

ANNUAL REPORT & FINANCIAL STATEMENTS 2018



Welcome

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Temple Street Children's University Hospital Foundation

Vissior

To provide every sick child in Ireland with the highest standard of medical care by ensuring they and their families have immediate access to the best facilities, the finest research and the most compassionate and loving support.

Sick children need great care right now – and that's why Children's Health Foundation (CHF), trading as Temple Street Foundation, is committed to supporting the hospital so that it can continue to save little lives. Every single day, hundreds of sick children and their worried families come through the doors of Temple Street in need of world-class medical care.

With the help of our dedicated supporters nationwide, Temple Street Foundation raises the funds needed to ensure that these children have access to the very best paediatric equipment, facilities and supports when they need it most.



Where every sick child in Ireland has immediate access to the highest standard of medical care so they can be healthy, happy and free from pain.

Ourbeliefs

Every day, sick children in the hospital depend on our worldrenowned medical teams to provide them with the highest level of medical care.

Temple Street's doctors and nurses are supported in their vital, life-saving work by our circle of care across Ireland, who help raise the funds to provide essential and practical tools that our hospital needs.

Our beliefs encapsulate the values that are at the core of our strategy and the work we do:



EQUIPMENT

We believe that every sick child should receive the best medical treatment – as quickly as possible.

That is why our supporters invest in the constant renewal of life-saving equipment.



REDEVELOPMENT

We believe that every child that is sick today should be treated in the highest quality facilities and in an environment that is specially designed to meet their needs and the needs of their families.

That is why our supporters make possible the continual redevelopment of the hospital.



RESEARCH

We believe that every sick child deserves the very best of medical science to be dedicated to discovering new treatments and cures.

That is why our supporters fund pioneering medical research.



We believe that every sick child and their family deserve our complete emotional, physical and psychological support.

That is why our supporters provide every child and every family with a comprehensive and effective series of supports and services.



Rey statistics







require ventilation to keep them breathing

On average, 1,000 children and babies are admitted to the critical care wards each year

Our supporters around Ireland



& Chair



Denise Fitzgerald CHIEF EXECUTIVE

Helen Conlan CHAIR

begins. And 147,000 of those stories begin within the walls of Street's world-class medical teams are working to save a life.



We are delighted to say that 2018 was another phenomenal year for Temple Street Foundation; raising over €8.1million to support the vital work that takes place in the hospital every minute of every day. This represents an increase of 4% on 2017; meaning that we were able to do even more for our little patients and their families over the year.

2018 was also a landmark year for children's healthcare in Ireland as plans progressed for the development of the new children's hospital, which will usher in a new era for paediatric medicine and transform how sick children are cared for

In January 2019, the legal structure of the three existing children's hospitals - Temple Street Children's University Hospital, Our Lady's Children's Hospital Crumlin and National Children's Hospital Tallaght - were merged under one new health group, Children's Health Ireland, dedicated to delivering first-class care and cures for the children of Ireland long into the future.

possible position to meet the unique and challenging needs of the hospital,

continued to refine its fundraising strategy and look to our future. With this in mind, we have been working closely with our counterparts in CMRF Crumlin and Tallaght Hospital Foundation to ensure that the needs of sick children can continue to be met today, tomorrow and into the future.

Therefore, in 2018 all three Foundations came together and decided that the best future for supporting sick children in Ireland was to merge into one Foundation and hence Children's Health Foundation (CHF) was formed on 1st January 2019. With this new development, we are equipped to continue our work with the existing hospitals until the transition to the new hospital and then to be the Foundation for the future for sick children in Ireland.

These significant steps taken by the Foundations to prepare for the future will ensure that sick children and their families will continue to receive the support they need in the days, months and years ahead. These steps ensure that we are stronger together, and geared up for supporting the new way healthcare and research will be delivered to improve outcomes for sick children.

From the 1st January 2019, TSF and CMRF came together as one legal entity under the new charity name, 'Children's Health Foundation'. Later in 2019, it is expected that NCHF Tallaght will also join To ensure that we are in the best the CHF family. Our Board of Directors were nominated from all three original Foundations with three Directors coming Temple Street Foundation (TSF) has from each Foundation continuing onto the

These significant steps taken by the Foundations to prepare for the future will ensure that sick children and their families will continue to receive the support they need in the days, months, and years ahead.

new Board of Directors. We would like to warmly thank the Directors of Temple Street Foundation who served until 31st December 2018 for their great commitment to ensuring the completion of a successful merger of all Foundations.

We are thrilled to announce that over €5.1million was invested in Temple Street in 2018 under our four key pillars; vital equipment, patient and parental supports, medical research and redevelopment and new services development. We are immensely grateful to our network of supporters across the country, who have made so much possible for the benefit of sick children this year. They may never know you, but you can be sure that the positive impact of your support is being felt in every ward and every department right across Temple Street.

We would like to express our gratitude to our Miracle Club supporters, who continue to donate to Temple Street on a monthly basis - ensuring that we can confidently plan for the future. Your generosity is quite simply saving lives. We had the privilege to work with a wide range of companies and their employees over the course of 2018, who continue to work hard on our behalf. Your compassion for our patients and your efforts for the hospital are making a real difference in Temple Street and helping to elevate the hospital to new levels of excellence.

We would like to recognise the continued dedication and hard work of the Temple Street Foundation team, who always go above and beyond in their work to ensure that we can achieve as much as possible on behalf of the hospital.

Thank you to the management and staff of CHI at Temple Street for their on-going support. We are lucky to have a very special relationship with the hospital and work closely together for the benefit of their patients and families. Finally, we would like to extend our gratitude to everyone who supported Temple Street in 2018. Your kindness is changing lives on a daily basis and we are proud to call you a member of our Circle of Care.

Deuse firzgerald. Hele bonhan.

Denise Fitzgerald CHIEF EXECUTIVE

Helen Conlan CHAIR



Priorities and Performance

Enable Temple Street Children's University Hospital to provide world-class care to sick children every minute of every day

- Succeeded in raising €8.1million to fund vital equipment, ground-breaking medical research, support patients and their families and help redevelop facilities and develop new services

Maintain our dedicated community of 'Miracle Club' regular monthly givers in 2018

 Succeeded in retaining our vital regular givers, whose support helps us plan for the future of our hospital

3

Build strong relationships across Ireland and grow our network of loyal Temple Street supporters in every county

- Succeeded in developing relationships nationwide, with 53% of supporters based outside of Dublin

5

Continue to support Temple Street's vital, lifesaving work by increasing investment in the hospital

 Invested a total of
€5.1million across all hospital departments
an increase of 5.5% on 2017

Realise our most ambitious project to date - the construction of a new Neurology & Renal Outpatients' Unit for Temple Street

- Succeeded in bringing this €5.5million project to fruition with a formal opening in January 2018

6

4

Effectively engage with community fundraising groups and individuals in all counties to raise funds and awareness for Temple Street

- Worked with over 500 community fundraisers, who organised their own events, projects and local activities



8

Invest in hospital enhancements and development of new services

 Invested a total of €1.65million in a range of new services and redevelopments in Taggie Streat

9

Support Temple Street's caring, home-from-home environment and support patients and their families when they need it most

- Continued to fund a range of vital patient and parental supports including pet therapy, play therapy and emergency supports. A total of €521,477 was invested in patient & parental supports in 2018

Invest in the latest advances in medical treatment and critical-care equipment

 Invested a total of €2.6million across the hospital and purchased a range of state-of-theart equipment for wards, departments, theatres and the Intensive Care Unit



10

Invest in ground-breaking research that has the potential to transform patient treatments into the future

- Provided seed funding of almost €389,000 for peer-reviewed research studies in Temple Street

How we use your donations

Our supporters have made it possible for us to invest a total of €5.1million in the hospital this year. We are immensely grateful for their kindness and we take seriously the trust they place in us when they make a donation. We are committed to being completely transparent and open in all of our fundraising activities and ensuring that donated funds are put to work in the best possible way for the benefit of sick children and their families.

By investing in future income streams we are ensuring that we can place Temple Street Foundation in the best possible position to meet the urgent needs of the hospital in the years ahead. In 2018 we have set aside €254,353 for this purpose.

An additional €0.53million of the funds raised was retained in our reserves and will support on-going projects in 2018 and beyond.

We make a commitment to our supporters to always ensure that we will maximise the cost effectiveness of all our activities and ensure that we provide the highest level of compliance and supporter care in all our activities.







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most in 2018. Over €2.5million was invested in lifeventilators to incubators for tiny, fragile babies and Intensive Care Unit.





Brooke's Story



Alison and Thomas Keating's beloved daughter Brooke was just ten months old when she fell ill and was rushed to Temple Street. Below Allison shares their story:

I left our house with our ten-month-old to go to the GP and we came home ten days later. My GP took one look at her and sent us straight to Temple Street. It was the quietest journey in, and my instinct was not good.

As the doctors and nurses tried to figure out what was going on, Brooke's heart rate was rocketing - before my eyes she looked sicker and sicker. I could see it in her eyes, her skin, her mouth and her nose. I learned for the first time about 'trachea pull' as she struggled to breathe.

My usually smiley gorgeous, high-energy baby girl looked glassy-eyed as she stared ahead looking very tiny on the big hospital bed in her nappy as more tubes and monitors seemed to be coming from everywhere. I remember each and every person I had a conversation with. A lot of 'mom' questions, which was such a good way to find answers quickly as they connected to a scared parent in an extremely busy place.

As test after test was done I started to get really afraid. She didn't even flinch as the blood test was being taken; she hadn't the energy to do anything. The Doctors confirmed influenza A and I was told she would be admitted.

When I flagged down a nurse to tell her that I didn't like the horrible purple mottled colour she was, all of a sudden the bed was surrounded by eleven doctors and nurses. One Doctor said to the other 'do we have a problem here?' and looked across the A&E to the resuscitation room.



The next day my uncle Dr. Michael Early, who had In that moment, I felt the adrenalin course up my legs retired from Temple Street, came by. He took one look as I realised I had absolutely no control or ability to at her and said that she was very sick child but she help my little baby. It was a moment of sheer terror would get better. Those words changed everything. that an onlooker would not have noticed, as I sat there Words count when you are vulnerable and I think the frozen, with the tears rolling down my nose. staff in Temple street are not only gifted medically but in how they treat the child and parent and this plays It is a life-changing moment for a parent - whose sole a huge part in the healing process and adds to the purpose in life is to love and protect their child - to face feeling that you are all pulling together.

It is a life-changing moment for a parent - whose sole purpose in life is to love and protect their child - to face the fear of being utterly helpless. The team of doctors around the bed were in charge and I am so grateful to them, for what they do, each and every-day.

As Temple Street became a new weird home for us in an isolation room, I was amazed at the care, the staff and the dedication that goes so far beyond a job. Compassion and care don't always go together, but the ethos of Temple Street is that and more.

The initial fear and sense of helplessness was the most challenging part for us. Then you still worry about home as our two other girls were at home as my husband managed that and work. Family become everything, as everyone rallies around the pick ups, dinners and everything else that goes with normal life as the parent who is cocooned in hospital has to focus on what's happening with their child. When they say 66

Compassion and care don't always go together, but the ethos of Temple Street is that and more.

'it takes a village to raise a child' it's so true and family come into their own when you need them most. My parents, sisters, mother-in-law all kicked into gear.

As a parent, I was blown away by Temple Street's tireless attitude, their compassion and the standards of care were so incredible. You can see the whole place works as a big machine with everyone doing their part. I felt for the doctors and nurses as they were so busy.

A week passed and Brooke seemed to be getting worse day by day. Professor Alf Nichols walked in, looked at Brooke and told me that viral illness can be a gateway for secondary infection and he started her on antibiotics. She began to get better from that point.

The flu really hit Brooke hard; she wouldn't be more than three days without something else hitting her and hard. We had another stay when she got the rota virus and we came back for many visits. She was so tiny and every mouthful of food was a labour of love from us to her.

When we finally got the all clear I remember feeling so happy. But as we came down the outpatient lift back into the very busy waiting area I felt so sad whilst at the same time so grateful. I am so grateful for our happy story but there are so many stories that are not as fortunate.

Following their Temple Street experience, Allison and her family hosted a Great Irish Bake for Temple Street and raised €1,869 in support of the hospital.

New Service Development



KETOGENIC DIET E-LEARNING PROGRAMME - €54,000

In some cases, medications are not effective for patients with certain conditions, so new and innovative ways of treating the illnesses are developed, ensuring the highest standard of care for sick children.

Clinical trials have shown that Ketogenic Diet Therapy is an effective, non-medicated treatment for children with refractory epilepsy, which has proved to reduce both the number and severity of seizures in young patients. The Ketogenic Diet Therapy service started in Temple Street in 2000, with 40 children commenced on the diet since 2010. It centres around a very low carbohydrate, high in fat and moderate protein practice, as well as calculation of exact dietary regimen. This intense and intricate diet requires various training sessions involving the patient, the parents, dietician and nurse specialists in Temple Street.

The process and introduction to the diet is often lengthy and requires long journeys to Temple Street, so a new e-learning programme has been created, with the help of public support, to provide additional support to parents in the implementation of the complex diet and to reduce the number of necessary visits to Temple Steet. This initiative has also freed up the dietician's time and more patients can begin the programme.



SPINA BIFIDA WEBSITE - €9,000

Since 2008, Temple Street has been the home of specialised neurosurgical care for children with Spina Bifida, providing expert care from the day of diagnosis.

A massive part of treatment for Spina Bifida is education, and with the constant medical advancements and discoveries, there is a need for a centralised, userand children alike.

website, it allows patients and parents to have unlimited access to expert, comprehensive, up-to-date information on all aspects of the care for children with Spina Bifida.

The specialised website also provides invaluable information for healthcare professionals, especially regional teams, who provide care and treatment to children with Spina Bifida, when Temple Street is too far a distance to travel for large families.

Having access to this information 24-hours a day has created a sense of ease and normality for patients and parents, who can read up in their own time, in the comfort of their own home. This simple development has strengthened our unbreakable chain of support of specialised care for children with Spina Bifida.

SATELLITE CLASSROOM FOR ST. **GABRIEL'S WARD - €192.000**

St. Gabriel's Ward specialises in neurosurgery and craniofacial surgery as well as caring for patients with both general surgical and medical needs. Many of the children who attend this ward are seriously ill, have had major neurosurgery and require round-theclock care.

friendly hub of information for parents As part of their recovery, returning to the normality of school life has considerable benefits. We are delighted that a new, By creating an accessible, illness-specific accessible, satellite classroom was built in St. Gabriel's Ward in 2018.

> This quiet, calm and focused learning space, located directly beside the ward, will allow teachers, doctors, nurses and parents to monitor a child's progress after surgery and work together towards their recovery.

> The proximity of the classroom to the ward will allow children to attend longer school sessions during their recovery. The new classroom is an accessible learning space, which is wheelchair-friendly and contains the latest high-tech equipment that can allow teachers to tailor lessons to each child's unique post-surgery needs.

> This classroom has been made possible with the help of our generous supporters and will help boost our patients' confidence, return a sense of normality after surgery and help them go back to learning as quickly as possible.

Research projects









EXPANSION OF CRAINOFACIAL RESEARCH CAPACITY

The National Paediatric Craniofacial Centre (NPCC) is the only centre in Ireland that provides Craniofacial services and care to children and young people up to the age of 17 with rare and complex craniofacial disorders.

In 2018, through the support of the Foundation, a dedicated researcher has been appointed to the NPCC. This researcher has been key in facilitating research output from the NPCC.

One of the most significant pieces of research that this funding has enabled is FACE Q PHASE III: An International Study to Develop a Patient-Reported Outcome Instrument for conditions associated with a Facial Difference.

This is a collaborative study undertaken between five of the top craniofacial units around the world. FACE Q Kids is the only paediatric Patient Reported Outcome's available that measures what young people think about appearance and facial function. Through this programme, children and young people will be given a voice on what outcomes are important to them. This will only serve to advance knowledge and improve health outcomes. FACE Q is now running in Temple Street. A total of 11 patients have been recruited, with the aim to recruit 100.

ESTABLISHMENT OF THE INFRASTRUCTURE TO MAKE TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL THE IRISH PAEDIATRIC NEUROMUSCULAR TRIAL SITE CENTRE

Paediatric Neuromuscular diseases are a rare group of inherited diseases, diagnosed at birth or in early childhood, and are characterised by progressive weakness. Many diseases are life-limiting, for example Duchenne Muscular Dystrophy and Spinal Muscular Atrophy Types 1 and 2. Receiving the best care can dramatically improve patients' quality of life and even prolong life expectancy. There has been an explosion in the development of interventional clinical trials by the pharmaceutical industry for these diseases, studies which are held at major international centres world-wide, but not in Ireland.

At present, patients who wish to enroll in clinical interventional trials need to do so by traveling to the UK. Temple Street is already an established major centre for care of Irish Neuromuscular patients and the obvious choice of centre for interventional clinical trials to take place.

In 2018, funding from the Foundation has helped to establish Temple Street Children's University Hospital as an international centre of excellence in care and management of paediatric neuromuscular disease. To date, one new clinical trial has opened, with another trial opening very shortly. There are another six trials in the pipeline. The Research Department in Temple Street has also been essential to the initiation of these trials.



SEVERE EPILEPSY: HUMAN STEM CELL MODELLING - PROFESSOR MARY KING

the greatest treatment challenge in the field of Epilepsy. They significantly who have generated iPSCs from >50 affect cognitive and motor development donors of various diseases including of affected children. The outcome is autism. generally poor as treatment options are limited. This project, in collaboration A relevant and scalable platform shall with the National University of Galway, aims:

- 1) To derive human iPSCs from a cohort of Irish children affected with severe early onset (medically refractory) epilepsy
- 2) To use these iPSCs to perform further work to understand the pathophysiology of the disorder.
- 3) To create the opportunity to develop therapeutic options for these patients.

Human induced pluripotent stem cells (iPSCs), can be generated from a patient's skin biopsy and become most cell types including neurons on culture dishes in a lab setting. This offers a novel way to investigate gene mutations and to create human disease models overcoming accessibility to brain issue. iPSC research is anticipated to transform the field disease modelling with huge potential to advance our understanding of the epilepsies.

Severe early onset epilepsies represent The iPSC technology has been established in NUIG by co-investigators

> enabledrugscreeningusingiPSC-derived disease models. NUIG is now equipped with a multi-electrode array (MEA) system. This system permits culturing of patient iPSC neurons on culture dishes with multiple microelectrodes underneath, and recording of neuronal firing pattern with minimal handling. All of these state-of-art technologies are being applied to this project, which will generate and characterise Irish epilepsy patient-derived iPSCs and neurons. It is hypothesised that human iPSC derived neurons will replicate the electrophysiological deficits on MEA which can be used to develop drug screening assays.

> This project started in November 2018 and patient Fibroblasts have been cultured and are currently being induced to pluripotent stem cells.



Through this programme children and young people will be given a voice on what outcomes are important to them. This will only serve to advance knowledge and improve health outcomes.

INCIDENCE OF PAEDIATRIC ONSET RARE DISEASES IN IRELAND - PROFESSOR SALLY ANN LYNCH

It is recognised that rare diseases (RDs), because of their individual rarity, get lost in hospital coding systems. This results in under-recognition of the burden of diseases on the health service which in turn leads to poor healthcare planning and resource allocation. This can effect service development and ultimately affected children. Approximately 75% of rare diseases present in childhood and early diagnosis and service planning is key to improved outcomes.

This study, aims to identify the incidence of RD in Ireland to assist the work of the National Programme for rare diseases and help inform the model of care

This project commenced in January 2018, to-date data has been extracted from five different database/shared drive sources from within the Clinical Genetics Department in OLCHC, National Paediatric Mortality Registry TSCH, HIPE and Radiology Department TSCH and OLCHC. The research team is working towards a publication shortly.



22 NASOPHAYNGEAL ENDOSCOPES - €181.000



LAPAROSCOPY TOWER - €91.500

Laparoscopy - also known as keyhole surgery - reduces trauma to skin and muscles, reduces post-operative pain and infection rate and offers a quicker recovery and a shorter hospital stay. Demand for these kinds of minimally invasive procedures amongst paediatric patients is growing each year and parents rightly expect to get the best medicine for their children.

was purchased for the hospital, allowing surgeons in Temple Street to increase the number of keyhole surgeries performed here - including Having access to this additional nephrectomy, cystoscopies and appendectomy amongst others. Having access to this vital equipment will allow surgeons in Temple Street to carry out some procedures that would not previously have been possible.

The benefits of this equipment include being able to offer minimally invasive surgery to children: allowing them to be discharged home earlier and with a smaller surgical scar. Laparoscopies allow patients to resume normal routine activitiy within just one week and physical activity just a fortnight after their operation.



CYSTOSCOPIC EQUIPMENT - €54.000

Cystoscopy is essential in the management of patients with urological problems and is used for assessment of patients and specific treatments. Removal of obstructive urethral lesions - a common problem in infants that can lead to kidney failure - can only be carried out with this kind of equipment. Cystoscopic equipment is possible treatment available in modern also vital for many patients with Spina Bifida, who require certain treatments. Temple Street is the National Centre This year, a new laparoscopic tower for Spina Bifida Care and treats a large number of patients who require operations every year.

> cystoscopic equipment allows infants suffering from congenital urethral abnormalities to have immediate direct treatment of their problem in Temple Street without a need for borrowed equipment. These operations have an extremely positive impact on patients' general health, continence and psychological well-being.



THEATRE LASER FOR EYE SURGERY - €46,500

With the help of our supporters, we have been able to purchase a theatre laser for opthalmic surgery; replacing the hospital's existing equipment, which was twelve years old and coming to the end of its operating life.

This laser is used in a variety of eye operations including glaucoma, retinal tears, retinoblastoma and more. The positive impacts of having access to the very latest technology are immense and include preventing retinal detachment, which can cause blindness, cure patients' cancer and potentially save sight in the affected eye and may reduce the need for glaucoma medication.

DIALYSIS EQUIPMENT - €161,600

Temple Street is the National Paediatric Haemodialysis Centre, which means that all children suffering from renal failure and requiring haemodialysis must come to the hospital for regular treatment. This often means that patients must attend three times a week for their dialysis treatment. During this time, patients' blood is cleaned and toxins removed by being passed through a dialysis machine.

In 2018, Temple Street Foundation funded the purchase of eight new dialysis devices for the department, including three mobile dialysis machines, which can be used for home treatment. This vital equipment offers the very latest in dialysis technology and ensures that patients have access to the most cutting-edge machines for their treatment. Thanks to the generosity of our supporters, our patients are now being treated with state-of-the-art machines that allow medical experts to measure the process of a patient's dialysis with more precision and accuracy than ever before.

ULTRASOUND FOR ICU - €42,700

Bedside ultrasounds carried out by intensivists are becoming part of standard care for critically-ill patients in Intensive Care Units. Ultrasounds are powerful tools to understand the physiological state of patients who are seriously ill and decrease risks during procedures.

Temple Street's Intensive Care Unit cares for a diverse range of patients in terms of age, size and pathology ranging from neurosurgical patients to those with sepsis and very complex backgrounds.

Ultrasound-guided insertion of central lines, chest drains and abdominal drains is now the 'gold standard' as it has been proven to be safer, more successful and associated with fewer complications.

We have purchased an ultrasound for Temple Street's ICU - thanks to our supporters - that includes probes for vascular access, tissue Doppler and ECHO. This high-tech machinery allows the staff in Intensive Care to provide the very best of treatment for critically-ill patients when they need it most.

Patient & Parental Supports



SUPPORTING THE SPACE PROGRAMME

The SPACE Programme (Supporting Parents And CarErs) is an innovative programme that has been running from St. Frances Clinic by Dr Elizabeth Barrett and some of her team Carole Boylan and Carla Engel. This unique programme is a psycho-educational intervention tool that empowers carers to support their young person in crisis, who may be at risk of self-harm or suicidal, through skills development in a community setting.

guardians to attend special evening sessions in Temple Street to learn more about mental health in young people and discuss a range of related topics with fellow parents. There is evidence that this programme can have positive outcomes for these patients and for the parents/ carers.

DAISY PRESS

When a child is seriously ill and receiving end-of-life care in Temple Street, it is a hugely traumatic and emotional time for parents, siblings, families and friends. The Daisy Press is a very special initiative set up by the hospital's Play Therapy Department with the support of Temple Street Foundation. It exists to improve end-of-life care for patients and their families in an appropriate, caring and non-intrusive manner.

The Daisy Press is a cupboard stocked with a wide range of comforting items that can be given to patients with lifelimiting conditions and their families at this extremely difficult time. It is there to be used when a family requests a specific item for a patient or a sibling, such as soft toys, blankets or some favourite music.

The team in Temple Street are committed to doing their very best to fulfil a family's request at such a crucial time in their child's care. With the help of our compassionate supporters in 2018, our Play Therapy Department were equipped with the funds to purchase such items and have a dedicated storage area solely for this purpose.

RAINBOW FUND

The Rainbow Fund was set up to provide comfort to families of longterm or seriously-ill patients who are going through a particularly difficult It offers an opportunity for parents and and stressful time. It promotes positivity and emotional well-being in families in times of distress and offers support and comfort to the extended family, parents, carers and siblings.

> In Temple Street, holistic care is a key priority - ensuring that every member of a patient's family feels supported over the course of their hospital journey. The fund exists to provide comfort, distraction or simply a return to normality for exhausted families and allows them to take some time away from the hospital to enjoy a meal, trip to the cinema or other fun activity.

Funds are also made available for stressed and worried parents to take time out of their busy schedules to take time out for themselves, slow down and enjoy a pampering session such as a trip to the beauty salon or hairdressers.



The team in Temple Street are committed to doing their very best to fulfil a family's request at such a crucial time in their child's care.

Planning for the future

so urgently needed in CHI at Temple Street in 2019. With over 147,000 patients rely on.

Fundraising for Temple Street has never been more important, as the hospital continues to work - every minute of every day - to treat sick children from all over Ireland, and pressures continue to mount as the hospital works to deliver world-class paediatric care in unique and challenging facilities.

optimism as we continue our journey in Children's Health Foundation to bring together the three Foundations in 2019 so that we will be ready for when the new, state-of-the-art, national children's hospital opens on the St. James' campus. This will bring about a new era in medical care for children in Ireland.

This new development will see a more innovative and advanced system of healthcare for our children, with stateof-the-art facilities and equipment. It will also see the opening of mean two Paediatric Outpatient and Urgent Care Centres at Connolly Blanchardstown and Tallaght Hospitals, and a regional network of centres across Ireland, all supported by the one children's health strategy.

Temple Street Foundation, as part of The new Foundation's goal is to create the very Children's Health Foundation (CHF), is best fundraising model for the years ahead and continuing its important work to raise we will be ensuring this happens so that we are the vital, life-saving funds that are ready to support the new hospital when it opens in 2023.

children coming through the doors of Whilst the new hospital will be state of the art, we the hospital each and every year, and are in no doubt that the funding need remains as with the help of our supporters, the strong as ever to provide support for sick children Foundation is committed to funding key in Ireland. We remain committed to sick children projects and programmes that our little and to enhancing care through research. As one of the main funders of paediatric research we know that additional funding will be needed to deliver the change required in Ireland. We hope our donors, volunteers and supporters will continue to support the needs of children long into the future and we want to thank each and every supporter for their continued compassion for children.

However, between now and when the new children's hospital opens, we remain firmly We are looking to the future with committed to ensuring that our patients and their families in Temple Street continue to have access to the very best facilities, services, treatments and equipment when they need it most.

> Right now, the funds donated and raised by Temple Street Foundation today will continue to focus with ever more urgency on CHI at Temple Street. Your donations will continue to transform the lives of sick children and their families. We are committed to supporting the vital, life-saving work that happens in Temple Street - every minute of every day.

> Sick children need great care right now - and we need all our supporters, fundraisers and partners by our side. It is crucial that we keep going, as much as possible doing what we always do, while we also future-proof, and plan to come together in the long term. Thank you for staying by our side and for your generosity and kindness to every sick child in Temple Street.





Thank you for staying by our side and for your generosity and kindness to every sick child in Temple Street.





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DIRECTORS AND OTHER INFORMATION

| DIRECTORS | Ms. H. Conlan (Chair) |
|--|--|
| | Ms. S. Brady |
| | Mr. J. Chase |
| | Ms. J. Davenport |
| | Dr. O. Hensey |
| | Ms. N. O'Regan |
| | Mr. T. O'Rourke |
| | Mr. D. Phelan |
| SECRETARY | Ms. D. McMahon |
| CHIEF EXECUTIVE | Ms. D. Fitzgerald |
| REGISTERED OFFICE | 14 - 18 Drimnagh Road, Drimnagh, Dublin 12, D12HX96 |
| REGISTERED NUMBER | 328920 |
| SOLICITORS | Arthur Cox, Earlsfort Centre Earlsfort Terrace Dublin 2 |
| BANKERS | Allied Irish Banks plc 62 St. Brigid's Road, Dublin 5 |
| | Bank of Ireland Ballsbridge, Dublin 4 |
| AUDITORS | Deloitte Ireland LLP Chartered Accountants and Statutory Audit Firm Deloitte & Touche House Earlsfort Terrace, Dublin 2 |
| BUSINESS ADDRESS | Temple Street Foundation Temple Street Children's University Hospital Temple Street Dublin 1 |
| CHARITY NUMBER | 13534 |
| CHARITY REGULATORY AUTHORITY NUMBER | 20042462 |
| | |

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

| | | 2018 Restricted Funds | 2018 Unrestricted Funds | 2018 Total | 2017 Restricted Funds | 2017 Unrestricted Funds | 2017 Total |
|----------------------------------|------|-----------------------------|-------------------------------|---------------|-----------------------------|-------------------------------|---------------|
| | NOTE | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 |
| INCOME FROM: | | | | | | | |
| Donations and legacies | 4 | 279 | 5,375 | 5,654 | 394 | 5,108 | 5,502 |
| Fundraising activities | 5 | 19 | 2,441 | 2,460 | 31 | 2,314 | 2,345 |
| Investments - interest income | 6 | | 4 | 4 | - | 4 | 4 |
| Total | | 298 | 7,820 | 8,118 | 425 | 7,426 | 7,851 |
| EXPENDITURE ON | : | | | | | | |
| Raising funds | 7 | - | 2,001 | 2,001 | - | 1,921 | 1,921 |
| Charitable activities | 5 8 | 789 | 4,344 | 5,133 | 305 | 4,558 | 4,863 |
| Other | 10 | - | 446 | 446 | - | 389 | 389 |
| Total | | 789 | 6,791 | 7,580 | 305 | 6,868 | 7,173 |
| Net Income | 11 | (491) | 1,029 | 538 | 120 | 558 | 678 |
| Taxation | 14 | - | - | - | - | - | |
| Net movement in funds | 19 | (491) | 1,029 | 538 | 120 | 558 | 678 |
| RECONCILIATION OF FUNDS | | | | | | | |
| Total funds brought forward | 19 | 2,135 | 10,699 | 12,834 | 2,015 | 10,141 | 12,156 |
| Total funds | | | | | | | |
| carried forward | 19 | 1,644 | 11,728 | 13,372 | 2,135 | 10,699 | 12,834 |

There are no other recognised gains or losses other than those listed above and the net movement in funds for the financial year. All income and expenditure derives from continuing activities.

BALANCE SHEET

AS AT 31 DECEMBER 2018

| | NOTE | 2018 | 2017 |
|---|------|--------|--------|
| | | €′000 | €′000 |
| FIXED ASSETS | | | |
| Tangible assets | 15 | 446 | 456 |
| CURRENT ASSETS | | | |
| Debtors | 16 | 44 | 72 |
| Cash at bank and in hand | | 13,471 | 12,830 |
| | | 13,515 | 12,902 |
| CREDITORS: Amounts falling due within one year | 17 | (589) | (524) |
| NET CURRENT ASSETS | | 12,926 | 12,378 |
| NET ASSETS | | 13,372 | 12,834 |
| FUNDS OF FOUNDATION | | | |
| Restricted funds | 19 | 1,644 | 2,135 |
| Unrestricted Funds | 19 | 8,142 | 8,770 |
| General funds | 19 | 3,586 | 1,929 |
| | | 13,372 | 12,834 |

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

Helen Conlan Director

Terence O'Rourke Director

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

| | cash generated | | | | |
|-------|------------------|------------|------------|---------|----------|
| CAS | H PROVIDED B | Y INVEST | ING ACTI | VITIES | |
| Inter | est received | | | | |
| Payn | nents to acquire | e tangible | fixed asso | ets | |
| NET | CASH (USED B | 8Y) / PRO | VIDED BY | INVESTI | NG ACTIV |
| | NGE IN CASH | | H EQUIVA | LENTS | |

CASH AND CASH EQUIVALENT AT THE BEGINNING OF THE REPORTING YEAR

CASH AND CASH EQUIVALENT AT THE BEGINNING OF THE REPORTING YEAR

CASH AND CASH EQUIVALENT AT THE END OF THE REPORTING YEAR

RECONCILIATION TO CASH AT BANK AND IN HAND:

CASH AND CASH EQUIVALENT AT THE END OF FINANCIAL YEAR

| NOTE | 2018 | 2017 |
|------|--------|--------|
| | €′000 | €′000 |
| | | |
| 20 | 642 | 631 |
| | | |
| 6 | 4 | 4 |
| 15 | (5) | (9) |
| :S | (1) | (5) |
| | | |
| | 641 | 626 |
| | | |
| | 641 | 626 |
| | | |
| | 12,830 | 12,204 |
| | 17 471 | 12.070 |
| | 13,471 | 12,830 |
| | | |
| | | |
| | 13,471 | 12,830 |
| | - | |

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES

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

Basis of Preparation

On 1 January 2019, the company changed its name from Temple Street Foundation to Children's Health Foundation. Also from that date the company took over the assets, liabilities and operations of the Children's Medical and Research Foundation. Consequently in this set of financial statements, the results of the company's activities during 2018 reflect only the operations of the Temple Street Foundation and the balance sheet at 31 December reflects only the assets and liabilities of the Temple Street Foundation at that date. All current and forward looking information reflects the activities of both the Temple Street Foundation and the Children's Medical and Research Foundation.

The Children's Health Foundation is a company incorporated in Ireland under the Companies Act 2014. The address of the registered office is 14-15 Drimnagh Road, Crumlin, Dublin 12. The nature of Children's Health Foundation's operations and its principal activities are set out in the directors' report on pages 3 to 16.

In accordance with Section 1180(8) of the Companies Act 2014, the company is exempt from including the word "Limited" in its name. The company is limited by guarantee and has no share capital.

The financial statements have been prepared under the historical cost convention and in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council, as applied in accordance with the provisions of the Companies Act 2014, and with the Accounting and Reporting by Charities Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with FRS102 ("the Charities SORP") ("relevant financial reporting framework").

The functional currency of Children's Health Foundation is considered to be euro because that is the currency of the primary economic environment in which the company operates.

Going Concern

The company's forecasts and projections, taking account of reasonable possible changes in performance, show that the company will be able to operate within the level of its current cash and investment resources. The Board have a reasonable

expectation that the company has adequate resources to continue in operational existence for the foreseeable future. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

Incoming Resources - Donations and Legacies

Donations and legacies is represented by donations, gifts and legacies. Donations and gifts are included in full when received. Legacies are included when the amount to be received is probable and can be measured with certainty.

Incoming Resources - Charitable Activities

Income from fundraising events organised by the company is accounted for when the Foundation is entitled, the income is probable and can be measured. Fundraising income in respect of future events is recorded as deferred income until such time as the event takes place and the revenue recognition criteria is satisfied.

As with many similar charitable organisations, independent groups from time to time organise fundraising activities and may operate bank accounts in the name of Children's Health Foundation. However, as amounts collected in this way are outside the control of the Foundation, they are not included in the financial statements until received by the Foundation.

Incoming Resources - Investment

Investment income is accounted for on a receivable basis.

Expenditure

Expenditure is recognised when a liability is incurred. Contractual arrangements are recognised as goods or services are supplied.

Salaries of staff involved in charitable activities, fundraising activities, management and administration and governance activities are apportioned across those four expenditure categories on a reasonable, justified and consistent basis.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

Other Expenditure

Other expenditure includes administration, governance, I.T. and HR expenditure. Governance costs are defined as costs related to the general running of the Foundations as an entity as opposed to the direct management functions inherent in generating funds and include audit and accountancy, legal and professional fees. Other expenditure has not been allocated across raising funds and charitable activities on the basis that the company considers it transparent to disclose such costs separately.

Funds Accounting

The company maintains the following funds:

Restricted Funds

Restricted funds represent donations, fundraising events income, legacies and other income received, which can only be used for those purposes that have been specified by the donor. Restricted funds are mostly derived from community fundraising.

Designated Funds

Designated funds represent unrestricted donations which have been recommended by the Project Appraisal Committee and by the Board of Directors for specific purposes. Conditions are attached to designated funds and the Foundation can redistribute funds if these conditions are not satisfied.

Unrestricted General Funds

Unrestricted funds represent amounts which are expendable at the discretion of the Board of Directors in furtherance of the objectives of the charity.

Foreign Currency

Transactions in foreign currency are recorded at the rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated at the rate of exchange ruling at the balance sheet date. All differences are taken to the Statement of Financial Activities.

Tangible Fixed Assets

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation of fixed assets is provided on cost in equal instalments over the estimated useful lives of the assets. The annual rates of depreciation are as follows:

Buildings - 2% Equipment - 20%

Pensions

The company make contributions to pension plans selected by relevant employees and administers contributions made by (and on behalf) of employees invested in PRSAs.

Financial Instruments

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions of the instrument.

Financial liabilities are classified according to the substance of the contractual arrangements entered into.

(i) Financial assets and liabilities

All financial assets and liabilities are initially measured at transaction price (including transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a financing transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Financial assets are derecognised when and only when a) the contractual rights to the cash flows from the financial asset expire or are settled, b) the company transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or c) the company, despite having retained some significant risks and rewards of ownership, has transferred control of the asset to another party and the other party has the practical ability to sell the asset in its entirety to an unrelated third party and is able to exercise that ability unilaterally and without needing to impose additional restrictions on the transfer.

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Balances that are classified as payable or receivable within one year on initial recognition are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

2. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Company's accounting policies, which are described in note 1, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The following are critical judgements that the Directors have made in the process of applying the Foundation's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Tangible Fixed Assets:

In Note 14 to the financial statements, tangible assets are stated at cost less depreciation. In order to calculate the depreciation of tangible assets, the Directors of the Foundation estimate the useful lives of a specific asset class considering the type of assets, past experience, estimated residual value and the expected useful life.

The valuation of buildings is based on the outcome of the related calculations of the building's net realisable value. developments, interest rates and future cost and price increases. The Foundation uses external valuations to determine the net realisable value.

3. COMPANY STATUS

The Company is a company limited by guarantee. Every member of the company undertakes to contribute to the assets of the company in the event of the company wound up while he/she is a member, or within one year after he/she ceases to be a member, for payment of the debts and liabilities of the company contracted before he/she ceases to be a member, and of the costs, charges and expense of winding up, and for the adjustment of the rights of the contributors among themselves, such amounts as may be required not exceeding \in 1.27.

4. DONATIONS AND LEGACIES

| | Restricted €'000 | Unrestricted €'000 | 2018 Total €'000 | 2017 €'000 |
|---|---------------------|-----------------------|------------------------|---------------|
| Donations, corporate donations and regular giving | 279 | 4,991 | 5,270 | 5,302 |
| Legacies | - | 384 | 384 | 200 |
| | 279 | 5,375 | 5,654 | 5,502 |
| 5. CHARITABLE ACTIVITIES | | | 2018 | 2017 |
| | Restricted | Unrestricted | Total | |
| | €'000 | €'000 | €'000 | €'000 |
| Campaigns, Appeals and Events | 19 | 2,441 | 2,460 | 2,345 |

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

| | Restricted €'000 |
|---|---------------------|
| Deposit interest | |
| | |
| 7. EXPENDITURE ON RAISING FUNDS | |
| 7. EXPENDITURE ON RAISING FUNDS Raising donations, legacies, corporate donations and regular giving | Restricted €'000 |
| Raising donations, legacies, corporate | |

8. EXPENDITURE ON CHARITABLE ACTIVITIES

| | Activities undertaken directly | Grant funding of activities | Support costs (Note 9) | Total 2018 | Total 2017 |
|---|--------------------------------------|-----------------------------------|------------------------------|---------------|---------------|
| | €'000 | €'000 | €'000 | €'000 | €'000 |
| Medical equipment | | 2,542 | 23 | 2,565 | 871 |
| Patient and parental support services | 79 | 375 | 67 | 521 | 242 |
| Research | - | 366 | 23 | 389 | 315 |
| Redevelopment and new service development | - | 1,635 | 23 | 1,658 | 3,435 |
| | 79 | 4,918 | 136 | 5,133 | 4,863 |

The Foundation had designated funds of €8,142,643 (2017: €8,769,802) at 31 December 2018, awaiting disbursement (See Note 18).

| | 2018 | 2017 |
|-------------------|---------------|---------------|
| Unrestricted | Total | Total |
| €'000 | €'000 | €'000 |
| | | |
| 4 | 4 | 4 |
| | | |
| | | |
| Unrestricted | Total 2018 | Total 2017 |
| €'000 | €'000 | €'000 |
| | | |
| 639 | 639 | 718 |
| | | |
| 844 | 844 | 723 |
| 518 | 518 | 480 |
| 2,001 | 2,001 | 1,921 |
| | | |
| | | |
| Support | T | T 1 1 |
| costs (Note 9) | Total 2018 | Total 2017 |
| €'000 | €'000 | €'000 |
| €'000 | €'000 | €000 |
| 23 | 2,565 | 871 |
| | | |
| 67 | 521 | 242 |

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

9. ANALYSIS OF SUPPORT COSTS

| | 2018 | 2017 | Basis of allocation |
|--|-------|-------|--|
| | €′000 | €′000 | |
| Fundraising activities (Note 7) | 518 | 480 | Fundraising team - % time spent on activities |
| Charitable activities (Note8): | | | <u> </u> |
| Medical equipment | 23 | 22 | |
| Patient and Parental Support Services | 67 | 66 | Salary costs - % time spent on activities |
| Research | 23 | 22 | |
| Redevelopment and new service development | 23 | 22 | |
| | 136 | 132 | |
| Total | 654 | 612 | |

| 10. OTHER EXPENDITURE | Restricted €'000 | Unrestricted €'000 | 2018 Total €'000 | 2017 Total €'000 |
|-----------------------|---------------------|-----------------------|------------------------|------------------------|
| Administration | - | 362 | 362 | 347 |
| Governance | - | 35 | 35 | 30 |
| IT | | 38 | 38 | 12 |
| HR | | 11 | 11 | - |
| | - | 446 | 446 | 389 |
| | | | | |

| 11. NET INCOME | 2018 | 2017 |
|---|-------|-------|
| | €′000 | €′000 |
| The net income for the financial year is stated after charging/(crediting): | | |
| Directors' remuneration (Note 12) | - | - |
| Depreciation of tangible assets | 15 | 19 |
| Interest receivable | (4) | (4) |

NOTES TO THE FINANCIAL STATEMENTS (CONT'D) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

12. EMPLOYEES AND REMUNERATION

The average number of persons employed by the company during the financial year was 17 (2017: 17) and is analysed into the following categories:-

| undraising |
|-----------------------------|
| lanagement |
| Support |
| |
| |
| he staff costs amounted to: |
| alaries |
| ocial Welfare costs |
| Pension costs |
| |
| |

The number of employees at each of the emolument bands from \in 70,000 and above are as follows:

Employee emoluments €70,000 - €80,000

Employee emoluments €80,000 - €90,000

Employee emoluments €100,000 - €110,000

Employee emoluments €110,000 - €120,000

The CEO received an annual salary of €112,500 (an increase of 3% on prior year's annual salary) plus additional entitlement to a pension contribution and healthcare benefits.

Total key management compensation for the financial year was €202,301 (2 people) and €132,221 (1 person) for the previous year.

| 2018 | 2017 |
|-------|-------|
| 9 | 9 |
| 3 | 3 |
| 5 | 5 |
| 17 | 17 |
| | |
| €'000 | €'000 |
| 833 | 808 |
| 89 | 86 |
| 15 | 14 |
| 937 | 908 |

| 2018 | 2017 |
|------|------|
| 1 | 1 |
| - | - |
| | 1 |
| 1 | - |

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

13. TAXATION

In accordance with the provisions of section 207 (as applied to companies by Section 76) Section 609 (Capital Gains Tax) and Section 266 (Deposit Interest Retention Tax) of the Taxes Consolidation Act, 1997, under charity number CHY13534, CHF has been granted a tax exemption. This exemption, which applies to Corporation Tax, Capital Gains Tax and Deposit Retention Tax, extends to income and property of CHF

14. TANGIBLE ASSETS

| | Building €′000 | Equipment €'000 | Total €'000 |
|---|-------------------|--------------------|----------------|
| Cost: | | | |
| At 1 January 2018 | 905 | 73 | 978 |
| Additions | - | 5 | 5 |
| At 31 December 2018 | 905 | 78 | 983 |
| Depreciation: | | | |
| At 1 January 2018 | 464 | 58 | 522 |
| Charge for financial year | 9 | 6 | 15 |
| At 31 December 2018 | 473 | 64 | 537 |
| Carrying amount: At 31 December 2018 | 432 | 14 | 446 |
| Carrying amount: At 31 December 2017 | 441 | 15 | 456 |

NOTES TO THE FINANCIAL STATEMENTS (CONT'D) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

15. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

Other debtors

Prepayments

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

Other creditors

Amount due to related party (Note 22)

Accruals

Deferred income

17. PENSION COMMITMENTS

The company makes contributions to pension plans selected by relevant employees and administers contributions made by (and on behalf) of employees invested in PRSAs. The company made contributions of €14,800 during the year (2017: €14,388). No Pension contributions (2017: €558) were outstanding at the financial year end.

| 2018 | 2017 |
|-------|-------|
| €′000 | €′000 |
| 30 | 37 |
| 14 | 35 |
| 44 | 72 |

| 2018 | 2017 |
|-------|-------|
| €'000 | €'000 |
| 431 | 81 |
| 63 | 82 |
| 55 | 83 |
| 40 | 278 |
| 589 | 524 |

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

18. FUNDS OF THE CHARITY

| | Restricted Funds €'000 | Designated Funds €'000 | General Funds €'000 | Total €'000 |
|---|------------------------------|------------------------------|---------------------------|----------------|
| Opening balance 1 January 2018 | 2,135 | 8,770 | 1,929 | 12,834 |
| Net (expense)/income for financial year | (491) | (628) | 1,657 | 538 |
| Closing balance 31 December 2018 | 1,644 | 8,142 | 3,586 | 13,372 |

The organisation's designated projects are in respect of commitments approved by Board of Directors of the Foundation totalling €8,142,643 (2017: €8,769,802) for the benefit of Children's University Hospital, Temple Street, Dublin 1 as at 31 December 2018. Conditions are attached to designated funds and the Foundation can redistribute funds if these conditions are not satisfied.

The designated funds at 31 December 2018 can be analysed as follows:

| Designated Funds | 2018 €′000 |
|---|---------------|
| Medical Equipment | 4,872 |
| Patient & Parental Support Services | 553 |
| Research | 1,641 |
| Redevelopment and new service development | 1,076 |
| Total | 8,142 |

Restricted funds of €1.6m represent donations, fundraising events income and legacies received, which can only be used for those purposes that have been specified by the donor.

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

18. FUNDS OF THE CHARITY (CONT'D)

| In respect of prior financial year: | Restricted Funds €'000 | Designated Funds €'000 | General Funds €'000 | Total €'000 |
|--|------------------------------|------------------------------|---------------------------|----------------|
| Opening balance 1 January 2017 | 2,015 | 7,828 | 2,312 | 12,156 |
| Net income/ (expense) for financial year | 120 | 942 | (383) | 678 |
| Closing balance 31 December 2017 | 2,135 | 8,770 | 1,929 | 12,834 |

The organisation's designated projects are in respect of commitments approved by Board of Directors of the Foundation totalling €8,769,802 (2016: €7,828,138) for the benefit of Children's University Hospital, Temple Street, Dublin 1 as at 31 December 2017.

The designated funds at 31 December 2017 can be analysed as follows:

Designated Funds

Medical Equipment

Patient and Parental support services

Research

Redevelopment and new service development

Total

Restricted funds of €2.1m represent donations, fundraising events income and legacies received, which can only be used for those purposes that have been specified by the donor.

| 2017 €′000 |
|---------------|
| 5,205 |
| 539 |
| 1,186 |
| 1,839 |
| 8,770 |

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

19. RECONCILIATION OF NET INCOME TO CASH USED IN CHARITABLE ACTIVITIES

| | 2018 €′000 | 2017 €′000 |
|---|---------------|---------------|
| NET INCOME FOR THE REPORTING PERIOD (as per the Statement of Financial Activities) | 538 | 678 |
| Adjustment for: | | |
| Depreciation | 15 | 19 |
| Interest received and similar income | (4) | (4) |
| Decrease/(increase) in debtors | 28 | (14) |
| (Decrease)/ Increase in creditors | 65 | (48) |
| NET CASH GENERATED FROM CHARITABLE ACTIVITIES | 642 | 631 |

20. FINANCIAL INSTRUMENTS

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

| | 2018 €′000 | 2017 €′000 |
|---|---------------|---------------|
| Financial assets Measured at undiscounted amounts receivable | | |
| Debtors (Note 16) | 30 | 37 |

| Financial liabilities | | |
|--|-----|-----|
| Measured at undiscounted amounts payable | | |
| Creditors (Note 17) | 494 | 163 |

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

21. RELATED PARTY TRANSACTIONS

Children's Health Foundation (CHF), is dedicated to raising funds for Temple Street Children's University Hospital (CUH). The hospital was the beneficiaries of all its fundraising activities in 2018

Each year clinical, nursing, support services and research teams in the hospital apply to CHF for funding for a wide range of projects from medical equipment purchases and redevelopment of wards to support services for patients and their families.

These projects allow the hospital to advance the treatment and service provided for the children in its care.

CHF in 2018 (then named Temple Street Hospital Foundation) was governed by a Board of Directors, chaired by David McCann. Ms. S. Brady is a non-executive director for both Temple Street Children's University Hospital and Children's Health Foundation.

During the financial year, CHF disbursed €5,132,680 (2017: €4,863,429) to Temple Street Children's University Hospital of which €389,080 (2017: €314,990) related to research and €4,744,600 (2017: €4,548,439) was in respect of patient services, redevelopment projects and equipment purchases.

At 31 December, 2018 the company owed €62,956 (2017: €82,135) to CUH. This was paid

22. FINANCIAL RISK MANAGEMENT

Continuity of funding

The Foundation has no guaranteed income; if it is to continue its work it is entirely dependent on the goodwill of the public and on the relations it builds with institutions. In order to reduce the risk of significant fluctuations in income the Foundation aims to foster public commitment to the growing needs of childrens' hospitals and research centre that we support through positive public relations, and good relations with institutional donors.

All income streams are consistently tracked and monitored to ensure negative trends are identified early and appropriate plans put in place. The Foundation monitors changes in giving trends and adapts its strategy to meet these changes.

Cash Flow Risk

Children's Health Foundation holds a number of bank accounts deposited in a number of different financial institutions ensuring the security of our funds and also endeavouring to maximise the return available.

24. SUBSEQUENT EVENTS

On the 1st January 2019 Temple Street Foundation merged with CMRF Crumlin in accordance with the Companies Act 2014 using the Summary Approval Procedure. At this time all assets and liabilities of CMRF transferred to Temple Street Foundation (TSF) and TSF changed its name to Children's Health Foundation.

NOTES

NOTES



Temple Street Children's University Hospital, Dublin 1 01 878 4344 info@templestreet.ie templestreet.ie

@Temple_Street
Temple Street Children's University Hospital

