RESPECT

The Asthma Society respects the dignity and rights of the people we approach by not being intrusive or placing undue pressure on people to donate. If a supporter wishes to cease donating to the Asthma Society we respect that decision. When engaging with the public we take Data Protection very seriously and we strive to adhere to the General Data Protection Regulation.

HONESTY AND INTEGRITY

Both our staff and third parties acting on our behalf engage with the public in an honest and truthful manner. All charitable donations made to the society are used for the intended purpose.

COMMITMENT TO BE ACCOUNTABLE & TRANSPARENT

The Board of Directors and management of the Asthma Society take responsibility of accounting to all monies received by publishing the financial accounts and are open to explanations and justifications, if asked to do so by the donor and prospective donors.

Where Asthma Society Income came from:

	2018 €	%
HSE and other statutory funding	272838	27%
Charitable Lotteries Fund	104284	10%
Community fundraising, donations, membership and other income	140589	14%
Lottery and superdraw receipts	281237	10%
Corporate sponsorship and charitable trust income	208483	21%
Investment income	92	0%
Total	1007524	

STATUTORY FUNDING

€272,838 27%

The statutory funding of €272,838 decreased by 5% in 2018 from the equivalent 2017 income, due to programmes which did not go ahead and are now earmarked for 2019. The grants contributed 27% of total income.

LOTTERY SCRATCH CARDS

€104,284 10%

We received €104,284 in 2018 from Lottery Scratch Cards and this contributed to 10% of the total income. The Asthma Society 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 was managed by IEL. Ticket agents were required to carry an I.D. card and a copy of the lottery license with them while selling tickets.

This income stream was discontinued in late 2018.

SUPERDRAW

€281,237 28%

The SuperDraw is run by Bifta on our behalf. Prizes vary each month and include cash, travel vouchers and two cars per year. In 2018, we received €281,237 from the draw and this has continued to grow since its inception in 2015. It has the highest percentage of income of 28%.

We are deeply grateful to those who participated in the draw by responding generously to the calls made. Your donations went a long way in supporting Asthma Society to carry out the planned programme for the year.

FUNDRAISING & DONATIONS

€140,589 14%

In 2018, we raised €140,589 from the public through individual giving, legacies and community fundraising, where people volunteered to participate in various activities. We are very grateful for the generosity of our supporters who gave to the Society to help meet its objectives. This income stream contributed 14% of the total income.

CORPORATE DONORS & TRUSTS

We received
€208,483
from corporate partners
throughout 2018.

This contributed to 21% of the total income. We will continue to work with various corporate partners in carrying out the programmes of the society.

The Asthma Society would like to thank the following corporate partners for their support for our work in 2018:



WHAT THE MONEY WAS USED FOR

Our total expenditure for the year was €1,014,615 made up of charitable activities of €428,544; Cost of generating funds of €297,683; Programme Support Costs of €279,692 and Governance Costs €8,696.

CHARITABLE ACTIVITIES

Charitable Activities in 2018 totalled €428,544 and these were used for:

- Health Promotion €271,924
- Advocacy & Health €13,380
- Research & Education €25,804
- Comms & Campaigns €117,436

This amount represents 42% of the society's total expenditure.

RAISING FUNDS

The cost of generating income in 2018 was €297,683, which is 29% of the total income. Taking out statutory income we have €734,686 fundraising income of which the cost of raising funds is about 41%. This means that it costs the society 41c to raise €1. This is slightly higher than across the sector and we intend to reduce the ratio by increasing the fundraising income and at the same time cutting the costs.

SUPPORT COSTS

Support costs play an important role in implementing the society's programmes. This includes management, technical support, finance and compliance and human resources. We spent €279,692 which equates to 28% of the total costs.

GOVERNANCE COSTS

Governance costs relate to payment of the external auditors' fees for 2018. These represent only 1% of the total income.

OUR GOOD GOVERNANCE

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

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

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 Asthma Society 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 2019.

OUR POLICIES

An essential part of good governance is ensuring that internal policies are reviewed and updated on a regular basis. In 2018, the Asthma Society updated two important documents and created another:

- Complaints policy
- Risk Appetite policy
- GDPR Action Plan

COMPLAINTS POLICY

This policy is a vital part of any organisation's approach to good governance. The Asthma Society is committed to ensuring that any complaint received is treated with the utmost respect and seriousness. It is the Asthma Society's firm belief that an effective complaint handling system provides significant benefits to the organisation. It resolves issues raised in a timely and cost effective way, it provides valuable information that can lead to service improvement and it can improve the reputation of and strengthen confidence in our organisation.

RISK APPETITE POLICY

Defining the amount of risk an organisation is willing to take in order to achieve its strategic aims is an essential facet of good governance. This extensive document breaks down the several areas of work the Asthma Society engages in, presents the chief risks each presents, describes the existing controls that minimise the risk, quantifies the likelihood of each risk and proposes additional controls that might be implemented in order to further reduce risk.

GDPR ACTION PLAN

Preparing for the implementation of GDPR was an onerous task that demanded the creation of a new policy. The result was the GDPR Action Plan, which describes in detail the approach the Asthma Society is taking in relation to personal data held on our system. The Asthma Society takes the integrity of all personal data extremely seriously and this policy sets out the different types of data present on our system, the actions taken to purge the system of unnecessary data, internal procedures that ensure data protection issues are dealt with promptly and accurately, as well as planned future actions that will ensure ongoing GDPR compliance.

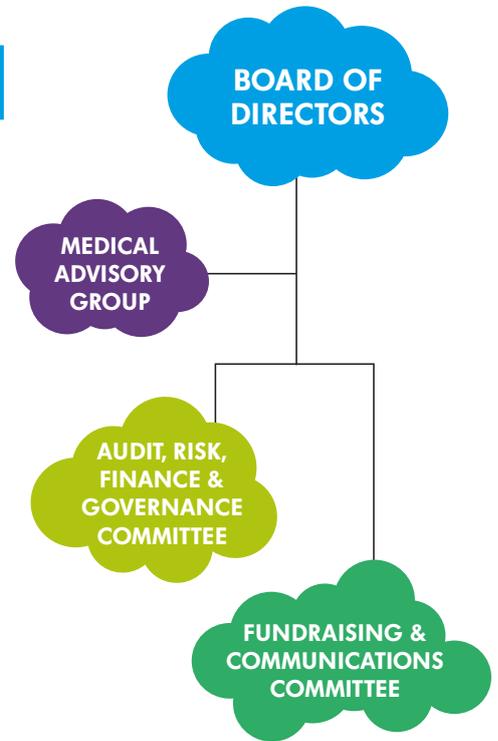
STRUCTURAL MANAGEMENT

THE BOARD OF DIRECTORS

The Asthma Society is governed by its Board of Directors, with 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 Asthma Society.

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 2018, with an overall attendance of 64%. The Board is supported by the following:

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



	February 2018	April 2018	June 2018	September 2018	October 2018	December 2018	No Eligible to attend	No Actually Attended
Allan Kearns	✓	✓	✓	✓	✓	✓	6	6
Olliver Carroll	✓	✓	-	-	-	-	2	2
Lorna Jennings	✓	✓	✓	✓	✗	✗	6	4
Ger Lally	✓	✗	-	-	-	-	2	1
Richard Costello	✓	✗	-	-	-	-	2	1
Caren Gallagher	✓	✓	✗	✓	✓	✗	6	4
Lorna Coleman	✗	✗	✓	✗	✓	-	5	2
Sandra Healy	✗	✗	✓	✗	✗	✗	6	1
Marcus Butler	-	✓	✓	✓	✓	✗	5	4
Ross Callen	✓	✓	✓	✓	✗	✗	6	4
Dermot Nolan	-	-	-	-	-	✓	1	1
James Dunny	-	-	-	-	✓	✗	2	1
Ciaran McGloin	✓	✓	✗	✓	✓	✓	6	5

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 Asthma Society are up to the highest standards. They also act as medical spokespersons for the Asthma Society for specific advocacy and awareness campaigns. One example of their ongoing expert contribution to the organisation in 2018 was their involvement in the Back2School campaign, in which 3 members gave medical advice on how to keep children out of hospital during the September admissions peak.

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 2018, the ARFC worked extensively on implementing the recommendations arising from the annual audit.

THE FUNDRAISING AND COMMUNICATIONS COMMITTEE (FCC)

On behalf of the Board, this committee oversees the implementation of the Asthma Society's Fundraising and Communications Strategy. It also provides support and advice to the Asthma Society's Fundraising and Communications department, in pursuing its aims and objectives. During 2018, the FCC assisted with the planning and implementation of the World Asthma Day campaign.



OLIVER CARROLL
(CHAIRMAN, RESIGNED 23 APRIL 2018)

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, CHAIRPERSON AS OF
23 APRIL 2018)

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**



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.



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 COLEMAN

(RESIGNED 22 OCTOBER 2018)

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

(SECRETARY AS OF 23 APRIL 2018)

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 (RESIGNED 23 APRIL 2018)

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. Geraldine's son is asthmatic, so asthma, inhalers and allergies are a big part of their family life.



PROFESSOR RICHARD COSTELLO (MEDICAL DIRECTOR, RESIGNED 23 APRIL 2018)

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.



JAMES DUNNY (APPOINTED 22 OCTOBER 2018)

James is a Director of FleishmanHillard and is the EMEA Head of the company's Crisis Practice Group. With over 20 years' communications experience, James is a reputation management specialist and works directly with decision makers within client organisations providing strategic counsel and support in the areas of issue management, corporate profiling, message shaping, public affairs advice, and communications and media relations. James has specific expertise in the health sector working with a number of high profile companies including the Irish Hospital Consultants Association, Our Lady's Children's Hospital Crumlin, Medlab. James focuses on building, protecting and enhancing a company's reputation and many of Ireland's and Europe's top companies have reached out to James when they needed assistance in this area. James had asthma for over 20 years before it disappeared after a year-long trip to Australia. He is married to Melanie and has two girls and a boy.



DR MARCUS BUTLER (MEDICAL DIRECTOR, APPOINTED 23 APRIL 2018)

Marcus Butler graduated in Medicine from NUI Galway, obtained his MD from the RCSI and completed fellowship training at New York-Presbyterian Hospital/Weill Cornell Medical Center. He was appointed to faculty there as an attending physician in pulmonary and critical care, in addition to having joint appointments at the departments of Medicine and Genetic Medicine at Weill Cornell Medical College. He is now a consultant respiratory physician/lecturer at St Vincent's University Hospital and University College Dublin, a Fellow of the Royal College of Physicians of Ireland, and is currently appointed as an external examiner for clinical medicine in Trinity College Dublin while also serving on the council of the Irish Thoracic Society. He established a severe asthma clinical service in SVUH and has co-authored over 40 peer-reviewed research publications and book chapters in the international medical literature.



DR DERMOT NOLAN (APPOINTED 3 DECEMBER 2018)

Dermot Nolan is a full time GP in Tramore, Co Waterford and a GP trainer on the South East GP scheme. He is chair of the local faculty and a CME tutor. He is the National Clinical Lead for Asthma on behalf of the ICGP/HSE since August 2018. He is the author of the national guidelines on Asthma for the ICGP. He qualified in UCC in 1992 and did the medical scheme in Cork before moving to complete his GP higher specialty training in RCSI. He moved to London in 1999 as part of an academic scholarship programme and worked in the Asthma and Allergy Clinic in Guys Hospital under Prof Tak Lee. He has an interest in community based asthma care and ongoing education.

FINANCE

DIRECTORS'

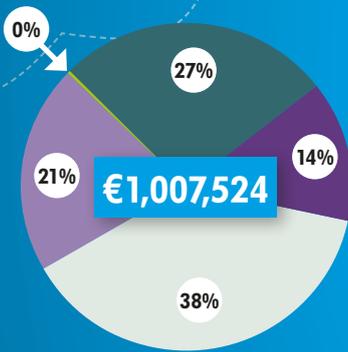
REPORT

FOR THE YEAR ENDED

31 DECEMBER 2018

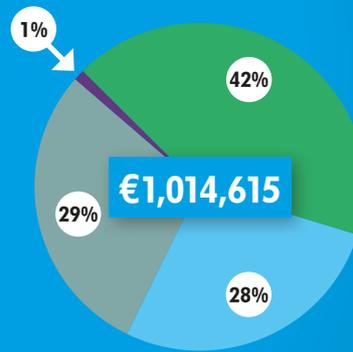
The Directors present their annual report and audited financial statements for the year ended 31 December 2018.

The financial statements have been prepared by Asthma Society of Ireland Company Limited by Guarantee in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" effective 1 January 2015. The charity has applied the Charities SORP on a voluntary basis as its application is not a requirement of the current regulations for charities registered in the Republic of Ireland however it is considered best practice.



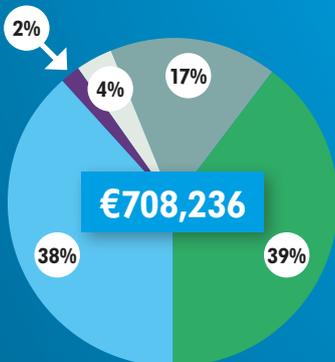
GROSS INCOME FOR THE YEAR

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



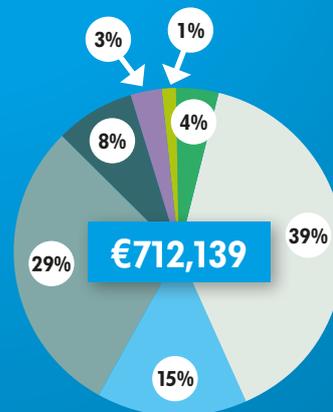
WHERE THE MONEY WAS SPENT

- Charitable Activities
- Programme Support Costs
- Cost of raising funds
- Governance Costs



ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

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



HOW WE RAISE FUNDING

- General Donations
- Legacies & Bequest
- Community Events
- Regular Givers
- Private Member Draw
- Lottery Receipts
- Corporate Donations

REVIEW OF ACTIVITIES

2018 was a hugely positive and successful year for the Society where we grew the scale and impact of our awareness and advocacy programmes and health promotions activity. In addition, the Asthma Society embarked on a new stream of activity in commissioning research to underpin our focus and a number of new research projects commenced in 2018 and showed great potential.

While the Society returned a small deficit for the year, overall, 2018 saw the finances remain broadly stable. The board believes the solid performance in 2018 and the potential of the Society's programmes going forward puts the Society on a sound financial footing.

Our fundraising profile remains diversified across a number of categories. Receipts from the Superdraw, established in November 2015, continued to perform strongly in 2018. The Society discontinued the sale of scratch-cards on-street as a method of fundraising in December 2018.

While statutory funding fell somewhat in 2018, the Society has a plan in place to target increased statutory funding in 2019. Community fundraising, donations and other unrestricted income were relatively lower in 2018.

Our corporate income fell by 5% in 2017, though the Society was able to consolidate existing financial commitments from longstanding partners and to develop a number of new projects. The Society's one-off relationship in 2017 with the GAA as Charity Partner was a notable absence in the cohort of 2018 corporate partners.

GROSS INCOME FOR THE YEAR WAS MADE UP AS FOLLOWS:

	2018	€	2017	€
HSE and other statutory funding	272838		302,464	
Charitable Lotteries Fund	0		-	
Community fundraising, donations, membership and other income	140589		194,634	
Lottery and superdraw receipts	385521		335,444	
Corporate sponsorship and charitable trust income	208483		220,771	
Investment income	92		772	
Total	1007524		1,054,089	

Taking into account the cost of fundraising, the Society's net income in 2018 was -€7,092. Its expenditure was €1,014 615.

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 €5 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, the medical profession, communications and financial practitioners. The Directors are appointed to terms of office that comply with the Constitution of the Society. The term of office is generally three years, but Directors may be reappointed to serve over two terms.

The Board of Directors met six times in 2018. 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, was 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.

DIRECTORS AND COMPANY SECRETARY

The current Directors and Secretary are set out on page 89 of this report. The Directors who served during the period are as follows:

Ross Callan

Oliver Carroll — Chairperson (resigned 18 June 2018)

Lorna Coleman

Professor Richard Costello — resigned 18 June 2018

Caren Gallagher

Sandra Healy

Lorna Jennings

Allan Kearns

Geraldine Lally — resigned 18 June 2018

Ciaran McGloin — Director & Company Secretary

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 work of the Society requires funding. Accordingly, the main risk facing the Society in achieving its strategy is its ability to maintain its income as seen in 2017 and 2018, and to grow income where required to fund new initiatives.

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 hired a full-time Finance Manager in 2018 to ensure that it could undertake monthly accounts and could adapt its financial procedures to meet changing standards in the charity sector. This staffing change has brought greater insight into the financial management of the Society for the board and CEO.

The Society has laid out long-term plans to grow unrestricted fundraising incomes, ongoing giving from members and donors and corporate partnerships, as well as broadening the statutory funding available to the organisation.

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 where they can deliver on the Society's mission together. The ability to attract and retain appropriate staff is a key ongoing challenge for the Society, particularly in today's environment with figures approaching full employment in Ireland. 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. This was a particular focus in 2018, where training budgets were increased and where performance management was prioritised, and is monitored on an ongoing basis at ARFC and board levels.

INTERNAL CONTROLS:

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, particularly in light of changes to the staffing structure within the finance section.

MEDICAL OVERSIGHT:

The Society seeks to ensure that the advice it offers to patients and their carers is up to date and appropriate. Accordingly, the Society has access to a medical advisory group to assess and guide the Society's approach to minimise the risk that our stakeholders receive advice that is not best practice.

OBJECTIVES AND ACTIVITIES

The Asthma Society of Ireland is the voice of asthma in Ireland. We champion change to prevent asthma deaths. We communicate about asthma to ensure it is taken seriously as a health challenge. We support with services for all people with asthma, empowering them to control the condition and providing health promotion programmes. We learn together and collaborate with healthcare, research and education professionals to improve our understanding of how asthma works and how to combat it.

THE SOCIETY'S KEY ACTIVITIES THAT HELP SAVE AND IMPROVE THE LIVES OF PEOPLE WITH ASTHMA ARE:

1. HEALTH PROMOTION PROGRAMMES:

NATIONAL ASTHMA AND COPD ADVICELINE – This is the only such service available to people with asthma and COPD in Ireland. It provides up to date, expert information and advice from asthma specialist nurses. A 2018 survey of its users highlighted the valuable service that it provides. Over 80% of respondents answered '10' to the question "On a scale of 0 to 10, how likely is it that you would recommend the Adviceline service to a friend, family member or colleague?". 86% of respondents 'agreed' or 'strongly agreed' with the statement "I feel confident managing my asthma or COPD following my call". The Adviceline service is accredited by the Helplines Partnership in the UK, an internationally recognised quality standard which defines and accredits best practice in Adviceline work. In 2018, the Adviceline handled 3010 calls and the Society has a call growth strategy in place to build on this in future years. The Irish Healthcare Awards commended it within the Patient Education Project of the Year categories. This service is funded by the HSE.

NATIONWIDE NURSE-LED ASTHMA IN THE PHARMACY CLINICS – These clinics involve provision of free of charge one-to-one sessions with an asthma expert in a local pharmacy, giving direct supports for children with asthma and their parents. Our asthma nurses meet people with asthma in a pharmacy consultation room for up to 30 minutes each. Patients can complete an Asthma Control Test, and request information on medications, allergies, inhaler technique, peak flow monitoring and smoking cessation. People with poor asthma control are advised by the nurse to contact their healthcare professional. This programme is an integral part of our work in communities across Ireland and is supported by GlaxoSmithKline (GSK). In 2018, 701 people availed free consultations with our nurses in 122 pharmacies across the country.

COMMUNITY OUTREACH – The Asthma Society engages with the broader community through corporate health programmes, various health promotion events, and through provision of a selection of asthma management tools, information booklets and health promotion materials. All provided free of charge to people with asthma nationwide.

In 2018, the Asthma Society proposed a new iteration of their asthma education programmes targeting Travellers and socially disadvantaged groups to the HSE, for implementation in 2019.

NATIONAL CLINICAL PROGRAMME FOR ASTHMA (NCPA) – Working closely with the NCPA, the Asthma Society launched a new e-learning programme in late 2018, free for all healthcare professionals. The NCPA and the Asthma Society also worked to create and launch the new Asthma Action Plan and to create new inhaler technique videos to ensure that our website reflects all devices available in Ireland.

PRESENTATIONS AND TRAINING – The Society held an education event for nurses and healthcare professionals where presentations were made by leading respiratory experts. In 2018, we kept healthcare professionals informed about developments in asthma care through regular e-zines.

Asthma Society representatives delivered presentations and talks at a variety of events in 2018, at schools, hospitals, clinics and conferences nationwide. We also distributed educational materials at a range of events throughout the year.

ENGAGEMENT WITH YOUNG PEOPLE – The Asthma Society continued to support the HSE contract with GPs for free care for children under 6 years of age in its emphasis on asthma management. The Society continued its Asthma Friendly Schools campaign in 2018 and held a focus group with teachers about how best to adapt this programme in the future.

2. COMMUNICATIONS:

HIGH PROFILE CAMPAIGNS – The Asthma Society has invested in its capacity to deliver digital communications and public information campaigns. A number of high profile campaigns in 2018 were very successful. The World Asthma Day campaign in May had a reach of 13 million and was nominated for an Irish Healthcare Award as Best Use of Social Media. The hay fever campaign had a reach of 26 million, the daily pollen tracker helping people manage their hay fever and the Facebook Live broadcast from Bloom proved popular with the public. A new campaign encouraging spacer use and the longstanding Back2School campaign both performed strongly across media coverage and digital reach.

DAY-TO-DAY COMMUNICATIONS – The society relies on newsletters, e-zines, practical tips and advice via social media, web and face-to-face interactions to communicate regularly and effectively with the public, with the aim of changing the public's perception and awareness levels around asthma. The Society also 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.

3. ADVOCACY AND RESEARCH:

PATIENT VOICE – It is imperative for any patient representative organisation that they are listening to the voice of the patient and this was built into the work of the Society in 2018, including patient representatives at our training days, in our advocacy and awareness campaigns and in our use of patient focus groups and surveys to inform long-term strategy development and campaign implementation.

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 urging the government to lower the cost of asthma medication, introduce an annual asthma GP review and revisit the National Clinical Programme for Asthma (NCPA). We held an Oireachtas briefing day in May 2018 to highlight these issues with key decision-makers and experienced a high level of engagement which we followed up on during the year.

PATIENT REPRESENTATION – The Society participates in a number of key working groups to represent people with asthma in the wider healthcare policy landscape. These include the National Clinical Programme for Asthma, Tobacco and e-Cigarettes Programme, the Irish Health Alliance at Irish level and the European Federation of Allergy and Airways Diseases Patients' Associations Global Allergy & Asthma Patient Platform at international level. The new CEO was appointed to the Sláintecare Advisory Council and to the board of Irish Platform for Patient Organisations, Science and Industry (IPPOSI) in 2018.

RESEARCH – The Society has built up its work in researching asthma, its impact on the patient, how self-management can help patients and future developments in asthma management, working with UCD in the Community programme and with University College Cork academic staff. In 2018, the Society supported researchers investigating asthma through provision of a research bursary into asthma in Ireland. The Society partnered with the UCC Pharmacy Department to facilitate their e-learning programme for pharmacists and physiotherapists, launched in late 2018.

The Society commenced work on a major piece of research on asthma management in Ireland – the report will be launched in 2019, encompassing research into the prevalence of asthma in Ireland, the cost of asthma and the need to annual asthma reviews for patients. This will be entitled Easing the Economic Burden of Asthma.

CORPORATE PARTNERS 2018

The Asthma Society would like to thank the following corporate partners for their support for our work in 2018:



GOOD GOVERNANCE & TRANSPARENCY

The Asthma Society of Ireland has been fully compliant with the Governance Code for Community and Voluntary Sector since 2015. We are now in the process of achieving compliance with the updated Governance Code which was introduced in November 2018. The deadline for reaching compliance is 2020 but we are on track for achieving this target by 2019.

We also comply with Fundraising Ireland Code of Professional Conduct and the Statement of Guiding Principles for Fundraising. This includes all of our fundraising agents as well. Our accounts and financial reports are compliant with SORP.

Our nurse-led services are compliant with the An Bord Altranais Professional Conduct and our Asthma Adviceline service is fully accredited by the Helplines Partnership.

To actively demonstrate openness, transparency and integrity to our beneficiaries and donors, the Asthma Society operates to the Triple Lock Standards of transparent reporting, good fundraising and governance. The Asthma Society is working towards final adherence and expects to be formally recognized as having Triple Lock accreditation by late 2019.

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 by the Board in mid-2013. As a result of the implementation of the previous fundraising strategy (which commenced implementation in 2013), 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 endeavour will continue in 2019 as we formulate our new Fundraising Strategy, work on which commenced in conjunction with external consultants in 2018.

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 Society will publish its new long-term strategy in 2019, with two of the primary objectives being to save lives by implementing a long-term Asthma Deaths Strategy and by transforming the lives of those with asthma.

The Society is planning a major public awareness campaign about 'what to do in the event of an asthma attack' and will expand this campaign to be the inaugural Asthma Awareness Week, encompassing a 5k walk in remembrance of the 72 people who died in 2018 due to asthma, the launch of our new asthma management survey with the Minister for Health and our first 'Asthma Roadshow', a series of nurse-led consultations with members of the public around the country.

The Society will continue to support people with asthma through its free Adviceline service, pharmacy clinics and patient education programmes throughout the year, which it hopes to expand in terms of patient reach. It will also continue to educate healthcare professionals about asthma through e-learning and education events.

Lobbying Government to improve services remains a top priority and will receive significant attention in 2019, and awareness campaigns designed to build patient behaviour change will lie at the heart of the Society's work.

Financially, 2019 is shaping up to be a financially stable year with the board predicting a modest surplus at year end. The Society will continue to monitor performance against its objectives during the year.

The Society has identified a number of candidates to fill the vacant positions on the board in early 2019, to represent patients and to build the board's capacity in communications, financial management and fundraising. The Society will re-constitute its Medical Advisory Group in early 2019 to increase its regional representation and to ensure that all key medical stakeholders play a role.

DIRECTORS' RESPONSIBILITIES

STATEMENT FOR THE YEAR

ENDED 31 DECEMBER 2018

The Directors are responsible for preparing the Directors' report and the financial statements in accordance with applicable Irish law and regulations.

Irish Company law requires the Directors to prepare financial statements for each financial year. Under the law the Directors have elected to prepare the financial statements in accordance with Companies Act 2014 and accounting standards issued by the Financial Reporting Council (and promulgated by Chartered Accountants Ireland) including FRS 102 "The Financial Reporting Standard applicable in the UK and Ireland" (Generally Accepted Accounting Practice in Ireland) as modified by the Statement of Recommended Practice "Accounting and Reporting by Charities" 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 assets, liabilities and financial position of the charity as to the financial year end and of the profit or loss of the charity for the financial year and otherwise comply with the Companies Act 2014.

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reason for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

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



Ciaran McGloin
Director



Allan Kearns
Director

Date: 27 May 2019

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 2018 which comprises of the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements (including significant accounting policies).

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 2018 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:

- we have obtained all the information and explanations which we consider necessary for the purposes of our audit;
- the accounting records of the Charitable Company were sufficient to permit the financial statements to be readily and properly audited,
- the financial statements are in agreement with the accounting records;
- the information given in the Director's Report is consistent with the financial statements; and
- the Director's Report has been prepared in accordance with the Companies Act 2014.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of Directors' remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

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 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 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 Charitable 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 Charitable Company or the Charitable Company's members as a body for our audit work, for this report, or for the opinions we have formed.

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Ronan Kilbane (Statutory auditor)
for and behalf of
RBK Business Advisers
Chartered Accountants and Statutory Audit Firm
Boole House
Beech Hill Office Campus
Beech Hill Road
Clonskeagh
Dublin 4
Date: 27 May 2019

STATEMENT OF FINANCIAL ACTIVITIES

INCORPORATING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2018

		2018	2018	2018	2017
		UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	Note	€	€	€	€
INCOME FROM:					
Donations and legacies	4	447,131	160,724	607,855	614,735
Charitable activities	5	115,849	283,727	399,576	438,583
Investments	6	92	-	92	772
TOTAL INCOME		563,072	444,451	1,007,523	1,054,090
EXPENDITURE ON:					
Raising funds	7	297,683	-	297,683	243,218
Charitable activities:					
Restructuring costs	8	-	-	-	23,522
Other charitable activities	9	272,481	444,451	716,932	627,984
TOTAL EXPENDITURE		570,164	444,451	1,014,615	894,724
NET INCOME/(EXPENDITURE)		(7,092)	-	(7,092)	159,366
Before other recognised gains and losses					
NET MOVEMENT IN FUNDS		(7,092)	-	(7,092)	159,366
RECONCILIATION OF FUNDS:					
Total funds at 1 January 2018		448,097	-	448,097	288,731
TOTAL FUNDS AT 31 DECEMBER 2018		441,005	-	441,005	448,097

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 2018

	Note	2018	€	2018	€	2017	€	2017	€
FIXED ASSETS									
Tangible assets	15			918				1,836	
CURRENT ASSETS									
Stocks	16		4,462				5,803		
Debtors	17		108,959				71,537		
Cash at bank and in hand	22		599,894				651,976		
			713,315				729,316		
CREDITORS:									
amounts falling due within one year	18		(273,228)				(283,055)		
NET CURRENT ASSETS									
							440,087		446,261
NET ASSETS									
							441,005		448,097
CHARITY FUNDS									
Unrestricted funds	19						441,005		448,097
TOTAL FUNDS									
							441,005		448,097

The notes on pages 19 to 34 form part of these financial statements.

The financial statements were approved and authorised for issue by the Directors and signed on their behalf by:



Ciaran McGloin
Director



Allan Kearns
Director

Date: 27 May 2019

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2018

	Note	2018 TOTAL FUNDS €	2017 TOTAL FUNDS €
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES			
Net cash provided by/(used in) operating activities	21	<u>(52,174)</u>	<u>230,011</u>
CASH FLOWS FROM INVESTING ACTIVITIES:			
Bank deposit interest received	6	<u>92</u>	<u>772</u>
Net cash provided by investing activities		<u>92</u>	<u>772</u>
Change in cash and cash equivalents in the year		(52,082)	230,783
Cash and cash equivalents brought forward	22	<u>651,976</u>	<u>421,193</u>
Cash and cash equivalents carried forward	22	<u>599,894</u>	<u>651,976</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2018

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 Statements of Financial Activities, the Balance Sheet, the Statement for Cashflows and the related notes constitute the financial statements of the Asthma Society of Ireland for the financial year ended 31 December 2018.

The charity has applied the Charities SORP on a voluntary basis as its application is not a requirement of the current regulations for charities registered in the Republic of Ireland however it is considered best practice. As noted below, the Directors consider the adoption of the SORP requirements as the most appropriate accounting practice and presentation to properly reflect and disclose the activities of the organisation.

Asthma Society of Ireland is a Company Limited by guarantee and is a public benefit entity incorporated in Ireland with a registered office at 4th Floor, 42 43 Amiens Street, Dublin 1, Ireland and its company registration number is 57125.

The significant accounting policies adopted by the Charitable Company and applied consistently are as follows:

1.2 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared 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 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.

Given the level of net funds the company holds the Directors consider that there are no material uncertainties about the company's ability to continue as a going concern.

1.4 INCOME

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.

1.5 EXPENDITURE

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates:

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees, costs of legal advice for trustees and costs linked to the strategic management of the charity including the cost of trustee meetings.

1.6 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 Charitable Company's policy is to review the remaining useful economic lives and residual values of property, plant and equipment on an on going basis and to adjust the depreciation charge to reflect the remaining estimated useful economic life and residual value.

Fully depreciated property, plant & equipment are retained in the cost of property, plant & equipment and related accumulated depreciation until they are removed from service. In the case of disposals, assets and related depreciation are removed from the financial statements and the net amount, less proceeds from disposal, is charged or credited to the SOFA.

1.7 OPERATING LEASES

Leases in which substantially all the risks and rewards of ownership are retained by the lessor are classified as operating leases. Payments made under operating leases (net of any incentives received from the lessor) are charged to statement of financial activity on a straight line basis over the period of the lease.

1.8 CURRENCY

(i) Functional and presentation currency

Items included in the financial statements of the company are measured using the currency of the primary economic environment in which the company operates ("the functional currency"). The financial statements are presented in euro, which is the company's functional and presentation currency and is denoted by the symbol "€".

(ii) Transactions and balances

Foreign currency transactions are translated into the functional currency using the spot exchange rates at the dates of the transactions.

At each period end foreign currency monetary items are translated using the closing rate. Non monetary items measured at historical cost are translated using the exchange rate at the date of the transaction and non monetary items measured at fair value are measured using the exchange rate when fair value was determined.

Foreign exchange gains and losses that relate to borrowings and cash and cash equivalents are presented in the statement of financial activity within 'costs of charitable activities'. All other foreign exchange gains and losses are presented in the statement of financial activity within 'expenditure on charitable activities'.

1.9 TAXATION

No charge to current or deferred taxation arises as the charity has been granted charitable status under Sections 207 and 208 of the Taxes Consolidation Act 1997, Charity No CHY 6100.

1.10 RETIREMENT BENEFITS

Retirement benefits are met by payments to a defined contribution pension fund. Contributions are charged to the profit and loss in the year in which they fall due. The assets are held separately from those of the charity in an independently administered fund. Differences between the amounts charged in the statement of financial activity and payments made to pension funds are treated as assets or liabilities.

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 INTEREST RECEIVABLE

Interest received on the company's investments are recorded as income in the year in which they are earned under the effective interest rate method.

1.13 TRADE AND OTHER 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.

1.14 CASH AND CASH EQUIVALENTS

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

1.15 TRADE AND OTHER CREDITORS

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

1.16 PROVISIONS

Provisions are recognised when the charity 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 FUND ACCOUNTING

The Company operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Company to the fund in respect of the year.

Restricted Funds

Restricted Funds represent grants, donations and sponsorships received which can only be used for particular purposes specified by the donors or sponsorship programmes binding on the Directors/Trustees. Such purposes are within the overall aims of the charity.

Unrestricted Funds

Unrestricted Funds includes general funds and designated funds and it represent amounts which are expendable at the discretion of the Directors/Trustees in furtherance of the objectives of the charity and which have not been designated for other purposes. Such funds may be held in order to finance working capital or capital expenditure.

1.18 CONTINGENCIES

Contingent liabilities, arising as a result of past events, are not recognised when (i) it is not probable that there will be an outflow of resources or that the amount cannot be reliably measured at the reporting date or (ii) when the existence will be confirmed by the occurrence or non occurrence of uncertain future events not wholly within the company's control. Contingent liabilities are disclosed in the financial statements unless the probability of an outflow of resources is remote.

Contingent assets are not recognised. Contingent assets are disclosed in the financial statements when an inflow of economic benefits is probable.

2. CRITICAL ACCOUNTING JUDGEMENTS AND ESTIMATES

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 the 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 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 cash flows 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 a basis, the Directors consider it appropriate to prepare the financial statements on a going concern basis.

3. INCOME

All income derives from activities in the Republic of Ireland. The analysis of income by activity is detailed in notes 4 to 6.

4. DONATIONS AND LEGACIES

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
General donations and miscellaneous income	56,978	-	56,978	78,152
Legacies and bequests	21,464	-	21,464	40,541
Corporate Donations	47,759	160,724	208,483	220,771
Community & Events	10,562	-	10,562	20,181
Regular Givers	29,131	-	29,131	33,362
Private Members Draw	281,237	-	281,237	221,728
Total donations and legacies	447,131	160,724	607,855	614,735
Total 2017	472,214	142,521	614,735	

5. CHARITABLE ACTIVITIES

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
National Lottery Grants (Department of Health, HSE)	-	-	-	2,500
HSE National Clinical Asthma Programme	-	25,908	25,908	33,773
Gross Lottery Receipts	104,284	-	104,284	113,716
Miscellaneous	11,565	10,890	22,455	22,403
HSE DNC	-	7,643	7,643	7,643
HSE Health Promotion	-	-	-	760
HSE PC (Asthma Adviceline)	-	166,390	166,390	159,190
Pobal	-	69,342	69,342	70,710
HSE PC (HCP Programme)	-	3,256	3,256	4,191
Department of Health	-	-	-	15,000
HSE Community Outreach	-	298	298	7,261
HSE Socially Excluded	-	-	-	1,436
HSE Socially Excluded	-	1,436	1,436	13,468
Total	115,849	283,727	399,576	438,583

In respect of the prior year gross lottery receipts amounting to €113,716 were classified as unrestricted funds. Of the €22,403 miscellaneous income, €12,488 was classified as unrestricted funds. The remaining income received in the prior year was all classified as restricted funds.

6. INVESTMENTS

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Bank deposit interest received	92	-	92	772
<i>Total 2017</i>	772	-	772	

7. RAISING FUNDS

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Asthma Devices	7,163	-	7,163	8,666
Fundraising costs	244,503	-	244,503	177,752
Lottery costs	46,017	-	46,017	56,800
Total	297,683	-	297,683	243,218

All expenditure in the prior year related to unrestricted funds.

8. RESTRUCTURING COSTS

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Restructuring costs	-	-	-	23,522

The restructuring costs in the prior year related to the implementation of the Board approved restructuring plan predominantly during 2016 and the start of 2017 which involved a significant reduction in staff numbers to ensure the protection of the core services of the Society.

9. CHARITABLE ACTIVITIES

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Health promotion	25,430	243,157	268,587	272,605
Health promotion materials	-	3,337	3,337	3,628
Advocacy & policy	13,380	-	13,380	34,100
Research & education	10,152	15,652	25,804	17,107
Communications and campaigns	29,330	88,106	117,436	118,236
Programme Support costs (note 10)	185,493	94,199	279,692	173,612
Governance costs (note 11)	8,696	-	8,696	8,696
Total	<u>272,481</u>	<u>444,451</u>	<u>716,932</u>	<u>627,984</u>

10. PROGRAMME SUPPORT COSTS

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Wages and salaries	6,223	43,614	49,837	45,702
General office expenses	29,010	3,705	32,715	33,007
Premises costs	41,979	-	41,979	38,955
Web support	9,139	21,152	30,291	8,501
HR costs	37,462	-	37,462	1,743
Finance and Accounting costs	61,680	25,728	87,408	45,704
Total	<u>185,493</u>	<u>94,199</u>	<u>279,692</u>	<u>173,612</u>

11. GOVERNANCE COSTS

	2018	2018	2018	2017
	UNRESTRICTED FUNDS	RESTRICTED FUNDS	TOTAL FUNDS	TOTAL FUNDS
	€	€	€	€
Auditors remuneration	<u>8,696</u>	-	<u>8,696</u>	<u>8,696</u>

12. NET (EXPENDITURE)/INCOME

THIS IS STATED AFTER CHARGING/(CREDITING):

	2018	€	2017	€
Depreciation of tangible fixed assets: - owned by the company				
		918		3,144

13. STAFF COSTS

THE AVERAGE NUMBER OF FULL TIME EQUIVALENT PERSONS EMPLOYED BY THE COMPANY DURING THE YEAR WAS AS FOLLOWS:

	2018	No.	2017	No.
Fundraising and administration		-		1
Advocacy and communications		3		2
Health promotion		2		4
Office Administration		1		-
		6		7

STAFF COSTS WERE AS FOLLOWS:

	2018	€	2017	€
Wages and salaries		336,942		318,373
Employers PRSI		35,701		32,751
Pension costs		9,620		9,500
		382,263		360,624

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 (2017: €NIL)

THE NUMBER OF HIGHER PAID EMPLOYEES WAS:

	2018	No.	2017	No.
In the band €90,000 - €100,000		1		1
In the band €80,000 - €90,000		-		-
In the band €70,000 - €80,000		-		-
In the band €60,000 - €70,000		-		-
		1		1

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

14. TAXATION

No charge to current or deferred taxation arises as the charity has been granted charitable status under Sections 207 and 208 of the Taxes Consolidation Act 1997.

15. TANGIBLE FIXED ASSETS

	FIXTURES AND FITTINGS €	WEBSITE DEVELOPMENT €	COMPUTER EQUIPMENT €	TOTAL €
CURRENT YEAR				
COST				
At 1 January 2018 and 31 December 2018	57,234	29,299	37,609	124,142
DEPRECIATION				
At 1 January 2018	55,398	29,299	37,609	122,306
Charge for the year	918	-	-	918
At 31 December 2018	56,316	29,299	37,609	123,224
NET BOOK VALUE				
At 31 December 2018	918	-	-	918
At 31 December 2017	1,836	-	-	1,836

16. STOCKS

	2018 €	2017 €
Finished goods and goods for resale	4,462	5,803

17. DEBTORS

	2018	€	2017	€
Trade debtors	24,765		20,781	
Private members draw	71,058		40,811	
Prepayments and accrued income	13,136		9,945	
	108,959		71,537	

18. CREDITORS

AMOUNTS FALLING DUE WITHIN ONE YEAR

	2018	€	2017	€
Trade creditors	31,835		22,174	
PAYE/ PRSI	12,701		11,855	
Deferred income	79,328		137,563	
Other creditors	136,044		97,508	
Accruals	13,320		13,955	
	273,228		283,055	

DEFERRED INCOME

	€
Deferred income at 1 January 2018	137,563
Additions	31,833
Released to the SOFA during the period	(90,068)
Deferred income at 31 December 2018	79,328

19. STATEMENT OF FUNDS

	BALANCE AT	INCOME	EXPENDITURE	BALANCE AT
	1 JANUARY 2018			31 DECEMBER 2018
	€	€	€	€
CURRENT YEAR				
UNRESTRICTED FUNDS				
General Fund	448,097	563,072	(570,164)	441,005
RESTRICTED FUNDS				
Restricted Funds	-	444,451	(444,451)	-
TOTAL OF FUNDS	448,097	1,007,523	(1,014,615)	441,005

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

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	UNRESTRICTED FUNDS		RESTRICTED FUNDS		TOTAL FUNDS	
	2018	€	2018	€	2018	€
CURRENT YEAR						
Tangible fixed assets		918		-		918
Current assets		713,315		-		713,315
Creditors due within one year		(273,228)		-		(273,228)
		441,005		-		441,005

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

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

	2018 €	2017 €
Net (expenditure)/income for the year (as per Statement of Financial Activities)	(7,092)	159,366
ADJUSTMENT FOR:		
Interest from investments	(92)	(772)
Depreciation of fixed assets	918	3,144
Decrease in stocks	1,341	3,349
(Increase)/Decrease in debtors	(37,422)	67,346
(Decrease) in creditors	(9,827)	(2,422)
Net cash (used in)/provided by operating activities	(52,174)	230,011

22. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2018 €	2017 €
Cash at bank and in hand	599,894	651,976
Total	599,894	651,976

23. CAPITAL COMMITMENTS

There were no capital commitments at the year ended 31 December 2018.

24. COMPANY STATUS

Asthma Society of Ireland is a company limited by guarantee and accordingly does not have a share capital.

Every member of the company undertakes to contribute such amount as may be required not exceeding €5 to the assets of the Charitable Company in the event of its being wound up while he or she is a member.

25. SHARE CAPITAL AND MEMBERS LIABILITIES

The company is limited by guarantee, not having a share capital and consequently the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding five Euro (€5).

26. PENSION COMMITMENTS

The Charity operates a defined contribution scheme for the benefit of its staff. The assets of the scheme are held separately from those of the Charity in independently administered pension funds. Pension costs amounted to €9,620 (2017: €9,500).

27. OPERATING LEASE COMMITMENTS

At 31 December 2018 the total of the Charity's future minimum lease payments under non cancellable operating leases was:

AMOUNTS PAYABLE:	2018	€	2017	€
Within 1 year		29,250		29,250
Between 1 and 5 years		21,938		51,188
Total		51,188		80,438

28. RELATED PARTY TRANSACTIONS

No related party transactions took place during the year ended 31 December 2018.

29. POST BALANCE SHEET EVENTS

There have been no significant events affecting the charity since the year end.

30. CONTROLLING PARTY

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

31. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved by the Board on 27th May 2019.

APPENDIX

DISCLOSURE OF STATUTORY & CORPORATE SUPPORT

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

DETAILS OF STATUTORY FUNDING RECEIVED IN 2018

FUNDING AGENCY	DEPARTMENT	AMOUNT RECEIVED/ DEFERRED	PROJECT	AMOUNT SPENT IN 2018	TO BE SPENT IN 2019
Pobal- Scheme for support of National Organisation	Environment, Community & Local Government	€69,342	Core Funding -Salaries	€69,342	€0
HSE- DNC	Health & Children	€7,643	Publication & Services Dublin North	€7,643	€0
HSE- National Social Inclusion Office	Health & Children	€19,038	Community Outreach Programme	€298	€18,740
HSE- National Social Inclusion Office	Health & Children	€19,660	Socially Excluded Outreach	€0	€19,660
HSE - Health	Health & Children	€16,395	Asthma Friendly Clubs Promotion	€0	€16,395
HSE-NCPA	Health & Children	€25,908	NCPA- ELearning, Inhaler Techniques & Videos	€25,908	€0
HSE-PC Adviceline	Health & Children	€166,390	Asthma Adviceline	€166,390	€0
HSE Primarycare	Health & Children	€3,256	HCP Engagement under 6s- Provision of information leaflets	€3,256	€0
GlaxoSmithKline	Pharmaceutical company	€34,618	Pharmacy Clinics	€34,618	€0
GlaxoSmithKline	Pharmaceutical company	€35,000	Public Awareness Campaign 2018	€35,000	€0
GlaxoSmithKline	Pharmaceutical company	€16,333	Easing the Economic Burden of Asthma	€1,800	€14,533
Hospital Saturday Fund	Pharmaceutical company	€2,700	Easing the Economic Burden of Asthma	€2,700	€0
Novartis	Pharmaceutical company	€19,000	Upgrading Asthma Society Website	€19,000	€0
Boots	Pharmaceutical Chain stores	€15,000	Public Awareness Campaign 2018	€15,000	€0
Dyson	Pharmaceutical company	€10,000	Friendly Homes	€10,000	€0
Mundipharma	Pharmaceutical company	€4,106	Focus Group	€4,106	€0
Teva	Pharmaceutical company	€8,000	Spacer Campaign	€8,000	€0
Novartis	Pharmaceutical company	€15,500	ITS Bursary	€5,500	€10,000
Dyson	Pharmaceutical company	€15,000	Hayfever I Pollen	€15,000	€0
GSK	Pharmaceutical company	€10,000	Hayfever I Pollen	€10,000	€0
TOTAL		€512,889		€433,561	€79,328

DIRECTORS

Oliver Carroll – Chairperson* - resigned 23 April 2018

Lorna Jennings

Caren Gallagher

Sandra Healy

Ciaran McGloin

Allan Kearns

Ross Callan

Marcus Butler – appointed 23 April 2018

James Dunny – appointed 22 October 2018

Dermot Nolan – appointed 3 December 2018

Professor Richard Costello – resigned 23 April 2018

Gerardine Lally – resigned 23 April 2018

Lorna Coleman – resigned 22 October 2018

***Allan Kearns** appointed Chairperson 23 April 2018

COMPANY SECRETARY

Allan Kearns – until 23 April 2018

Ciaran McGloin – as of 23 April 2018

CHIEF EXECUTIVE OFFICER

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 Advisors

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

Sherwin O'Riordan

74 Pembroke Road, Ballsbridge, Dublin 4

“I would have been lost without the nurse
- just to know she’s just a phone call away”

“Very reassured and satisfied that my three
year old daughter’s asthma could be kept
under control. Using her inhaler is now just part
of our daily routine like brushing her teeth.”

“I really had no idea where to turn.
I was seeing cardiology, ENT, allergist and
respiratory. I have shortness of breath for over
one year! The quality of my life has seriously
deteriorated. But your nurse empathised with
me. She recognised signs and symptoms that
needed to be controlled and gave me the
reassurance and affirmation I needed.”

“We really could not express in words how
invaluable the care, attention and advice has
been to our lives.”

Asthma Society of Ireland
42-43 Amiens Street
Dublin 1

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

Tel 01 817 8886
Email reception@asthma.ie

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Asthma Adviceline
1800 44 54 64