

# Annual Report & Financial Statements 2020



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“The achievements made in 2020 were only possible thanks to the compassion, generosity and trust of every single person who gives to help create brighter futures for sick children.”

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# Welcome and Overview



## About Us

Children's Health Foundation raises vital funds to support sick children and their families in CHI hospitals and urgent care centres in Crumlin, Temple Street, Connolly and Tallaght – funding vital life-saving equipment, providing essential patient and parental supports and making ground-breaking, paediatric research possible.

Children's Health Foundation is the new name for CMRF Crumlin and Temple Street Foundation, which came together in January 2019 to become one foundation supporting all Children's Health Ireland (CHI) sites to ensure every sick child has the very best chance.

In September 2020, we launched our new name and look and we continue to work side-by-side with our supporters across

Ireland and beyond, to transform the lives of sick children and their families who attend the hospitals and urgent care centres every single day.

We are committed to supporting the new way that healthcare and research will be delivered by CHI to improve outcomes for sick children. With the continued kindness and generosity of our supporters across Ireland and beyond, we will continue to raise funds to support the vital work that happens in CHI – today, tomorrow, and in the future.

## Our Vision and Mission

### Vision:

To give every sick child the very best chance

### Mission:

To work together to provide world-class facilities, research and compassionate, loving care for every sick child in Ireland

## Our Values

### Child-centred:

The child is at the heart of everything we do. We are here to ensure every sick child has the very best chance and everything we do is to improve outcomes for sick children.

### Compassion:

We care for those we work with, and all our interactions are characterised by respect, courtesy, warmth and professional dignity.

### Integrity:

We are true to our mission – always striving to do the right thing, by being open, honest and transparent.

### Ambitious:

We are ambitious for the health and well-being of the children we serve and we will do everything we can to ensure that each and every child has the very best chance of a full, healthy and happy life.

### Respect:

We value ourselves, each other and all members of our community showing understanding and appreciation for all our similarities and differences.

### Collaborative:

We believe in the power of working together to improve outcomes for sick children.

### Innovative:

We constantly strive to redefine the standard of excellence in everything we do. We are open to ideas that challenge the conventional views and drive innovation and support better outcomes for children.

## Chief Executive and Chair Welcome



**Denise Fitzgerald**  
Chief Executive



**Mark Moran**  
Chair

On behalf of our Board and Team, we are delighted to welcome you to the 2020 Annual Report for Children’s Health Foundation (“the Foundation”) - formerly CMRF Crumlin and Temple Street Foundation.

In the pages ahead we will share with you an insight into the profound impact your donations continue to make for sick children. During the most difficult of years, the real and lasting difference that our supporters have made in the lives of sick children and their families across Children’s Health Ireland is outstanding.

From funding vital, life-saving equipment and essential patient and parental supports possible to supporting urgent redevelopment, new services and paediatric research, our supporters have continued to bring real and lasting change to the lives of sick children and their families from all over Ireland.

As 2020 got underway, we could not have envisaged the challenges that the looming global COVID-19 crisis would present in the months that followed. The pandemic brought with it uncertainty, anxiety, and severe disruption to every single household in the county and created new challenges for how paediatric medical care was delivered to sick children across CHI hospitals and urgent care centres.

Across CHI, visiting restrictions were implemented to protect the health of all, meaning that only one parent a time could visit their child in hospital and sibling and wider-family visits were put on hold. Children who came to the hospitals and urgent care centres for treatment faced the adjustment of being treated by frontline workers in full PPE. For hard-working CHI teams, their daily working life faced upheaval as they rapidly adapted their processes and adopted new social distancing measures between colleagues and faced the additional pressure of treating patients with COVID-19 as well as increased team absences

“Our supporters have continued to bring real and lasting change to the lives of sick children and their families from all over Ireland.”



while colleagues self-isolated or recovered from the virus.

The people of Ireland are known world-over for their compassion and generosity in times of crisis and we were overwhelmed and humbled by the kindness shown right across the country for sick children in CHI this year. From the heart-felt response to Billy and Lanlih Holland’s Late Late Show fundraiser in January in memory of their daughter Emmeline to the phenomenal funds raised by the Late Late Toy Show Appeal at Christmas, and all the way through this difficult year, our supporters stood side-by-side with CHI families, patients and frontline staff.

The Foundation’s ambitious fundraising activity plan for the year faced extreme disruption over the course of 2020 with key activities - such as our Route 66 motorcycle challenge, overseas marathons, Techies4TempleStreet and much more - postponed or cancelled.

However the public support was phenomenal and in a year of turmoil they supported us with donations of over €17m in 2020.

Thanks to this support, we have been able to invest in a wide range of paediatric medical equipment including monitoring and infusion pumps and a vascular dermatology laser for CHI at Crumlin, an ENT endoscopic video unit and state-of-the-art ultrasound probe for CHI at Temple Street, amongst other essential equipment for wards, departments, theatres, labs and intensive care.

This support has also enabled us to invest in supports to benefit patients and their families - including complementary therapies, emergency funds to support parents at their most difficult moments and a range of therapies, including music, pet and play, which help create a warm, home-from-home and child-centred environment.

New services and redevelopment were made possible across CHI at Crumlin and Temple Street including the upgrading of Nazareth Ward, the parents’ room in ICU and parents’ accommodation in Crumlin. It also saw outpatients’ unit upgrade works as well as the installation of a new Cubbie booth for children with Autism or sensory issues become a reality in Temple Street.

The Foundation continued to invest in ground-breaking paediatric research in CHI at Temple Street and the National Children’s Research Centre (NCRC) – research that is paving the way for gentler treatments and new cures that will benefit children for generations to come.

Public support and donations allow us to invest in the hospitals where it is needed most and plan for the future. The trust of our kind fundraisers and supporters is at the core of Children’s Health Foundation, and we are open and transparent in all of our activities so they can see the impact their support has. Our Board signed off on the CHF Governance Code in 2020 and this will be submitted to the Regulator in 2021, demonstrating our compliance with all aspects of the code.

2020 saw the development of our 2021 – 2023 Strategic Plan, entitled ‘Transforming Care for Sick

Children'. We are passionate about transforming care for sick children in Ireland and this new strategy provides the focus and direction to help realise this. We have ambitious plans for growth as it is vital to provide more world-class facilities, ground-breaking research and compassionate, loving care for every sick child in Ireland.

We can only achieve these ambitions with our loyal supporters by our side. Their support is vital and with their continued help, we can ensure that we are there every step of the way for patients and their parents, supporting CHI's new model of paediatric healthcare – now and into the future.

We would like to express our gratitude to our Board of Directors for their continued dedication in 2020. During this period of great change, they have shared their expertise and guidance, and have helped the Foundation to raise vital funds on behalf of CHI hospitals and urgent care centres. We would also like to say goodbye to and thank Helen Conlan who served as the first Chair of Children's Health Foundation taking up the role in 2019 after the merger of CMRF and Temple Street

Foundation. Helen had been on the board of CMRF for 9 years prior to the merger and also been the last Chair of CMRF. We would like to thank Helen for all she achieved and for her leadership and guidance of CMRF and CHF, she will be missed.

We would like to warmly thank all the team at Children's Health Ireland for their dedication, support, and grace under pressure during the last year. The team has worked closely with us as we put generously donated funds to work across the hospitals and urgent care centres where they are needed most.

Finally, thank you to our supporters, volunteers, and fundraisers across the country. The past twelve months have been challenging for everyone and we know our achievements in 2020 are only possible due to the compassion, generosity and trust of every single person who gives to help create brighter futures for sick children.

**Denise Fitzgerald**  
Chief Executive, Children's Health Foundation

**Mark Moran**  
Chair, Children's Health Foundation



“CHI is leading on the clinical and operational transformation of acute paediatric healthcare”

## About Children's Health Ireland (CHI)

Children's Health Ireland (CHI) is an academic healthcare organisation that is leading on the clinical and operational transformation of acute paediatric healthcare. The three children's hospitals at Crumlin, Temple Street and Tallaght and the Children's Hospital Group transitioned from four separate, independently governed entities into one new single organisation effective on 1st January 2019 to govern and operate local paediatric services in Dublin and all national paediatric services, some of which are on an all-island basis.

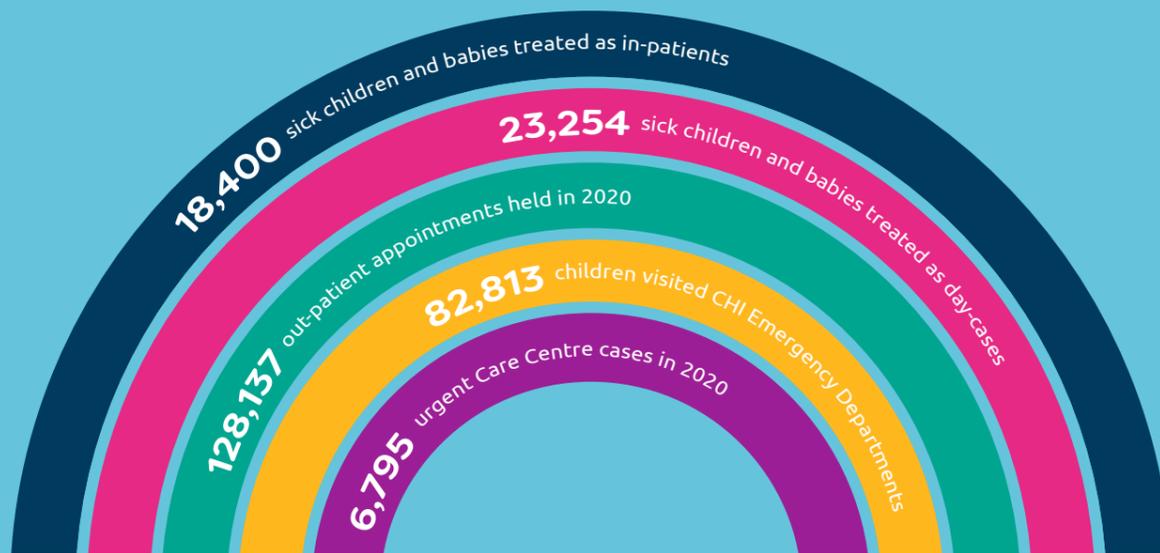
CHI operates as a single service across the existing locations of Crumlin, Temple Street, Tallaght. The first of two paediatric outpatient and urgent care centres opened on 31 July 2019, at CHI at Connolly Hospital in Blanchardstown, which will be followed by the second facility at Tallaght Hospital which is planned

to open in Q4 2021 and the new children's hospital on the campus shared with St James's Hospital.

CHI's mission is to promote and provide child-centred, research-led and learning informed healthcare, to the highest standards of safety and excellence. CHI wants do this in partnership with staff, with children, young people and their families through a network of children's services in Ireland.

CHI currently has a staff of 3,600 delivering care every year to over 300,000 children, young people and their families across four locations in Dublin at Crumlin, Temple Street, Tallaght and at its paediatric outpatient and urgent care centre at Connolly Hospital in Blanchardstown.

## 2020 Facts & Figures at a Glance



### Clinical specialities include:

- |  |   |  |   |
|--|---|--|---|
| <br>Cardiac Diseases    | <br>Burns    | <br>Nephrology  | <br>Neurosurgery |
| <br>Metabolic Disorders | <br>Oncology | <br>Haematology | <br>Neurology    |

Children's Health Foundation worked with over 3,000 community fundraisers across the country

- |  |  |
|--|--|
| <br><b>€17.37m</b> raised                                   | <br><b>€9.08m</b> total invested in CHI hospitals, urgent care centres and research |
| <br><b>€944k</b> invested in redevelopment and new services | <br><b>€2.34m</b> invested in upgrading and replacing essential medical equipment   |
| <br><b>€931k</b> invested in patient and parental supports  | <br><b>€4.86m</b> invested in life-changing research                                |



# Achievements in 2020

## Director's Report

The Directors of Children's Health Foundation present this report, together with the audited financial statements, for the year-end 31 December 2020.

2019 saw the birth of a new Foundation, as CMRF Crumlin and Temple Street joined forces to ensure that every sick child in Ireland gets the very best chance. The two Foundations officially came together

in January 2019 to become one entity, working together to raise vital funds for all of Ireland's sick children. 2020 saw the next step in this important process as the Foundation launched the new 'Children's Health Foundation' name and its new look. During the year we also developed a three-year strategy and established our mission, vision and values.

Funds are raised to support the Foundation's principal objectives supporting four key strategic purposes:

- Life-changing research
- Vital life-saving equipment
- Patient and parental support services and
- Ward and service redevelopment

## Principal Activities

Children's Health Foundation is a registered charity with the principal objective of raising funds to support the work of Children's Health Ireland ("CHI") at Temple Street and Crumlin ("the Hospitals") and the National Children's Research Centre ("NCRC") to ensure their facilities remain the best in class and that they have the necessary funding to continue research into new treatments and cures for paediatric illnesses and diseases.

## Our Objectives and Outcomes

A review of the objectives and corresponding activities for Children's Health Foundation for 2020 follows under four headings:

Objectives and Priorities	Performance and Outcomes
<b>Fundraising and Philanthropy</b>	
Raise a total gross income of €19.2m from fundraising activities and other income	Raised over €17m in fundraising income and €0.6m in other income despite the impact of COVID-19 with many events and campaigns cancelled. This was achieved through the generosity of all our donors and through securing the immigrant investment programme donation of €2m which was restricted for investing in MRI scanners in CHI.
Recruit 2,000 new direct debit donors through a door-to-door campaign	Due to the pandemic this activity could not take place, however the associated costs also did not occur. It is intended to recommence this investment in 2021 to ensure sustainable funding through our regular givers.
Achieve a net surplus after costs of €12.4m for grant making activities to CHI and NCRC	In addition to the above cost savings from door-to-door recruitment there were many other cost cutting measures implemented during the pandemic. This resulted in significant savings and net income was over budget by €1.5m (12%) resulting in €13.9m being available for grant making in 2020 and beyond.

## Our Objectives and Outcomes (cont'd)

Objectives and Priorities	Performance and Outcomes
<b>Supporting Sick Children – Charitable Activities</b>	
<p>Create a streamlined Grants Strategy under 3 key principles:</p> <p>Alignment of strategic priorities with a clearly defined vision of Children's Health Ireland.</p> <p>To be ambitious in capital and research grants, developing new processes and objectives.</p> <p>Ensure good governance at all times – clearly define roles and responsibilities, with a focus on core competencies as a method of mitigating risk.</p>	<p>A new grant making structure was incorporated in May 2020 with the establishment of 2 working groups:</p> <p><b>(a)</b> Strategy Alignment Task Force (SATF) to discuss, agree and recommend the overall strategic principles for allocation of funding streams to key pillars and large value projects to the CHF Board and</p> <p><b>(b)</b> A Grants Approval Panel (GAP) to consider and recommend appropriate individual projects for funding to the CHF board on an annual basis</p>
Continue to support ground-breaking research studies within CHI and NCRC	<p>Provided funding of almost €5m for research for over 200 researchers across CHI at Temple Street and NCRC including funding for:</p> <ul style="list-style-type: none"> <li>• Director of Research and Innovation in CHI</li> <li>• Core costs including laboratory facilities and the clinical research unit in NCRC</li> <li>• 69 active research grants in NCRC</li> <li>• 4 new research grants in CHI at Temple Street and 5 new research grants in NCRC</li> </ul>
Ensure that CHI patients have access to the latest advances in medical treatment and critical care equipment	<p>Invested over €2m across the hospitals and purchased a range of state-of-the-art equipment forwards and departments including:</p> <ul style="list-style-type: none"> <li>• Infusion Pumps in CHI at Crumlin</li> <li>• Neurosurgical Microscope in CHI at Temple Street</li> </ul>
Invest in the redevelopment of hospital facilities and its infrastructure	<p>Investment of nearly €1m in redevelopment of particular units in both of the Hospitals including:</p> <ul style="list-style-type: none"> <li>• Nazareth Ward in CHI at Crumlin</li> <li>• Outpatients' Department in CHI at Temple Street</li> </ul>
Create a caring environment and provide patient and parental supports to families when they need it most	<p>Funded of almost €1m in a range of support activities including:</p> <ul style="list-style-type: none"> <li>• Play Therapy in CHI at Crumlin and Temple Street</li> <li>• The Giggle Fund in CHI at Crumlin</li> <li>• Emergency Fund in CHI at Temple Street</li> <li>• Music Therapy in CHI at Crumlin &amp; Temple Street</li> </ul>
<b>Governance and Excellence</b>	
Implement new Charities Regulators Governance Code	<p>The CHF Governance and Compliance Executive completed the Governance code compliance record form for 2020 achieving compliance with the code and presented to the board in December 2020 who signed off on it.</p> <p>The CEO was invited to be on a panel by the Charities Regulator to discuss the CHF journey to compliance with the new code.</p>
Transition CHY number 4483A (CMRF) to 13534 (CHF)	Received revenue approval to continue both CHY numbers to financial year-end Dec 2020 and the amalgamation of both to 13534 from 2021 onwards.

## Our Objectives and Outcomes (cont'd)

Objectives and Priorities	Performance and Outcomes
<b>Governance and Excellence (Cont'd)</b>	
Continue to merge all policies from CMRF and Temple Street into new CHF policies	After completion of the Governance / Board policies in 2019, the following policies were all revised for the new merged Foundation and signed off by the Board during 2020: <ul style="list-style-type: none"> <li>• 17 Operational Policies</li> <li>• 13 HR Policies</li> <li>• 3 Communications Policies</li> <li>• 3 Finance Policies</li> </ul>
Review of Board Members recruitment and succession planning	The Directors, with external assistance, completed a comprehensive review of the Board including a skills matrix and succession planning and the outcome was as follows: <ul style="list-style-type: none"> <li>• A new Chair was recruited who joined in December 2020 and became Chair in February 2021</li> <li>• 3 new Directors were appointed</li> </ul>
<b>Strategy</b>	
Communications Plans	The introduction of a new brand commenced in October 2020 and a roadmap for donors and key stakeholders developed. New mission, vision and values rolled out during the year.
Create the first CHF Strategy	3 Year strategy "Transforming Care for Sick Children" formed with 5 priorities as follows: <ul style="list-style-type: none"> <li>• Define a compelling case to support sick children</li> <li>• Grow Income exponentially</li> <li>• Become part of the fabric and culture at all hospital sites</li> <li>• Communicate consistently to inform stakeholders of the Foundation's work, impact and national reach</li> <li>• Instil a culture of excellence in everything we do</li> </ul>
Integrate the teams from Temple Street and CMRF	First phase of merging of teams was completed with an interim structure put in place and the office location decided. A new Director of Fundraising joined in early 2020 and initial reviews of team structures commenced to fulfil the ambitious strategy. Building works were completed in Drimnagh Road.
Systems Integration	The roll-out of an integrated cloud solution, SharePoint, was completed enabling all staff to work from home during the pandemic. Finance systems merged to one platform and servers updated to accommodate CRM requirements. A project team established to evaluate current CRM systems including the mapping of all donor journeys and all processes. This resulted in a proposal to purchase a new CRM and a tender was completed and a new supplier chosen to commence work in 2021.

## Our Work for Sick Children

We work with CHI to identify and place priority on investments that have the greatest impact and fulfil the most urgent and immediate needs of sick children and their families.

Children's Health Foundation invested over €9.08million in CHI at Temple Street and Crumlin and the NCRC under our four pillars - equipment, new & emerging services and development initiatives, patient and parental supports and paediatric research.

Children's Health Foundation depends entirely on the kindness, generosity and support of individuals, communities and corporate partners nationwide and beyond to continue its work

investing in life-saving equipment, essential family supports, enhanced facilities, new services and essential paediatric research in the hospitals and the National Children's Research Centre (NCRC).

In 2020, we were honoured to have the opportunity to work closely with a wide range of supporters who believe in giving every sick child the very best chance.

From personal challenge fundraisers and caring communities who come together for sick children to our loyal regular givers and wonderful corporate supporters, we are continuously heartened and motivated by our supporters who make a real difference for future generations.

“We depend on the kindness, generosity and support of individuals, communities and corporate partners to continue our work”



## Funds Raised in 2020 with your Support

2020 marked the next phase in an important and exciting period of change for Children's Health Foundation as it moved over the course of the year from fundraising via its trading styles of Temple Street Foundation and CMRF Crumlin to fundraising as one united organisation under its new name and look – Children's Health Foundation.

The past twelve months have also been extremely challenging as Ireland and the entire globe grappled to respond to the COVID-19 pandemic.

As Children's Health Ireland's frontline workers rapidly adapted their processes to enable them to continue to provide world-class care to sick children, Children's Health Foundation continued to raise the vital funds needed to support sick children and their families across CHI hospitals and urgent care centres.

Thanks to the ongoing commitment and dedication of our supporters over €17m was raised over the year in 2020 despite the forced cancellation of many key fundraising activities.

In April 2020, Children's Health Foundation launched an emergency appeal 'Together With Our Heroes', in direct response to the COVID-19 crisis. This cross-site appeal raised funds to support CHI at Temple Street, Crumlin and Connolly, with funds going to support the urgent needs of the hospitals as they worked to rapidly adapt to the evolving situation. The funds were put to work where they were most urgently needed across the hospitals and urgent care centre and to support patients and their families and frontline workers. We were overwhelmed by the response, which saw €200,000 raised over the course of the campaign.

Over 3,300 individuals supported our fundraising challenges or found new and creative ways to raise funds in support of CHI. Rosie Connolly's second year of online fundraising raised over €169,000 at Christmas showing the power of her influence to support the work the hospitals do every day.

Our regular givers who support us with monthly direct debit donations are a vital part of the Children's Health Foundation community. Their ongoing dedication to sick children in CHI at Temple Street and Crumlin allows us to plan for the future with confidence.

Children's Health Foundation corporate supporters remained a vital source of income in 2020. We were proud to work with a wide number of partners in 2020, including Tesco Ireland, who raised €1.1million in the sixth year of their partnership with Children's Health Foundation Temple Street. MiWadi and Gem Pack Foods also remained key partners, supporting our Trick or Treat and Great Irish Bake campaigns respectively.

Children's Health Foundation Crumlin's long-term partners One4All, Citi and Dalata continued to support CHI at Crumlin with fundraising campaigns and activities.

Smyths Toys Superstores and Penneys continued their support of sick children in both CHI at Crumlin and Temple Street. We are extremely grateful to each and every one of our corporate partners for their continued kindness and support.

The Foundation continued to enjoy strong participation in major campaigns in 2020, each of which was updated and tailored to ensure that all social distancing and public safety guidelines were met. These

included The Great Irish Bake for Temple Street, Trick or Treat for Temple Street and Christmas Jumper Day. We were heartened by the support of individuals, families, communities and companies the length and breadth of the country.

The work of the Foundation is only made possible with the ongoing

### Charitable Activities

In partnership with CHI, the Foundation continued to place priority on investments that would have the greatest impact and fulfil the most urgent and immediate needs for sick children.

In 2020, the Foundation invested over €9m in CHI hospitals, urgent care centres and the NCRC which included €4.9m on life-changing research, €2.3m upgrading and replacing essential pieces of medical equipment, €0.9m on hospital services and redevelopment, and €0.9m on patient and parental support services. All of these areas are vital to the effective running of

trust of our supporters and we remain fully committed to being transparent and open in all of our activities. That is why we ensure that donors are kept fully updated on how and where their funds are being invested being invested which is outlined on the following page

the hospitals and the advancement of paediatric research in the NCRC and the Foundation is honoured to have the backing and support of its donors, ambassadors and network of volunteers to enable it provide this support over the past twelve months.

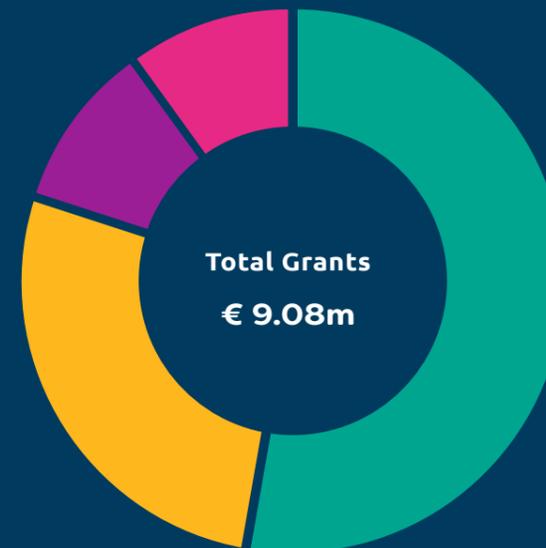
Donations from the emergency appeal were put to work where they were needed most across CHI hospitals and urgent care centres to ensure that staff were equipped to do their jobs during the pandemic – from essential supplies, a Team App to help front-line teams communicate frequent and urgent messaging, to meals for the hardworking front-line staff. They also funded comfort packs for patients and families who found themselves in isolation and provided a whole range of supports for sick children.

“We remain entirely reliant on public and corporate partner support and goodwill to continue our work.”



€17.37m raised by Children’s Health Foundation in 2020

Individual Giving	€ 6.26m	36%
Community Fundraising	€ 4.0m	23%
Campaigns	€ 1.47m	8%
Corporate	€ 2.40m	14%
Trusts & Foundations	€ 2.52m	15%
Major Giving	€ 0.20m	1%
Unsolicited/General	€ 0.52m	3%



Grants Analysis by Grant Type

Research	€4.86m	54%
Equipment	€2.34m	26%
Patient & Parental Support	€0.93m	10%
Redevelopment & New Services	€ 0.94m	10%

## Financial Review

The financial outcome for the year for the Foundation is set out on page 66. In an incredibly challenging year, we were delighted to have raised €17.4m from fundraising income and earn €0.6m from investments, rental income and grants. Grant income including receipt of the wage subsidy scheme which was availed of for a

### Income

Fundraising income for the year of €17.4m compares to €18.1m for the previous year, a 4% decrease, however excluding the one-off donation of €2m from the immigrant investment programme, the actual decrease was 15% and caused by the COVID-19 pandemic and primarily due to the cancellation of so many events and campaigns.

Individual Giving and Legacies remained strong compared to 2019 with only a 1.5% decrease which was due to the continued support of our regular donors as well as the generous legacies left by people during the year.

Communities and Campaigns were the areas most affected by COVID-19 with 2 key bi-annual events due to take place in

### Expenditure

Expenditure is classified between expenditure on raising funds and expenditure on charitable activities that are further explained in Note 1 on page 70. Expenditure on raising funds was €4.1m for the period compared to €6.1m for the previous year which represents a 33% decrease and was due to the impact of COVID 19 and the reduction of active challenges, marathons and campaigns during the year and their associated costs. Costs were also reduced in the Individual

number of months during the pandemic. After outgoing grants and expenditure of €13.2m this resulted in a net income of €4.8m being available to carry forward for future commitments. A detailed commentary on the financial results is set out below.

2020, Route 66 and The Friendship Ball (in partnership with Great Ormond Street) and 2 key annual events, Inis Mór and the Diabetes Walk, cancelled. Our many eventers became very creative during the year to help compensate for those key events and many of our supporters went online to raise funds for sick children, however the strength of those key events could not be matched and we saw a 23% drop in income in this area to the value of €1.6m.

Corporates, Trusts & Major Gifts were also affected by the pandemic and there was a decrease in income in this area, however it was compensated by the receipt of a €2m donation from the Government approved Immigrant Investment Programme.

Giving area due to a cancellation of the door-to-door programme as well as a strategy to reduce direct marketing costs.

Support costs also decreased by 31% from 2019 due to the costs of the merger in the prior year not replicated as well as reduced office costs in 2020 as a result of staff working from home. The result was overall costs of the Foundation at 23% of total income against a target and prior year of 34%.

## Financial Review

(Cont'd)

## Plans for the Future

### Investments, Investment Policy and Governance

The Finance, Audit & Risk Committee of the Board regularly reviewed the financial performance of the Foundation including the performance of its investments.

It was the policy of the Board that all funds not immediately required for operational purposes should be appropriately invested – either in deposit accounts with reputable financial institutions, for funds that may be required in the shorter term; or, with major

Irish investment managers, for those funds not required in the short term.

CHF's investment managers are listed in the information section to this report. Quarterly reports were received from those investment managers during the year.

### Funds Employed and Financial Position

Total Reserves of the Foundation at year end were €28.8m. Of this total €7.1m was designated for projects approved by the Board and not paid by the year end to the hospitals and €9m was held in restricted funds to support specific projects and activities as decided by donors. This included the €2m immigrant investment programme donation which was restricted for the purchase of MRI Scanners in the hospitals – the projects are due to start in 2021 but have been delayed due to COVID-19.

The balance of reserves of €12.6m was unrestricted of which circa €2.5m is required as a minimum reserve based on the board's reserves policy to hold six months running costs of the Foundation for times of emergencies and uncertainties. This left €10.1m at year end available for commitments for 2021 and onwards.

### Short Term Plans (2021)

In the year ahead, we look forward to working closely with our friends and colleagues in CHI to fund projects that will have the biggest impact on the most children across the entire network of paediatric care. From vital equipment and ground-breaking research to new services and urgent patient and parental supports, we pledge to be there, with the help of our wonderful supporters, to meet sick children's needs.

We look forward to building relationships with our supporters, forging new connections and building a strategy that will lay the groundwork for us to deliver support

where it's needed in CHI for many years to come.

We will continue to expand our Grants Model to support sick children and their families as well as our commitment to paediatric research. Our research funding commitments for 2021 is expected to be €8m and our commitments to CHI for hospital grants is expected to be €6m for equipment, renovations and patient and parental supports. To ensure sustainable funding, the Foundation aims to raise at least €18m in 2021 and we would like to thank donors for their continued support of these important projects.

## Plans for the Future

(Cont'd)

### Long Term Plans

Children's Health Foundation has gone through a great period of change over the past twelve months, and now prepares to enter the next phase of its ambitious plan to support sick children attending Children's Health Ireland (CHI) hospitals and urgent care centres today, tomorrow and into the future.

Children's Health Foundation is committed to its mission to give every sick child the very best chance. We will do this by implementing our new 2021-2023 Strategic Plan, 'Transforming Care for Sick children', which will focus on five key pillars over the next three years, to ensure that we can achieve the ambitious growth needed to continue to provide world-class facilities, research, and compassionate, loving care for every sick child in Ireland.

These pillars are:

- Defining a compelling case to support sick children in Ireland
- Growing income exponentially
- Becoming part of the fabric and culture at all hospital sites
- Communicating consistently to inform stakeholders of the Foundation's work, impact and national reach
- Instilling a culture of excellence in everything we do

CHI is moving ever closer to the opening of the new national children's hospital on St. James' Campus, which will transform the delivery of paediatric care to children from all over the country. In the meantime, urgent and life-saving work is continuing around the clock in CHI at Connolly, Crumlin, Tallaght and Temple Street. At every step of this important journey, the Foundation

and its loyal supporters will be there to provide ongoing support to change young lives for the better.

Our success to-date as Temple Street Foundation and CMRF Crumlin has been made possible only with the kindness and trust of our supporters across Ireland and beyond. As Children's Health Foundation, we will continue to operate at the very highest levels of governance, transparency and best-practice. We commit to keeping our supporters informed and updated every step of the way, so that they know how their kind donations are being put to work to bring real and lasting change to the lives of sick children who attend CHI.

As we look ahead to the future, we know that the funding needs to provide support for CHI patients and their families will only continue to grow. We promise to be there, hand-in-hand with CHI, our supporters, fundraiser and volunteers, to ensure that CHI hospitals and urgent care centres – and in time the new children's hospital – have the supports and equipment they need to continue to provide world-class care, every minute of every day.

Children's Health Foundation remains committed to supporting the future of children's healthcare through research that has the potential to find new cures, gentler treatments and transformative new interventions. Finally, we would like to thank each and every fundraiser, supporters and volunteer, who has made so much possible for sick children to date. We hope that they will stay by our side as we embark on this exciting and challenging new journey and continue to bring real and transformative change to the lives of children, young people and their families.

## Plans for the Future

(Cont'd)

### Events after the reporting date

There were no significant events since the balance sheet date.

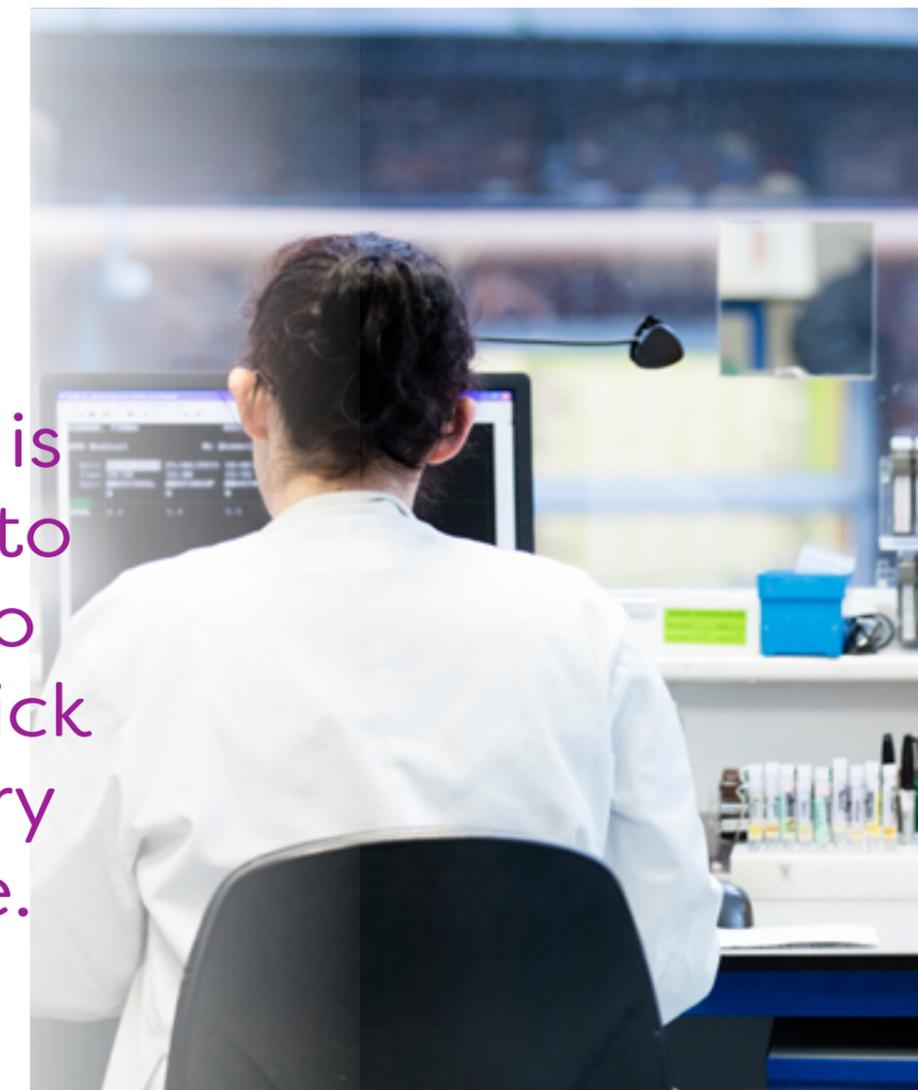
### Going Concern

Based on their assessment of current trends and forecast activities and taking into account their best estimate of the impact of COVID-19, the Board has a reasonable expectation that the Foundation has adequate resources to continue in operational existence for the foreseeable future. Thus, they

continue to adopt the going concern basis in preparing the annual financial statements.

Further details regarding the adoption of the going concern basis can be found in note 2 to the financial statements.

Children's Health Foundation is committed to its mission to give every sick child the very best chance.



## Structure, Governance & Management

### Governing Document

The Foundation is an Irish company incorporated in 2000 under the Companies Act. It is a company limited by guarantee with no share capital with Ministerial consent to omit limited from the title. The Foundation is governed by a Constitution.

The core charitable objectives for which the Foundation is established, are:

- i. to foster, promote and advance the work of any children's hospital

or hospitals in Ireland in providing in-patient and out-patient medical care of the highest standard in a physical and cultural environment designed to minimise the emotional stress of childhood illness for patients and their parents or guardians;

- ii. to promote, foster and finance medical and scientific research into childhood illnesses, health and well-being, to save and improve young lives.

### Board of Directors, Officers and Management

The Foundation is governed by a Board of Directors who serve in a voluntary capacity. The Board consists of a Chair and up to eleven Directors.

The Foundation-approved policy on Board tenure is as follows:

1. The term of office of a Director is three (3) years.
2. A Director may be reappointed for up to a further two successive terms of three (3) years (being a maximum consecutive period of nine (9) years).<sup>1</sup>
3. No person shall be entitled to be appointed as a Director for more than nine (9) years in succession.

The Foundation approved policy on the Chair tenure is as follows:

1. The Chairperson of the Board holds office for a term of three (3) years.
2. They may be re-elected as Chairperson for one further succession term of three (3) years (being a maximum consecutive period of six (6) years).

The Board, on its initiative and on an exceptional basis, may exercise discretion to extend the maximum terms specified where it considers that such an extension would benefit the Foundation. Such discretion will be exercised on an annual basis and the Director concerned will be required to stand for re-election annually.

<sup>1</sup> Two Directors (Siobhan Brady & Terence O'Rourke, Temple Street Foundation appointees) have served as Directors for the original company since 2000 and 2013 respectively; however when the merger took place their length of service was reset to start at 1st January 2019, the date the new Foundation came into being, to be consistent with the CMRF Crumlin and Tallaght appointees whose official start dates were 1st January 2019.

# Structure, Governance & Management

## Structure, Governance & Management (Cont'd)

### Directors and Board Members

The current Directors are listed on page 5.

The Directors and secretary, who served during the year except as noted for appointments and resignations are as follows:

Mark Moran **(Chair)**  
(Appointed 2 December 2020)

Siobhan Brady

John Chase

Helen Conlan

Julia Davenport

Eilish Hardiman  
(Appointed 2 November 2020)

Owen Hensey

David McCann  
(Appointed 2 November 2020)

Sinéad McSweeney  
(Appointed 10 September 2020)

Niamh O'Regan  
(Resigned 16 October 2020)

Terence O'Rourke

David Phelan

**Company Secretary**  
Deirdre McMahon

### Board Committees

To support the board, there are a number of sub-committees, each of which have a clearly defined Terms of Reference, chaired by a Board member and include subject-matter-experts where appropriate:

(1) Finance, Audit and Risk Committee

(2) Governance Committee

The Finance, Audit & Risk Committee assist the Board in fulfilling its responsibilities by providing an independent review of financial reporting and assisting the Board with, and overseeing, the Board's financial responsibilities. The Committee is responsible for all

matters relating to the financial affairs of Children's Health Foundation and will provide the Board with an independent review of the budgetary process. The Committee also oversees the effectiveness of the risk management framework.

The Governance Committee assist the Board in fulfilling its governance obligations by providing an independent review of its legal and regulatory responsibilities through the provision of adequate systems, policies and procedures, and to oversee overarching strategic and operational human resource issues ensuring that there is compliance with the relevant HR legal and regulatory requirements.

## Structure, Governance & Management (Cont'd)

The Committee is also responsible for ensuring that adequate Board succession planning, induction and training is in place to ensure that the organisation is well governed and run effectively, and appropriately to its aims, size, its beneficiaries' needs and overall strategic objectives. The Committee will lead the nominations process and succession planning.

### Accountability, Transparency & Best Practice

For many years we have adhered to the principles of accountability and transparency, recognising our responsibility to ensure that the generosity of our donors is applied in line with their wishes and in a cost-effective manner. Direct impact for the patients and their families is of paramount importance.

In support of this, the Board is committed to maintaining high standards of corporate governance and believe that this is a key element in ensuring the proper operation of the Foundation. Responsibility for the day-to-day management is delegated by the Board to the Chief Executive who is supported by a senior leadership team, staff and volunteers. Remuneration of the Chief Executive is reviewed and approved by the board.

There is a clearly defined division of responsibility between the Board and the Chief Executive who has responsibility for formulating strategy and policy within the parameters delegated to her by the board.

In order to ensure best Governance practice, the Board monitors conflict of interest and conflict of loyalties at each board meeting – all directors must declare any conflicts at the start of each Board meeting and any such conflicts are recorded in the minutes.

To actively demonstrate openness, transparency and integrity to our beneficiaries and donors, the Foundation operates under these three principles:

- Transparent reporting – The Foundation prepares an annual report and financial statements in accordance with the Charity SORP (Standard of Recommended Practice under FRS102) and makes them available to the public on our website.
- Governance - The Board signed off on the first CHF, new Charities Governance Code (issued by the Charities Regulator in November 2018) during the year for 2020 and has all records on file as advised by the Charities Regulator.
- Good Fundraising -The Foundation implemented all the requirements for the Statement of Guiding Principles of Fundraising in 2011 and continually reviews its performance against these principles.

“At every step of this important journey, the Foundation and its loyal supporters will be there to provide ongoing support to change young lives for the better.”



## Structure, Governance & Management (Cont'd)

The Board met seven times during the year (the quorum for Board meetings is four Directors); the Finance committee met four times during the year; the Governance Committee met seven times during the year with attendance (and eligibility) for all as follows:

Directors	Board Meetings	Finance, Audit & Risk Committee	Governance Committee
Helen Conlan (Chair)	7 (7)	4 (4)	7 (7)
Siobhan Brady	7 (7)	n/a	7 (7)
John Chase	6 (7)	n/a	n/a
Julia Davenport	7 (7)	n/a	7 (7)
Eilísh Hardiman	1 (1)	n/a	n/a
Owen Hensey	6 (7)	n/a	n/a
David McCann	1 (1)	n/a	n/a
Sinéad McSweeney	3 (3)	n/a	n/a
Mark Moran	1 (1)	n/a	n/a
Niamh O'Regan	4 (5)	3 (3)	n/a
Terence O'Rourke	7 (7)	4 (4)	n/a
David Phelan	7 (7)	n/a	7 (7)

## Structure, Governance & Management (Cont'd)

### Management, setting pay and remuneration

The Board delegates the day-to-day management of the Foundation to an executive management team under the leadership of a Chief Executive Officer (CEO). Matters such as policy, strategic planning, and budgets are drafted by the executive management team for consideration and approval by the Board, who then monitor the implementation of these plans.

The Foundation sets remuneration of all staff based on averages within the not-for-profit sector and a benchmarking exercises are conducted every few years in conjunction with similar sized organisations in the sector. Pay scales and terms and conditions were reviewed and the Board is satisfied that the pay rates are in line with the sector.

### Remuneration of the Board

The members of the Board cannot, under the governing documents, receive remuneration for services to the Foundation and may only be

reimbursed for incidental expenses claimed. There were no expenses paid to any Directors in the period.

### Lobbying and Political Contributions

There were no political contributions in 2020 (2019: Nil).

### Risk Management and Internal Control

The Finance, Audit and Risk Committee has oversight of risk on behalf of the Board of Directors. They set the policy and procedures in relation to risk for the Foundation. The committee complete a detailed review of the risk register at least biannually at committee meetings and present the red (high) risks at every board meeting. Risk management is factored into the Foundation's operational planning, performance management, audit and monitoring.

Risks are split between seven main categories as defined by the Charities Regulator Authority (CRA): Governance, strategic, compliance, operational, financial, reputational and environmental risks.

In the table overleaf we have described each risk category setting out the risk appetite and the guiding principles to treat each category.

# Structure, Governance & Management (Cont'd)

Category	CHF Appetite	Description	Mitigation (Actions to treat the risk)
<b>Governance</b>	Averse	Focus on strong governance ensures CHF has the highest standards of transparency and oversight by the board of directors into how funds are raised from the public and how those funds are dispersed for maximum impact for sick children.	CHF has appointed a governance and compliance executive to increase focus on compliance. The board sub-committee on governance meets regularly to focus on new policy development and sign off on the CRA code.
<b>Strategic</b>	Bold	To set ambitious fundraising targets to deliver sustained and meaningful support for sick children in Ireland while being mindful of costs and commitments CHF have undertaken.	Appointment of a project manager to manage the integration process ensuring focus on core fundraising is not impacted by the merger. Appointment of a new Director of Fundraising, Marketing and Communications to drive strategic growth plan.
<b>Compliance</b>	Averse	Ensuring that regulatory compliance remains a key focus during the process of the merger.	Gap analysis of CRA governance code completed allowing the board to prioritise its governance schedule. Appointment of a part time governance & compliance executive within CHF.
<b>Operational</b>	Balanced	Ensuring operational continuity and staff retention during the move from the heritage brands to the new organisation CHF.	Upskilling of existing staff to negate reliance on a single individual for key operational tasks. The board agreed 6 key strategic projects which are in train, to focus on easing the integration process and ensuring that there is clarity around communication relating to the merger of CMRF Crumlin and Temple Street Foundation.
<b>Financial</b>		Rigorous financial controls and strong reporting systems with high integrity of results and a more balanced attitude to risk in terms of investments and management of our portfolio of funds.	Board commissioned a report on distribution of funds before agreeing a new grants allocation policy to ensure highest standards of oversight. Regular meetings in place with CHI to ensure timely and effective use of donor funds. The Director of Finance merged and updated policies and procedures in relation to general finance, investments and reserves.
<b>Reputational</b>		Negative PR impacting on Charities and general enhanced scrutiny of governance in the charity sector can cause knock on reputational damage to CHF.	Crisis communications plan in place to allow the Foundation react quickly and positively should the need arise.
<b>Environmental</b>		External factors can influence the progress of CHF and have a bearing on its fortunes, these are divided into 2 categories: CHI hospitals and general environmental.	CHI Hospitals- Regular joint meetings now in place to ensure constant communication with CHI, as well as an agreed patient consent process across both organisations crucial for sharing patient stories. External environment- new IT platform in place allowing staff to work remotely, virtual fundraising put in place to reduce the impact of lower income. On Brexit standard contractual clauses are in place for third party contracts based in the UK.

Taking the above risks into consideration, the Board of Directors are satisfied that systems are in place to monitor, manage and mitigate major risks. These systems provide reasonable but not absolute assurance against possible occurrence of these risks.

# Structure, Governance & Management (Cont'd)

## Staff and Volunteers



all areas including campaigns, events and administration.

The largest cohort of volunteers was enlisted to support the Foundation's Trick or Treat campaign, with more than 850 students assisting with on-street bucket collections over a five-day period. We were also assisted by three volunteers who supported our administrative function.

The Foundation is very proud of the difference its donors and volunteers have made to the lives of sick children in Temple Street and Crumlin. The strength and support of the Foundation's community of staff, volunteers and donors enables Children's Health Ireland to continually strive to provide the best care possible.

The Foundation acknowledges with immense gratitude, the hard work, dedication and personal care and attention that its employees give to their roles on a daily basis.

The support of the Foundation's dedicated volunteers is vital to its on-going work.

The Foundation continued to strengthen its network of volunteers in 2019, with over 1,000 members of the public giving their time to assist the Foundation's fundraising work in

## Accounting Records

The measures that the directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems.

The company's accounting records are maintained at the company's business address Fundraising Office Temple Street Children's University Hospital, Temple Street, Dublin 1 and at the offices of CMRF Crumlin, 14-18 Drimnagh Road, Crumlin, Dublin 12.

## Structure, Governance & Management (Cont'd)

### Statement on relevant Audit Information

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

- so far as the director is aware, there is no relevant audit information of which the company's auditors are unaware, and

- the director has taken all the steps that ought to have been taken as a director in order to be aware of any relevant audit information and to establish that the company's auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of Section 330 of the Companies Act 2014.

### Auditors

The auditors, Deloitte Ireland LLP, Chartered Accountants and Statutory Audit Firm, continue in office in accordance with Section 383(2) of the Companies Act 2014.

Approved by the Board and signed on its behalf by:

\_\_\_\_\_  
Mark Moran  
Director

\_\_\_\_\_  
Terence O'Rourke  
Director

Date: \_\_\_\_\_

## Structure, Governance & Management (Cont'd)

### Directors' Responsibilities Statement

The directors are responsible for preparing the directors' report and the financial statements in accordance with the Companies Act 2014.

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 FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council ("relevant financial reporting framework"). 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 Foundation as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

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

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;

- state whether the financial statements have been prepared in accordance with the applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and

- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

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

The directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website.

# Impact Report

## New and Emerging Services and Development Initiatives

### Nazareth Ward Upgrade CHI at Crumlin

€393,500



that was 2020, this much-needed refurbishment has progressed safely and has made an incredible difference to the comfort and care of the sick babies and their families in CHI at Crumlin.

We are delighted to update that at this stage, seventeen patient rooms and the treatment room have been upgraded. Six of these rooms include a small extension, which is an important addition, as it gives parents enough space to fully extend the new chair beds without disturbing the cot that their baby is in.

The lighting in the rooms has also been replaced with dual level low power lighting. In the past, parents tended not to switch on the ceiling lights during the night, for fear of disturbing their sleeping baby. Task lighting and additional sockets have now been installed beside the chair beds, to provide softer light and easy access to charge devices such as mobile phones or laptops – allowing parents to more easily keep in touch with family, friends and work.

The treatment room was also upgraded to modern standards, with modern lighting and easy-clean surfaces installed. New shelving systems were installed in the store rooms and the staff changing/shower was also upgraded.

Through the kindness of our supporters, Children's Health Foundation Crumlin has funded the redevelopment of Nazareth Ward – the oldest baby ward in the Hospital, and fondly called Naz Ward by many.

First built in the 1950s, Nazareth Ward's rooms were not equipped to accommodate today's machines or monitors, and parents slept on the floor. Even with the year

**Cubbie Sensory Hub**  
CHI at Temple Street

€39,600



The Cubbie Hub in CHI at Temple Street was made possible with the incredible help of our supporters. This is a new, imaginative environment for people with autism and related conditions.

As Orla Heaney, Autism Nurse Specialist recalls: “The Cubbie Sensory Hub is used in CHI at Temple Street OPD Department. It is a quiet space that children and families can access.

It is open to all children and families. It is a space that is especially helpful for Autistic children and indeed any child with sensory processing differences. It offers a blank space where the child can choose lighting, auditory and visual input.

The child and parent can step out of the Outpatients’ department and into the Cubbie while waiting for appointments. In this way as an environmental modification it supports sensory regulation and can reduce distress for children who may be likely to experience sensory overload in the hospital environment.”

The Cubbie Sensory Hub was created when David and Diane McIntyre’s daughter, Ava, was diagnosed with Autism. David remembers the early inspiration for the idea: “We met other parents and started to hear about the barriers they faced. It was at these meetings that we decided to try and help people with Autism.” David and Diane embarked on years of research and came up with the Cubbie concept, a sensory system that promotes participation and inclusion to all people with sensory processing needs.

“It supports sensory regulation and can reduce distress for children who may be likely to experience sensory overload”



**Outpatients Department (OPD) Refurbishment** €79,450  
CHI at Temple Street

Through supporter donations, works have been carried out to upgrade and improve access at the two main entrances to the Outpatients’ Department in Temple Street.

The existing entrance doors consisted of two sets of manual double doors at each entrance. These manual doors were very difficult for patients and families to negotiate as many patients are wheelchair users, and families attending often have buggies.

To allow access to the OPD both sets of existing doors would very often be open at the same time, this caused draughts and was uncomfortable for patients and their families seated in the waiting area.

As part of the refurbishment, the lobby doors were repositioned, manual doors were replaced with automated doors, and to exclude draughts a heat curtain was also installed.

The impact of this is a much improved waiting environment, as well as greater access and comfort for patients and their families. There is also a physical and aesthetic improvement to the fabric of the building.

“Music Therapy provides creative ways for children in hospital to express their experience of illness, trauma and treatment.”



## Patient and Parental Supports

**Music Therapy**  
**CHI at Crumlin and Temple Street**

€43,640

### Áine talks about Music Therapy in CHI at Crumlin:

“In 2020, thanks to the kindness of our supporters, a two day per week music therapy service in CHI at Crumlin was extended for another year. This meant that more of our patients and families were able to benefit from this unique service.

Music Therapy provides creative ways for children in hospital to express their experience of illness, trauma and treatment. Working alongside our health and social care professionals as part of the multidisciplinary team, the music therapists saw patients at their bedside and also were able to bring them to the newly-decorated music therapy department. The new artwork outside the department was also funded by our generous supporters. Along with the artwork we put up a noticeboard which features a lyric of the month for anyone to read or sing as they pass by the department.

During their sessions, children and young people have the opportunity to engage in music-based experiences, designed to meet clinical goals.

Sessions may focus on therapeutic singing, song-writing, music and movement experiences, or instrument play and improvisation depending on the needs of the young person.

As well as working with individuals, the extended music therapy service was able to offer a –‘Tuesday Boogie’. This is a joint initiative facilitated by music therapy, physiotherapy and occupational therapy – open to staff and patients on Saint John’s Ward. As you can imagine it brought many moments of joy, especially during the difficult lockdown months.

Patients, their families and staff have all expressed their gratitude at the continued availability of this service. Many have also reflected on how beneficial they have found it saying it uplifted their mood and made them smile. Thanks again to all the donors who made this possible.”

*Áine Mohoric  
 Senior Music Therapist  
 CHI at Crumlin*

## Patient and Parental Supports

### Alison talks about Music Therapy in CHI at Temple Street:

"In 2020, Children's Health Foundation Temple Street continued to fund a project very close to our hearts - the development of a specialist acute Music Therapy service for children receiving palliative care. Traditionally Music Therapy services of this kind are delivered at hospice and community level. Yet, we were acutely aware that children receiving palliative care often have complex medical needs requiring multiple hospital admissions over the course of their lives. We wanted to ensure that these children have access to a Creative Arts Therapy service during times of hospitalisation which celebrated their unique, creative, wonderful self!

Music Therapy for children receiving palliative care is child and family focused. Sessions generally take place at bedside, or if the child is well enough, in the Music Therapy room. The main objective of this work is to provide a safe space for families to share meaningful moments of connection and to make precious memories as a family unit.

In order to evaluate this work, the Music Therapist carried out an anonymous staff survey requesting feedback on the service. 100% of PICU and palliative care team staff surveyed agreed that the child and family greatly benefitted from this work. A huge amount of positive feedback was received from staff and the Music Therapist was also invited to present these staff based findings via a poster presentation at Ireland's International Children's Palliative Care Conference.

Being in a position to work with these children and families is the greatest privilege of my life and one which I never take for granted. This work has taught me that even in the depths of sorrow, there are sparks of joy to be found in the smile of a child or the memory of a child's favourite song!

Having shown the benefits of this work for patients and families this service was made permanent by CHI at Temple Street. A massive thank you to the donors who supported this project. You gave us an opportunity to prove the value of this work for children and families and you are part of the collective drive to deliver the best quality care which is exactly what these children deserve! Thank you!"

*Alison Sweeney  
Music Therapist  
CHI at Temple Street*



### Play Department CHI at Crumlin and Temple Street

€101,925

CHI at Temple Street and CHI at Crumlin are committed to creating a positive, home-like environment, for children who spend time on the wards.

Thanks to our kind supporters, Children's Health Foundation continues to be able to fund a wide range of entertaining, distracting and therapeutic events and activities in each hospital and play specialists help create a fun and enjoyable experience, specific to the needs of the children and young people in their care.

The Saturday Club has been running for several years in CHI at Temple Street and organises a variety of events and activities held throughout the year. Activities such as arts and crafts, face-painting and entertainers (magic shows, clown doctors and musicians) visit each of the wards and provide fun and excitement for children, their siblings and families.

Seasonal Events are also hosted by the play team in CHI at Temple Street where the wards are decorated to celebrate traditional occasions such as Christmas, St. Patrick's Day, Easter and Halloween, alongside special events such as bubble day, pizza day, ice-cream day and balloon day.

The decorations and fun provide much-needed distractions for children staying in CHI at Temple Street.

The Giggle Fund in CHI at Crumlin brings smiles and joy to sick children in hospital, through a number of exciting activities such as movie nights, ice-creams in the summer time and birthday parties in the hospital. These special times bring comfort and a sense of normality to the patients and their families.



Like younger children, teenagers also require distraction and play while they undergo treatment. The Adolescent Play Specialist in CHI at Crumlin supports young people and their families by providing individualised age appropriate care and by supporting the specific psychological and social needs for older children and adolescents. Their involvement in the patient's care helps create positive memories of their stay in hospital.

"Your help enables our Play Specialists to bring fun, laughter and smiles to children and young people at a most difficult time. In these moments, it makes such a difference to have a reward after a procedure, a birthday gift or a pizza treat. Thank you for your special gift of joy and laughter, every day."

*Caroline Flynn, Senior Play Specialist, CHI at Temple Street*

**Julie Wren Therapy Support  
CHI at Crumlin**

€68,383

The Julie Wren therapy room offers massages, mindfulness and reflexology treatments, and provides a special part of a patient's cancer treatment.

This is an opportunity for a patient or their family member to be taken away from the ward and out of the clinical setting, to provide some relief from treatment, in a most distressing time.

This fund is dedicated to improving the care, healing and recovery of

some of Ireland's sickest children, to alleviate pressure on their families and provide much-needed comfort.

This fund also supports patients and families, who are sent home for Palliative Care. Many families wish to care for their children at home in these final days and this support allows the patient and their family some comfort, and reduces the financial burden on the families at this most difficult time.

**Emergency Family Supports  
CHI at Temple Street**

€2,925

The Medical Social Work Department supports families of children who attend CHI at Temple Street both emotionally and practically through very stressful situations, brought on by their child attending the hospital.

Thanks to the help of our incredible supporters, this fund provides financial support to low-income families attending the hospital, through providing small amounts for immediate use (food, travel, phone credit etc.) and providing support for parents whose child remains long-term in the hospital (accommodation, food, travel, general supplies).

This support is invaluable and provides immediate relief to parents who are suddenly unable to work, and struggling financially because of this.

A large number of families who have a child in CHI at Temple Street are from other parts of Ireland, and need temporary accommodation. This fund provides support allowing them to stay in B&Bs until parent's accommodation at the hospital becomes available.

When a child is admitted in an emergency, this also allows us to provide everyday items for the parents, which they would not have had to time to bring with them in these emergency situations.

"Having access to funds that are immediately available has an immense positive impact in helping families in crisis to address their practical needs.

"We frequently provide funds to families who have arrived to the hospital from all different parts of Ireland, after the onset of their child's serious illness. Providing monies for food, toiletries and even sometimes a night's B&B is an essential part of supporting the family in this situation.

"Equally, for families who have to remain with their child during long and difficult period in the hospital, this fund can provide some much needed relief from the financial demands of managing the expenses of being in Dublin, as well as maintaining their household expenses without going into debt.

"And sometimes, it's just being able to provide families with sufficient funds to get a meal, or to pay for bus or train fare home from the hospital. We are extremely grateful to be able to do this with the support of the Foundation."

*Anne Marie Jones,  
Head Medical Social Worker,  
CHI at Temple Street*

## Vital and Life-Saving Equipment



### Medtronic Stealth Station CHI at Temple Street

€264,500

The generosity of our supporters has saved young lives by funding critical equipment in our children's hospitals.

One such piece of high tech equipment is the Stealth Station which is used in the Neurosurgery Department at CHI Temple Street. The Stealth Station is a surgical navigation system which allows surgeons to merge MRI and CT scans so that they can create a 3D image of the brain. Such images help surgeons to 'navigate' the brain and more effectively identify issues such as tumours.

The Stealth Station allows surgeons to plan their approach with virtual tools, enabling more accurate and therefore safer surgery, e.g. during brain biopsies.

The Stealth Station is also used during surgery for a more complete and accurate real-time picture of the operating area. Images gathered before an operation can be combined with that obtained during the procedure, and the location of surgical tools are automatically integrated into the image the surgeon views.

Due to the accuracy and safety of the Stealth Station, surgical treatment for hydrocephalus has become more precise.

Our children deserve world class facilities and equipment such as the Stealth Station to give them the very best chance.

### Mass Spectrometer CHI at Temple Street

€173,383

The Mass Spectrometer allows the Microbiology laboratory in CHI at Temple Street to identify bacteria from isolates grown from clinical samples within 30 minutes, as opposed to 24 hours which was required previously. Most clinical laboratories in Ireland have switched to this method of identification; this purchase ensures that CHI at Temple Street is kept up to date with technological advances.

The quicker turnaround of results will allow CHI at Temple Street to free up bed spaces.

There is a growing concern that patients are developing a resistance

to antimicrobials, which are used to treat bacterial, fungal, viral and parasitic infections. This equipment will allow antimicrobial use to be streamlined to ensure unnecessary exposure is reduced.

The Mass Spectrometer will also provide opportunity for research in a fast-moving and rapidly changing technological area. Staff at the Irish Meningitis and Sepsis Reference Laboratory will also utilize the research software applications to carry out more detailed analysis of isolates and potentially develop novel identification tools using the platform. .

### St. John's Monitors & Infusion Pumps CHI at Crumlin

€92,838

The funding provided by Children's Health Foundation will allow all rooms in St. John's Ward in CHI at Crumlin to have Monitors, which will be connected to the central station. These monitors are vital to the hospital, as they increase patient safety through the ability to monitor patient vital signs.

This has enabled the hospital to replace their 17-year-old pumps with new infusion pumps which have the capability of using a drug library created by pharmacy. Infusion pumps in CHI at Crumlin are in constant

use and replacing them with newer technologies reduces the risk of incorrect drugs delivered to the patient. The drug library is currently used in Paediatric Intensive Care, Children's Heart Centre and the Emergency Department.

The new pumps are much smaller, and the battery life is increased allowing the patient to be more mobile while receiving their treatment and reducing any medication errors. This improves the quality of life and improves patient overall experience.

**Endoscopic Video Unit**  
**CHI at Temple Street**

€105,583

The CHI at Temple Street Ear, Nose and Throat (ENT) department consists of six consultant surgeons and five nurse specialists who see approximately 4000 children in the clinic, perform 1160 outpatient procedures, and assess 1000 inpatient and emergency department consults per year.

ENT examination involves some of the more inaccessible areas of the body, and so we must employ endoscopes.

Previously, the clinician looked into the eyepiece of the endoscope and therefore, the image could not be shared or recorded.

Video monitors paired to endoscopes are commonplace in ENT departments internationally, and now, thanks to CHF, the ENT department in CHI at Temple Street has this equipment.

Video monitors allow us to share the images in real-time or record them, enabling multidisciplinary input from our medical and HSCP (Health & Social Care Professions) colleagues. The patient and their parent/guardian can also observe the examination.

This facilitates patient-centred care and also improves the tolerance of the procedures. The images can be viewed later to assess treatment response or disease progression.

This “playback” function also means the child does not need to have the procedure repeated unnecessarily to enable another clinician to see their examination.

Coupling the endoscopes to video monitors increases the distance between the clinician and their parent/guardian.

This aspect became more crucial since the advent of COVID-19 as ENT endoscopy is an aerosol-generating procedure.

Finally, the ENT department can now set up national multidisciplinary clinics not previously available to Irish children e.g. Voice Clinic with Speech and Language Therapy, and An Exercise-Induced Laryngeal Obstruction Clinic with the Respiratory Department.

“Due to the generosity of Children’s Health Foundation, the ENT department can provide our patients with world-class, safe, multidisciplinary and patient-centred examination techniques.”

*Colleen Heffernan, Consultant ENT Surgeon, CHI at Temple Street*

“Almost all neurosurgical procedures are done under microscope making it a critical asset.”



**Pentero Neurosurgical Microscope**  
**CHI at Temple Street**

€ 445,000

In 2020, with the help of our supporters, we have funded a new Pentero Microscope for the Theatre in CHI at Temple Street.

The Pentero NeuroSurgical Microscope is critical for providing Neurosurgery services in CHI at Temple Street. Almost all neurosurgical procedures are done under microscope making it a critical asset and without it, Neurosurgical services and urgent surgeries in Temple Street could not take place.

The microscope is currently used five to ten times per week for a variety of life-saving surgeries and is also used outside business hours in emergency

situations. It is important for the microscope to be reliable, as it is required to be available for use 24 hours per day. Latest advancements in technology such as Infra-Red 800 integrated into the microscope is hugely beneficial to patients.

There is no other hospital in the Republic of Ireland that can offer Neurosurgery services to paediatric patients and having access to this vital piece of equipment allows CHI at Temple Street to continue to provide Neurosurgery services to children in Ireland, whilst having family by their side.

# About the National Children's Research Centre (NCRC)

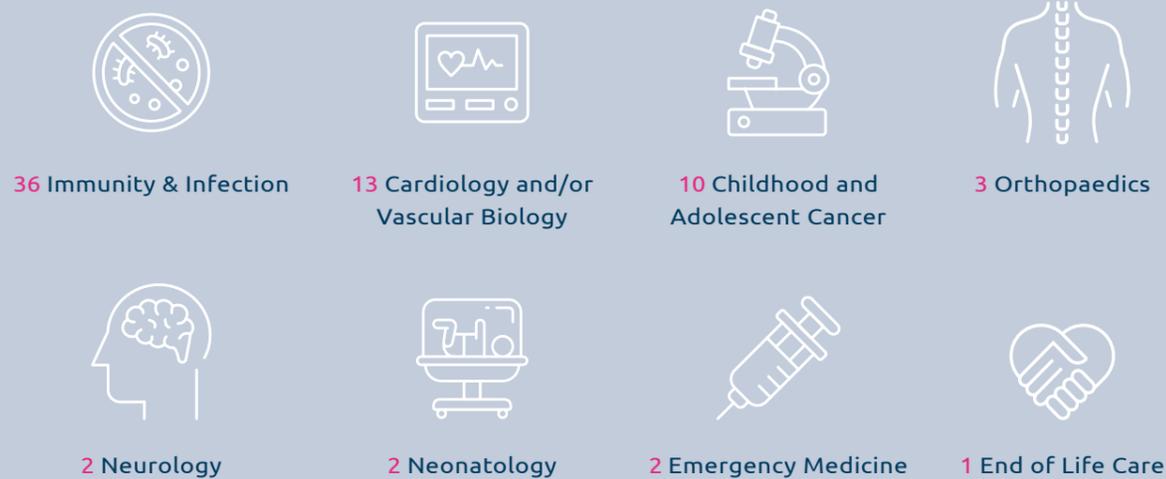


€4.36million invested in 2020 supporting:

**69 Active Research Grants:**



## NCRC Research Priority Areas:



## Using the lung clearance index to monitor lung disease in children with cystic fibrosis

**Research Education Support Grant**  
**Awardee:** Dr. Lucy Perrem

**Academic/Clinical Supervisor:** Prof. Paul McNally

**Research Institution:** Royal College of Surgeons in Ireland

Dr. Lucy Perrem is researching the lung clearance index (LCI) to monitor lung disease in children with cystic fibrosis. Dr. Perrem has recognised that there is an urgent need for better tests that can identify and monitor lung disease before symptoms become obvious and more standard lung function tests such as spirometry drop into the abnormal range. This test has been used in research studies, but more work needs to be done before it can be used in the clinical setting to monitor patients.

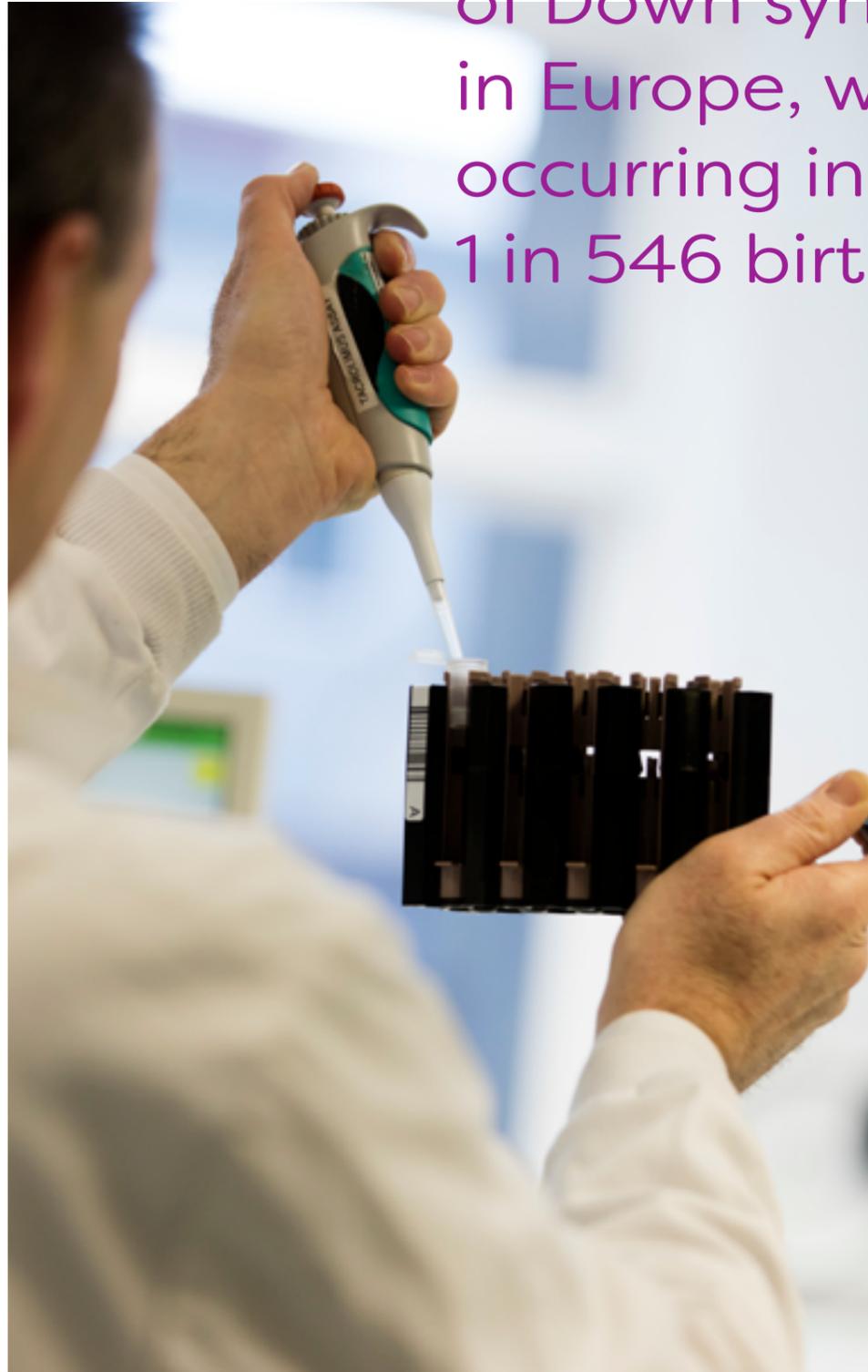
Cystic fibrosis (CF) is a genetic disorder characterized by lung disease which begins early in life and worsens over time. Ireland has one of the highest prevalence of CF in the world with on average 1 in every 1400 people born with CF. The disease is now diagnosed on newborn screening in Ireland and in most countries across the western world. Children with CF are usually relatively free of symptoms in early childhood but as they get older and lung disease progresses, symptoms of daily wet cough and chest congestion become more of a problem. While there have been major advancements in the treatment of CF and outcomes are improving all of the time, severe obstructive lung disease is the primary cause of death for people with CF.

Dr. Lucy Perrem conducted research which followed school-age children with CF for 2 years and measured the LCI at quarterly intervals and during episodes of increased respiratory symptoms. She also measured LCI in healthy children of the same age. The information collected during this study will help to better understand what constitutes a meaningful change or deterioration in the LCI in this population.



The data so far indicates that LCI is a sensitive test that could be used to guide clinical decision making and improve health outcomes for individual with cystic fibrosis. LCI can detect the progression of lung disease over time and also deteriorates in response to a sudden worsening in respiratory symptoms. So LCI could help to identify children who would benefit from new maintenance therapies as well as those who may need courses of antibiotics to treat new respiratory symptoms such as an increased cough. It is known that episodes of symptom worsening, or pulmonary exacerbations, play a role in the overall progression of lung disease so having sensitive tools to identify these events could improve outcomes for patients.

“Ireland has the highest incidence of Down syndrome in Europe, with DS occurring in 1 in 546 births.”



### Heart and immune functions during surgery in Down Syndrome

**Clinical Research Fellow:** Dr. Lyudmyla Zakharchenko

**Academic Supervisor:** Professor Afif El-Khuffash

**Clinical Supervisor:** Dr. Orla Mary Franklin

**Research Institution:** Royal College of Surgeons in Ireland

Dr. Lyudmyla Zakharchenko is conducting research into heart and immune function during surgery in Down Syndrome patients. The purpose of this research is to better understand the effects of congenital heart disease (CHD), pulmonary hypertension (PH) and an overactive immune system on babies' outcomes after cardiac surgery. The results of this study may help to predict which babies will need extra help after surgery and help plan treatment. This overactive immune system can make pulmonary hypertension worse and can contribute to how sick babies become after surgery. Illness after surgery can extend the babies stay in the intensive care unit, and in the hospital overall. Of most concern is that it also increases the risk of death.

Down syndrome (DS), the most common chromosomal condition, exists where there is an extra chromosome 21. Ireland has the highest incidence in Europe, with DS occurring in 1 in 546 births. Half of the babies born with DS have problems with the structure of the heart (congenital heart disease or CHD) and the risk of high pressure in the blood vessels of their lungs (pulmonary hypertension or PH). DS babies have an abnormal or overactive immune system that favours inflammation and those with PH are at a higher risk of death after cardiac surgery. The interaction between this overactive immune system, PH outcome of babies post cardiac surgery, is an area that requires further study.

The researcher performed blood tests (at the same time as other routine blood tests) to examine how active the immune system is in babies that need heart corrective surgery.

They also performed an ultrasound of the heart to look at heart function at the same time. This study included DS children undergoing surgical intervention for heart repair, and children without DS but with similar heart lesions. The research also included healthy children for comparison prior to surgery.

DS is overrepresented in children presenting for surgical correction of CHD. This study outlines the additional complications after surgical intervention in infants with DS and CHD when compared to healthy infants and those with CHD alone. The increased length of stay observed in the DS group reflects both increased complexity of the surgical lesions and the increased number of complications seen in the DS group before and after surgery. In addition, in this study the research demonstrated the significant changes in immune responses in children with DS and CHD before and after surgery.

A better knowledge in this area will hopefully lead to improved monitoring and management of children with DS. In addition, these findings can inform the surgical team and intensive care unit of early recognition of complications of the DS/CHD group. It may also result in earlier consideration of therapies and medications to support heart and health to improve recovery and reduce the number of hospital stays.

## Understanding the immune response to specific bacterial infections in eczema

**Clinical Research Fellow:** Dr. Julianne Clowry

**Academic Supervisor:** Dr. Rachel McLoughlin

**Clinical Supervisor:** Prof. Alan Irvine

**Research Institution:** Trinity College Dublin

The aim of research being carried out by Dr. Julianne Clowry, Trinity College Dublin, is to try to identify new therapeutic targets to help prevent the severe disease flares, caused by particular bacterial infections in eczema. Currently, skin infections associated with eczema are treated once they arise, but preventative strategies are suboptimal. Antibiotics are not a long-term solution given the risk of antimicrobial resistance, which is unfortunately on the rise. The researcher would like to gain a better understanding of how the immune system responds to particular bacterial infections in atopic dermatitis so that we can help develop more effective preventative strategies in the future, such as vaccines.

Eczema is the most common inflammatory skin condition affecting 230 million people worldwide. 1 in 5 children in Ireland have the condition whilst its prevalence drops to 7-10% in adults. It is characterised by chronic inflammation of the skin associated with periodic flares, often associated with secondary infections. Itch and sleep disturbance are features of eczema. These symptoms can lead to significant impairment in the quality of life of the patient and their extended family. Severe cases may require extended courses of topical and/or systemic treatments. Occasionally admission to hospital is necessary to treat associated skin infections. Current therapies can partially control symptoms however no definitive cure is available.

Research was initiated in 2019, the focus of the last nine months was recruitment of 3 groups of children. Group 1 have eczema associated with specific bacteria associated with flares on their skin. Group 2 have eczema, but do not have the bacteria associated with flares on their skin. Group 3 are healthy children who do not have eczema or the bacteria on their skin.

The research is examining how the immune system in all 3 groups responds to the bacteria responsible for flares of eczema. They do this by taking skin swabs and blood samples and examining immune responses in a controlled lab setting.

They use a technique called flow cytometry to label and count immune cells in the blood and examine how cells respond to bacterial challenges over time.

Formal data analysis is getting underway at present to understand this large and complex dataset involving multiple clinical and immunological lab variables. Dr. Clowry hopes to be in a position to draw relevant clinical conclusions over the coming months.



“In Ireland, over 600 infants are delivered weighing under 1500g each year.”

## Effect of blood cells on premature babies' health

**Clinical Research Fellow:** Dr. Claire Murphy

**Academic Supervisor:** Prof. Patricia Maguire

**Clinical Supervisor:** Prof. Naomi McCallion

**Research Institution:** Royal College of Surgeons in Ireland

Dr. Clare Murphy is researching the effect of blood cells on premature babies' health. Dr. Murphy is interested in how the blood cells can affect bleeding and inflammation in premature babies. Cells found in the blood, called platelets, play a large role in controlling bleeding but also make tiny particles called extracellular vesicles (EVs) that play a number of very important roles including altering inflammation.

Worldwide, prematurity is the leading causes of death in the first month of life. In Ireland, over 600 infants are delivered weighing under 1500g each year. These infants require intensive care support to survive. Infants born very early can experience serious problems due to bleeding and inflammation. It is known that babies born very prematurely have immature organs and these are

susceptible to inflammation. This inflammation can damage the lungs, brain, gut and eyes. As a result, some preterm babies need oxygen to help them breathe when they go home, and they can develop cerebral palsy and blindness. These complications of prematurity can sadly cause death in the neonatal period but also effect the long-term quality of life of the survivors and their families.

As part of the research, parents of infants born at less than 31 weeks gestation will be invited to allow their babies to join a study. A smaller group of healthy term babies will also be included.

To date the researcher has recruited 59 preterm babies, born between 24 weeks and 31 weeks gestation. They have also recruited 50 healthy term infants. They have tested

blood samples from both groups, to assess how the blood clots when the platelets are present. Although these tests have only been carried out in a small number of babies, the initial results point towards preterm blood being the same or slightly better at clotting (clots more quickly) than term blood.

To date the research has shown that platelet rich plasma in preterm infants, appears to clot as well, if not more quickly than in healthy term infants. However, this has only been shown in a small number of infants and they will need to assess

this in larger groups of both term and preterm infants to confirm our findings. Research has also shown that the number of platelets in the plasma does not appear to have a great effect on the clot formation. This is different to what is seen in adults, and while it has been described once in term neonates, it has not previously been described in preterm infants. Over the next few months the researcher will test larger number of infants, both preterm and full term and learn more about the source of these vesicles and their effect on preterm neonates.



## Groundbreaking Research in CHI at Temple Street

€320,000 invested in 2020 supporting three research themes:

- **The Well Child**
- **Rare Disorders in Children - Cutting-Edge Treatments**
- **Specialist Surgery**

### **AOIFE: Defining the antenatal imaging findings that are predictive of postnatal survival in fetuses with severe osteogenesis imperfecta Principle**

**Investigator:**  
Dr Ciara McDonnell

Many conditions which cause short or damaged bones can be identified when pregnant women attend for an antenatal scan at 20 weeks gestation.

However, the presence of short or damaged bones does not inform the doctor or family about the severity of the underlying condition. In particular, children with brittle bone disease [osteogenesis imperfecta] can have damaged or short bones in pregnancy that lead to poor lung development and increased difficulties with breathing in the first year of life.

The AOIFE study aims to use a combination of MRI scans, genetics and clinical examination to improve understanding on whether the number and type of fractures identified through routine antenatal scans will indicate a child's ability to survive the pregnancy and their quality of life in the first year of life if they do.

The study involves collaboration between CHI at Temple Street, the Radiology Department in the National Maternity Hospital and the Rotunda Maternity Hospital in Ireland and it is planned to extend to centres in the UK.

Expectant mothers will be invited to participate in the study if issues about bone development in the baby are identified on antenatal scan. They will have a MRI carried out in Holles St and supportive care will be co-ordinated between their local maternity unit and colleagues in the Rotunda Hospital.

After delivery the baby will have genetic testing carried out along with a series of x-rays and a full clinical examination. Their follow-up care will be delivered by Consultant Endocrinologist at the Centre for Rare Bone Disorders in CHI at Temple Street.



**SAMPI: Giving voice to the children and their families with Rare Diseases**

**Principle Investigator:**  
Dr Suja Somanadhan

The SAMPI project is funded by Children’s Health Foundation to “Give a voice to the children and their families with Rare Diseases through Sand Play, Art, Music, Photovoice, Interviews and Survey to answer a simple research question “what is it like for a child to live with a rare disease and how can children be best supported to express this? Although rare diseases are individually rare yet collectively, these conditions are common in society. Examples of rare diseases include cystic fibrosis, Phenylketonuria, or PKU. 50-75% of all rare diseases affect children, and the challenges faced by children and their families are often similar regardless of the specific diagnosis.

This research study is designed to enable children, young people living with rare diseases to express their experience of living with a rare disease and help identify the factors that enhance, inhibit, and impact their lives through a range of creative arts methods.

A web-based survey data collection will be incorporated for assessing parental supportive needs while caring for a child with rare diseases with parents of children with rare diseases utilizing validated tool PND-RD (2016).

This project is the first of its kind to provide a better understanding of children’s experience using various creative based approaches.

This project will also provide a set of indicators regarding day-to-day experiences of living with rare diseases and its impact on their daily lives, which can be utilised to inform clinical practice and co-design creative arts-based interventions in paediatric healthcare settings.

**Estimating the Incidence of Rare Disorders in Children in Ireland through ascertainment of tertiary paediatric hospital use by year 2000 birth cohort**

**Principle Investigator:**  
Dr. Sally Ann Lynch

This 18 month funded study aimed to identify the number of children born in the year 2000 with a rare disease (RD) in the Republic of Ireland.

We chose the year 2000 as these children are now adults. We wanted to capture those RDs that occur later in childhood as well as those present at birth. Dr Emer Gunne extracted data from multiple sources; Hospital In-patient Enquiry (HIPE), NQAIS (National Quality Assurance and Improvement system), National Paediatric Mortality Register, National Paediatric Epidemiology Centre, Genetic databases (both clinical and laboratory).

Dr Gunne identified the number of cases (>4%) and bed usage of paediatric patients with a RD. Data collection is complete, validation is nearly complete and we are preparing this data for submission to a peer reviewed journal Genetics in Medicine.

Work from the same project has already resulted in one publication and another is being prepared for resubmission following favourable reviews with requests for some clarification of data.

“This project is the first of its kind to provide a better understanding of children’s experience.”



# Patient and Family Stories



Joseph Hammel



Alfie Burke

## Joseph Hammel's Story

CHI at Crumlin



"We will forever be grateful and never forget the exceptional care provided to our son Joseph by CHI at Crumlin. Our son's recovery is down to the truly amazing talent and care provided by the multidisciplinary team in CHI at in Crumlin, and we want to see this amazing work continue and benefit current and future sick children. I wanted to make a big impact with the fundraising and to do something over a long period. I started my fundraiser, running 10k a day for 365 days on July 1st 2020. It is tough but the support that I have received to date provides me with much needed confidence boosts to keep going." Joe Hammel

In June 2019, doctors discovered a large inflammatory tumour in Joseph. It was located between his heart and lung.

"In the days and weeks that followed we met the incredible multidisciplinary team in CHI at Crumlin. I remember the first time we met the oncology team led by Dr. Cormac Owens. Although they explained the seriousness of Joseph's condition and the uncertainty we faced myself, Nicole and Joseph felt reassured by the multidisciplinary team, as they always had a plan for whatever scenario lay ahead. As our whole world was completely turned upside down, that reassurance gave

us some peace and confidence that everything that could be done, would be done. As a parent, this is all you could have asked for in facing such uncertainty, a plan.”

In the 12 hours after admission to CHI at Crumlin, Joseph’s health rapidly deteriorated and Joseph needed two blood transfusions in the next 36 hours. He underwent surgery for a biopsy on the tumour within a number of days of admission. During surgery, this was the first opportunity for the multidisciplinary team to analyse the tumour.

It became apparent the tumour was inflammatory, and they deemed it prudent not to remove the tumour then, but rather attempt to shrink the tumour over time using medical treatment.

Joseph’s surgeon, Dr. Lars N lke explained that it would be difficult to operate on the tumour at the current size; he was concerned about the risk to the left lung. The tumour size needed to be reduced before any future surgery.

Subsequent pathology results confirmed to the oncology team that the tumour was an Inflammatory Myofibroblastic Tumour (IMT). Traditional chemotherapy was not considered as a viable option to reduce the tumour. The team was familiar with a trial treatment that has shown effective results on reducing this type of tumour, particularly on patients having a specific gene.

Pathology confirmed that Joseph’s tumour did have this gene. As the drug was unlicensed, the medical team made an application to the drug company to acquire this treatment, which was eventually successful. Joseph was administered the

treatment twice a day over 128 days.

During this phase, tests did show that the treatment was having a positive effect on reducing the tumour and after 128 days, the tumour reduced in size by approximately 30%, which was noted as a spectacular result by the oncology team.

Joseph now had to face the prospect of surgery to remove the tumour. In December 2019, Joseph underwent his second surgery to remove the tumour on his lung. We arrived in CHI at Crumlin not really knowing what was going to happen. The treatment had shrunk the tumour, but CT scans showed that the tumour had spread and attached itself to other parts of his body. There was no way to assess how everything was going to play out until the surgery.

**Joseph was fully aware of everything and the fantastic multidisciplinary team kept him informed of everything throughout this journey. Joseph’s bravery was remarkable. He was so afraid of what was going to happen yet he had total peace that the team was going to fix everything.**

Under the care of the exceptional heart surgeon, Lars Nolke, Joseph had approximately 70% of his left lung removed, his heart sac removed, part of his food pipe and diaphragm removed.

While the surgery and subsequent



“Our son’s recovery is down to the truly amazing talent and care provided by the medical teams in Crumlin.”

recovery in PICU was a horrendous ordeal for Joseph, the surgery was nothing short of a miracle. To undergo such invasive surgery in the cardio thoracic region and come out of it with no debilitating effects where he has a realistic chance to grow and live a relatively normal life is unbelievable, and testament to the skills of Lars and the team.

Unfortunately, the surgical team could not remove all the tumour tissue because it had stuck to parts in his upper body and they deemed it prudent to leave and monitor it over time. Joseph will undergo regular monitoring by the hospital until he is a young adult.

From the first day we arrived in CHI at Crumlin on 18th June 2019, through the months of chemo, surgeries and rehabilitation, we can never repay the

hospital and staff for everything they did for us.

Even though it was an extremely difficult time, some moments stood out to the Hammels. The play specialist visited before Joseph’s surgery, “it was such a simple thing but it was amazing how much better Joseph felt afterwards and how much better I felt.” – Nicole, Joseph’s Mum.

Every member of staff that we met were amazing and so dedicated to their jobs. “I remember sitting alone in the corridor in the early hours of the morning, none of the catering facilities were open at that time, one of the cleaning staff saw me and without asking brought me a cup of coffee, it was so thoughtful and appreciated.” *Joe, Joseph’s Dad.*

# Alfie Burke's Story

CHI at Temple Street



Meet wonderful Alfie Burke - Alfie is a happy 4-year-old – the youngest of Sarah and Gavin's three gorgeous children.

Immediately after Alfie's birth, his parents knew he would have different needs. Alfie had Apert Syndrome which causes premature fusion of the skull, face and limbs. It requires surgery to improve hand function and skull surgery to make sufficient room for brain growth.

His mum, Sarah, knew that Temple Street was where Alfie needed to be. He was placed in Michael's B ward, where he was treated in style like a VIP to his own room!

"The nurses were wonderful, and we knew Alfie would be loved and cared for like he was their own."

Over the first worrying days, Alfie's parents met with lots of doctors, specialists and multi-disciplinary teams. But Alfie's main team would be the Craniofacial team.

Alfie's parents were informed that Alfie would need to have multiple surgeries before his 18th birthday. This came as a shock to both Sarah and Dad Gavin, but they were reassured by the team that Alfie would be expertly cared for. Sarah recalls that emotional time:

"One of the most challenging things about your child having extra medical needs is acceptance. Accepting the new normal that becomes your life, that attending the hospital for regular check-ups is part of your life now. But all that is made easier by all the friendly staff."

We caught up with Alfie's Mum, Sarah to hear more about how Alfie has been doing.

"Alfie had surgery on his hand in June 2020, this was early on in the pandemic, we felt really well looked after and very safe. He then had double hip surgery in February 2021 and was in a brace for 3 weeks, this was hard as he was off his feet during this time. The staff are always very good, I can't fault the level of care that Alfie gets. When he went for his last surgery they let me bring him down in his buggy, I was able to stay with him until he went to sleep. Every little thing helps."

"The hip surgery was the nineteenth time that Alfie has had a general anaesthetic and gone to theatre, he is just 4-years-old. We have tried to normalise the surgeries as much as possible for him, they are part of his life. Alfie is non-verbal but does understand and so we try to fill him in on what is happening. Before his hip surgery, the staff at his pre-school helped us to create a 'Social Story' for Alfie. It mapped out what would be happening when he went into hospital, we included photos of him in the hospital from previous visits, I



felt that this helped. Although after 30 mins he did want to go home!"

"Every person in the hospital plays an integral role, from the cleaning staff, admin staff and of course all the lovely nurses on the day ward who hold a special place in our hearts – they are so supportive and a great comfort to us when Alfie's gone for surgery. They say it takes a village to raise a child and we feel lucky that all the Temple Street staff – and of course, the hospital's amazing donors are part of our village." - Sarah, Alfie's Mum



# Accounts

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## STATEMENT OF FINANCIAL ACTIVITIES

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

	NOTES	2020 Unrestricted Funds €'000	2020 Restricted Funds €'000	2020 Total €'000	2019 Unrestricted Funds €'000	2019 Restricted Funds €'000	2019 Total €'000
<b>INCOME FROM:</b>							
Donations and fundraising activities	5	12,708	4,666	<b>17,374</b>	14,424	3,665	<b>18,089</b>
Grant Income		30	-	<b>30</b>	-	198	<b>198</b>
Other Income	6	426	-	<b>426</b>	201	-	<b>201</b>
<b>Total Income</b>		<b>13,164</b>	<b>4,666</b>	<b>17,830</b>	<b>14,625</b>	<b>3,863</b>	<b>18,488</b>
<b>EXPENDITURE ON:</b>							
Raising funds	7	(4,092)	(11)	<b>(4,103)</b>	(5,649)	(418)	<b>(6,067)</b>
Charitable activities	8	(5,795)	(3,288)	<b>(9,083)</b>	(8,190)	(3,752)	<b>(11,942)</b>
<b>Total Expenditure</b>		<b>(9,887)</b>	<b>(3,299)</b>	<b>(13,186)</b>	<b>(13,839)</b>	<b>(4,170)</b>	<b>(18,009)</b>
Net gain / (loss) on investments		199		<b>199</b>	775		<b>775</b>
Net income/ (expenditure) for the year	10	3,476	1,367	<b>4,843</b>	1,561	(307)	<b>1,254</b>
Taxation	12	-	-	-	-	-	-
<b>Net movement in funds</b>	19	<b>3,476</b>	<b>1,367</b>	<b>4,843</b>	<b>1,561</b>	<b>(307)</b>	<b>1,254</b>
<b>RECONCILIATION OF FUNDS</b>							
Total funds brought forward	19	16,268	7,658	<b>23,926</b>	14,707	7,965	22,672
<b>Total funds carried forward</b>	19	<b>19,744</b>	<b>9,025</b>	<b>28,769</b>	<b>16,268</b>	<b>7,658</b>	<b>23,926</b>

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 2020

	NOTE	2020 €'000	2019 €'000
<b>FIXED ASSETS</b>			
Tangible assets	13	1,276	1,187
<b>CURRENT ASSETS</b>			
Investments	14	3,567	3,403
Debtors	15	1,269	468
Cash at bank and in hand		26,949	23,359
		<b>31,785</b>	<b>27,230</b>
<b>CURRENT LIABILITIES</b>			
Creditors	16	(4,292)	(4,491)
<b>Net Current Assets</b>		<b>27,493</b>	<b>22,739</b>
<b>NET ASSETS</b>		<b>28,769</b>	<b>23,926</b>
<b>FUNDS OF THE CHARITY:</b>			
Unrestricted funds	19	12,625	6,803
Designated funds	19	7,120	9,465
Restricted fund	19	9,024	7,658
	20	<b>28,769</b>	<b>23,926</b>

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

\_\_\_\_\_  
Mark Moran  
Director

\_\_\_\_\_  
Terence O'Rourke  
Director

Date:

**STATEMENT OF CASH FLOWS**

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

**RECONCILIATION OF NET INCOME/(EXPENDITURE) TO CASH GENERATED / (EXPENDED) FROM CHARITABLE ACTIVITIES**

	NOTE	2020 €'000	2019 €'000
<b>NET INCOME/(EXPENDITURE) FOR THE FINANCIAL YEAR</b>			
		<b>4,843</b>	1,254
<b>CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES</b>			
Depreciation charge		70	61
Interest receivable		-	(1)
(Increase) in debtors		(801)	(390)
(Decrease) / Increase in creditors		(200)	644
Fair value movements on investments		(199)	(775)
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>		<b>3,713</b>	<b>793</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Deposit interest received		-	1
Purchase of fixed assets	13	(158)	(17)
Purchase of investments	14	-	-
Proceeds on disposal of investments	14	35	2,090
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(123)</b>	<b>2,074</b>
<b>INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>3,590</b>	<b>2,867</b>
Cash and cash equivalent at the beginning of the year		<b>23,359</b>	20,492
<b>CASH AND CASH EQUIVALENT AT THE END OF THE YEAR</b>		<b>26,949</b>	<b>23,359</b>
<b>ANALYSIS OF CASH AND CASH EQUIVALENTS</b>			
CASH AND CASH EQUIVALENT AT THE END OF FINANCIAL YEAR		<b>26,949</b>	23,359

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

### 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

Children's Health Foundation is a company incorporated in Ireland under the Companies Act 2014. The address of the registered office is 12-14 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 6 to 23.

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 financial statements are prepared on a going concern basis and further detail is included in note 2 of the financial statements.

#### Income

Income is recognised in the SOFA in accordance with SORP rules which is based on three criteria being met which are entitlement, measurement and probability.

Research grant income is deferred as it relates to income received that has conditions attached to it and is released to income once the associated project costs are incurred for the relevant research project and the conditions are met.

Bequests in kind are accounted for at valuation.

#### Grants

Grants are issued on a cash basis as costs are incurred by beneficiaries. Expenditure incurred on research projects are recognised as a liability in the accounts.

#### Government Grants

Government grants are not recognised until there is reasonable assurance that the Foundation will comply

with the conditions attaching to them and that the grants will be received. Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Foundation with no future related costs are recognised as income in the period in which they are received. Amounts are recognised as income over the periods necessary to match them with the related costs and are deducted in reporting the related expense.

As with many similar charitable organisations, independent groups from time to time organise fundraising activities 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.

#### Expenditure

All expenditure is accounted for on the accruals basis. The Foundation records expenditure as expenditure on raising funds; expenditure on charitable activities and expenditure on support costs which are allocated between expenditure on raising funds and expenditure on raising funds and expenditure on charitable activities.

- Expenditure on raising funds include costs directly associated with generating fundraising income. Examples of these are direct fundraising salaries, donor acquisition costs, marketing, support materials and event costs.
- Expenditure on charitable activities include grants made in pursuit of the Foundation's objectives of promoting medical and scientific research and funding to Children's Health Ireland at Temple Street and Crumlin and the National Children's Research Centre. These are primarily made up of grants issued to CHI and NCRC and in addition includes an allocation of CHF staff who are responsible for grant management and programme support and an allocation of hospital literature and promotional materials.
- Other expenditure includes those support costs incurred to manage the funds generated by the Foundation. These include salary costs, governance, IT, HR costs and audit fees. Support costs are allocated to expenditure on raising funds and charitable activities. Allocation methods used are staff numbers, staff time and space occupied.

#### Funds Accounting

The Foundation maintains the following funds:

##### 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.

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

#### Designated Funds

Designated funds are unrestricted funds which have been ring-fenced by the directors for major projects committed for funding for Children's Health Ireland as detailed in note 20.

Conditions are attached to designated funds and the Foundation can redistribute funds if these conditions are not satisfied.

#### Restricted Funds

Restricted funds represent donations which are subject to specific conditions as specified by the donors or grant making institutions. Expenditure which meets this criterion is allocated to the relevant fund.

#### 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% | Fixtures and Fittings – 10% | Office and computer equipment – 20%

#### Leasing

Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

#### Investments

Investments are shown at fair value. Unrealised movements on revaluation are included in the SOFA. Income from investments is recognised in the financial period it is receivable.

#### Pensions

The Foundation makes contributions to pension plans selected by relevant employees and administers contributions made by and on behalf of the employees which are invested in PRSAs. The amounts charged to the SOFA in respect of pension costs are the contributions payable in the year. Differences between contributions payable in the financial period and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

#### 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.

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

### 2. GOING CONCERN

The financial statements have been prepared on a going concern basis. Since March 2020 and the arrival of the Global pandemic (COVID-19) some uncertainties regarding future income-generating capabilities have arisen. The directors have considered the impact of COVID-19 on the Foundation. Given the Foundation's main sources of income are currently from voluntary sources and fundraising activities, there is a clear possibility that the Foundation's operations could be affected and its incoming resources disrupted should the pandemic continue for an indefinite duration. The Foundation had net current assets of €27.5m (2019: €22.7m), including €26.9m (2019: €23.4m) in cash at bank at the year end and had €12.6m (2019: €6.8m) of unrestricted reserves at that date.

The board has determined that the Foundation should have sufficient reserves and in line with guidance issued by the CRA and with the satisfactory reserves position at year end it means that there is no immediate threat to the going concern status of the Foundation.

Management and the Board have reviewed the Foundation's forecasts and projections, taking account of the anticipated impact and uncertainties of COVID-19. The Board consider that the forecasts and projections, together with the reserves held, demonstrate that the Board has a reasonable expectation that the company has adequate resources to operate within the level of its current cash flows and reserves for the foreseeable future (at least twelve months from the date of approval of these financial statements).

Thus, they continue to adopt the going concern basis of accounting in preparing the annual financial statements. Accordingly, these financial statements do not include any adjustments to the carrying amount and classification of assets and liabilities that may arise if the company was unable to continue as a going concern.

### 3. 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 13 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.

Buildings are assessed for indicators of impairment at each balance sheet date. If there is objective evidence of impairment, an impairment loss is recognised in the statement of financial activities.

### 4. 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 €1.27.

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

### 5. DONATIONS AND LEGACIES

	2020 Unrestricted €'000	2020 Restricted €'000	2020 Total €'000	2019 Total €'000
Individual Giving & Legacies	5,640	624	6,264	6,358
Communities & Campaigns	4,187	1,277	5,464	7,124
Corporate, Trusts & Major Gifts	2,396	2,728	5,124	4,145
Other	485	37	522	462
	12,708	4,666	17,374	18,089

### 6. OTHER INCOME

	2020 Unrestricted €'000	2020 Restricted €'000	2020 Total €'000	2019 Total €'000
Deposit interest	-	-	-	1
Rental Income	200	-	200	200
Wage Subsidy Scheme	226	-	226	-
	426	-	426	201

### 7. EXPENDITURE ON RAISING FUNDS

	2020 Unrestricted €'000	2020 Restricted €'000	2020 Total €'000	2019 Total €'000
Individual Giving & Legacies	755	-	755	1,389
Communities & Campaigns	1,228	11	1,239	2,110
Corporates, Trusts & Major Gifts	919	-	919	930
Other	171	-	171	55
Support Costs (Note 9)	1,019	-	1,019	1,583
	4,092	11	4,103	6,067

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 8. EXPENDITURE ON CHARITABLE ACTIVITIES

Activity	Grants Unrestricted 2020 €'000	Direct & Support Costs Unrestricted (Note 9a) 2020 €'000	Total Unrestricted 2020 €'000	Grants Restricted 2020 €'000	Total 2020 €'000
Research	2,819	284	3,103	1,761	4,864
Medical Equipment	1,359	137	1,495	848	2,344
Patient & Parental Support Services	540	54	594	337	931
Redevelopment & New Service Development	547	55	603	342	944
	<b>5,265</b>	<b>530</b>	<b>5,795</b>	<b>3,288</b>	<b>9,083</b>

The Foundation had designated funds of €7,120k at 31 December 2020, awaiting disbursement (See Note 20).

## 8A. DIRECT &amp; SUPPORT COSTS UNRESTRICTED ANALYSIS

	Direct Costs 2020 €'000	Support Costs 2020 €'000	Total Costs 2020 €'000
Research	181	103	284
Medical Equipment	87	49	136
Patient & Parental Support Services	35	20	55
Redevelopment & New Service Development	35	20	55
	<b>338</b>	<b>192</b>	<b>530</b>

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 8B. EXPENDITURE ON CHARITABLE ACTIVITIES PRIOR YEAR

Activity	Grants Unrestricted 2019 €'000	Direct & Support Costs Unrestricted (Note 9a) 2019 €'000	Total Unrestricted 2019 €'000	Grants Restricted 2019 €'000	Total 2019 €'000
Research	4,557	193	4,750	1,437	6,187
Medical Equipment	2,059	119	2,178	1,764	3,942
Patient & Parental Support Services	324	13	337	135	472
Redevelopment & New Service Development	885	40	925	416	1,341
	<b>7,825</b>	<b>365</b>	<b>8,190</b>	<b>3,752</b>	<b>11,942</b>

The Foundation had designated funds of €9,465k at 31 December 2019, awaiting disbursement (See Note 20).

	Direct Costs 2019 €'000	Support Costs 2019 €'000	Total Costs 2019 €'000
Research	119	74	193
Medical Equipment	52	67	119
Patient & Parental Support Services	3	10	13
Redevelopment & New Service Development	11	29	40
	<b>185</b>	<b>180</b>	<b>365</b>

Support costs include salary costs, governance, IT, HR and audit fees. These costs are allocated to charitable activities using allocation methods of staff numbers and space occupied.

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 9. ANALYSIS OF SUPPORT COSTS

Support costs are those costs incurred to manage the funds generated by Children's Health Foundation. Allocation methods used to apportion to charitable activities are staff numbers on activities for all headings below except for premises costs and depreciation which are allocated based on space occupied. These costs are allocated across expenditure on raising funds and charitable activities as noted below.

	Expenditure on Raising Funds 2020 €'000	Charitable Activities 2020 €'000	Total Support Costs 2020 €'000
Salaries	590	118	708
Travel & Accommodation costs	1	-	1
Administration & Communications	157	31	189
Premises costs	47	7	54
Professional & Governance costs	125	25	150
Depreciation	61	10	70
Banking & Finance costs	38	-	38
<b>Total</b>	<b>1,019</b>	<b>192</b>	<b>1,211</b>

Analysis of support costs – prior year:

	Expenditure on Raising Funds 2019 €'000	Charitable Activities 2019 €'000	Total Support Costs 2019 €'000
Salaries	814	92	906
Travel & Accommodation costs	8	1	9
Administration & Communications	169	20	189
Premises costs	125	17	142
Professional & Governance costs	375	42	417
Depreciation	53	8	61
Banking & Finance costs	39	-	39
<b>Total</b>	<b>1,583</b>	<b>180</b>	<b>1,763</b>

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 10. NET INCOME/ (EXPENDITURE)

Net movement in funds for the financial year is stated after charging / (crediting):

	2020 €'000	2019 €'000
Depreciation of tangible fixed assets (note 13)	70	61
Interest receivable	-	(1)
Directors' remuneration	-	-
Operating lease payments (note 18)	6	6

## 11. EMPLOYEES AND REMUNERATION

The average number of persons employed by the company during the financial year was 40 (2019: 39) and is analysed into the following categories:

	2020	2019
Fundraising	25	25
Charitable Activities	5	3
Support & Management	9	11
	<b>39</b>	<b>39</b>

The staff costs amounted to:

	€'000	€'000
Salaries	1,742	2,068
Social welfare costs	166	226
Pension costs (Note 18)	71	61
Severance payments	-	153
	<b>1,979</b>	<b>2,508</b>

The number of employees at each of the salary bands (salary only, excluding PRSI, pension contribution, allowances and other benefits) from €70,000 and above are as follows:

	2020	2019
Salary Band €70,000 - €80,000	1	2
Salary Band €80,001 - €90,000	-	1
Salary Band €90,001 - €100,000	1	1
Salary Band €100,001 - €110,000	1	-
Salary Band €110,001 - €120,000	-	-
Salary Band €120,001 - €130,000	1	1

Total key management compensation (salary, PRSI, pension contribution, allowances and other benefits) for the financial year was €538,956 (2019: €713,937).

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 12. 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.

## 13. TANGIBLE ASSETS

	Buildings €'000	Fixtures & Fittings €'000	Office Equipment €'000	Computer Equipment €'000	Total €'000
<b>Cost</b>					
At 1 January 2020	1,676	-	335	221	2,232
Additions	-	104	-	54	158
Disposals	-	-	(181)	(102)	(283)
<b>At 31 December 2020</b>	<b>1,676</b>	<b>104</b>	<b>154</b>	<b>173</b>	<b>2,107</b>
<b>Depreciation</b>					
At 1 January 2020	570	-	284	190	1,044
Disposals	-	-	(181)	(102)	(283)
Charge for financial year	24	4	12	30	70
<b>At 31 December 2020</b>	<b>594</b>	<b>4</b>	<b>115</b>	<b>118</b>	<b>831</b>
<b>Net book amounts At 31 December 2020</b>	<b>1,082</b>	<b>100</b>	<b>39</b>	<b>55</b>	<b>1,276</b>
At 31 December 2019	1,106	-	50	31	1,187

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 14. INVESTMENTS (AT FAIR VALUE)

	2020 €'000	2019 €'000
<b>Investment Funds</b>		
At 1 January 2020	3,403	4,718
Disposals	(35)	(2,090)
Movement in fair value	199	775
<b>At 31 December 2020</b>	<b>3,567</b>	<b>3,403</b>

Investment funds are included in the financial statements at market value and any fluctuations are accounted for in the Statement of Financial Activities. The investments were held with the following investment managers at the financial year end:

	2020 €'000	2019 €'000
<b>Northern Trust / Kleinwort Benson Investors:</b>		
Global Managed Funds	-	35
Irish Life Investment Managers Limited: <i>MAPS Scheme</i>	1,028	1,026
Quilter Cheviot Investment Management: <i>Diversified Portfolio</i>	2,539	2,342
	<b>3,567</b>	<b>3,403</b>

## 15. DEBTORS

	2020 €'000	2019 €'000
Other debtors	1,058	385
Prepayments	211	83
	<b>1,269</b>	<b>468</b>

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE-YEAR

	2020 €'000	2019 €'000
Trade creditors	257	719
General Accruals	656	198
<b>Amount due to CHI (Note 21)</b>		
CHI at Crumlin	136	308
CHI at Temple Street	124	62
Amount due to NCRC (Note 21)	748	654
<b>Grants accrued</b>		
CHI at Crumlin	1,117	1,251
NCRC	1,117	1,231
Other creditors	16	10
PAYE/PRSI	109	28
Deferred grant income (Note 16a)	13	30
<b>At 31 December 2020</b>	<b>4,292</b>	<b>4,491</b>

## 16A. DEFERRED INCOME

Deferred Income comprises of grants for specific research projects carried out by the NCRC. This income is released as the associated project costs are incurred for the relevant research project.

	2020 €'000	2019 €'000
Balance at start of year	30	228
Amount released to income earned from charitable activities	(30)	(198)
Amount deferred in the period	13	-
<b>Balance at end of year</b>	<b>13</b>	<b>30</b>

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 17. FINANCIAL INSTRUMENTS

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

	2020 €'000	2019 €'000
<b>Financial assets</b>		
<i>Measured at fair value through SOFA</i>		
- Current asset listed investments (see note 14)	3,567	3,403
<i>Measured at undiscounted amount receivable</i>		
- Debtors (see note 15)	30	385
<b>Financial liabilities</b>		
<i>Measured at undiscounted amount payable</i>		
- Trade and other payables (see note 16)	1,390	1,753

## 18. COMMITMENTS

**Pension Commitment**

The Foundation makes contributions to pension plans selected by relevant employees and administers contributions made by and on behalf of employees which are invested in PRSAs. The contributions payable to the retirement benefit schemes during the financial period are charged to the Statement of Financial Activities. The amount paid in the financial period was €71k (2019: €61k). An accrual of €16k is included in the financial statements with respect to outstanding contributions at 31 December 2020 (2019: €10k).

**Lease Commitments**

Analysis of lease commitments in respect of:

	2020 €'000	2019 €'000
<b>Operating leases:</b>		
Amounts payable during the next twelve months in respect of operating leases which expire:		
- within one year	6	6
- between two and five years	8	14
- after five years	-	-
	14	20

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 19. FUNDS OF THE CHARITY

	Opening Balance Jan 2020 €'000	Income 2020 €'000	Expenditure 2020 €'000	Grants 2020 €'000	Transfers 2020 €'000	Closing Balance Dec 2020 €'000
<b>Unrestricted</b>						
General	6,803	13,363	(4,092)	(4,110)	660	12,624
Designated						
- Research	1,410	-	-	(243)	77	1,244
- Medical Equipment	6,306	-	-	(957)	(752)	4,597
- Patient & Parental Support	422	-	-	(50)	30	402
- Redevelopment & New Services	1,327	-	-	(435)	(15)	877
<b>Total Designated Funds</b>	<b>9,465</b>	<b>-</b>	<b>-</b>	<b>(1,685)</b>	<b>(660)</b>	<b>7,120</b>
<b>Total Unrestricted Funds</b>	<b>16,268</b>	<b>13,362</b>	<b>(4,091)</b>	<b>(5,795)</b>	<b>-</b>	<b>19,744</b>
Restricted Funds						
A CCR&D	1,533	428	-	(717)	-	1,244
B Nazareth's Ward	590	6	-	(202)	-	394
C Research Funds	531	832	-	(1,140)	-	223
D Cardiac Fund	567	415	-	(116)	-	866
E Katie Nugent Fund	559	49	-	(2)	-	606
F Straight Ahead Fund	436	97	-	(223)	-	310
G Diabetes Fund	253	131	-	(128)	-	256
H Marfan Fund	248	-	-	-	-	248
I Orthopaedic Fund	205	4	-	(209)	-	-
J Other Restricted Funds	2,736	2,704	(11)	(551)	-	4,878
<b>Total Restricted Funds</b>	<b>7,658</b>	<b>4,666</b>	<b>(11)</b>	<b>(3,288)</b>	<b>-</b>	<b>9,025</b>
<b>Total Funds of the Charity</b>	<b>23,926</b>	<b>18,029</b>	<b>(4,103)</b>	<b>(9,042)</b>	<b>-</b>	<b>28,769</b>

The Foundation's designated funds are in respect of commitments approved by Board of Directors and at year end the commitments totalled €7,120k (2019: €9,465k) in value and were for numerous projects in Children's Health Ireland at Crumlin and Temple Street. Conditions are attached to these funds and if these conditions are not satisfied the Foundation can redistribute these funds.

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

## 19. FUNDS OF THE CHARITY (CONT'D)

*Funds of the charity prior year:*

	Opening Balance Jan 2019 €'000	Income 2019 €'000	Expenditure 2019 €'000	Grants 2019 €'000	Transfers 2019 €'000	Closing Balance Dec 2019 €'000
<b>Unrestricted</b>						
General	5,646	15,400	(5,649)	(5,064)	(3,530)	6,803
Designated						
- Research	2,108	-	-	(1,085)	387	1,410
- Medical Equipment	4,872	-	-	(366)	1,800	6,306
- Patient & Parental Support	553	-	-	(479)	348	422
- Redevelopment & New Services	1,528	-	-	(1,196)	995	1,327
<b>Total Designated Funds</b>	<b>9,061</b>	<b>-</b>	<b>-</b>	<b>(3,126)</b>	<b>3,530</b>	<b>9,465</b>
<b>Total Unrestricted Funds</b>	<b>14,707</b>	<b>15,400</b>	<b>(5,649)</b>	<b>(8,190)</b>	<b>-</b>	<b>16,268</b>
Restricted Funds						
A CCR&D	1,240	1,005	-	(712)	-	1,533
B Nazareth's Ward	613	4	-	(27)	-	590
C Research Funds	656	1,422	-	(1,547)	-	531
D Cardiac Fund	714	142	-	(289)	-	567
E Katie Nugent Fund	590	42	(1)	(72)	-	559
F Straight Ahead Fund	450	107	(44)	(77)	-	436
G Diabetes Fund	243	173	(78)	(85)	-	253
H Marfan Fund	248	-	-	-	-	248
I Orthopaedic Fund	205	-	-	-	-	205
J Other Restricted Funds	3,006	968	(295)	(943)	-	2,736
<b>Total Restricted Funds</b>	<b>7,965</b>	<b>3,863</b>	<b>(418)</b>	<b>(3,752)</b>	<b>-</b>	<b>7,658</b>
<b>Total Funds of the Charity</b>	<b>22,672</b>	<b>19,263</b>	<b>(6,067)</b>	<b>(11,942)</b>	<b>-</b>	<b>23,926</b>

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

### 19. FUNDS OF THE CHARITY (CONT'D)

Restricted funds represent donations, fundraising events income and legacies received, which can only be used for those purposes that have been specified by donors with the intention of supporting a specific area, ward, department or research project. Funds with balances over €200k at year end have been specified as below and "Other Restricted Funds" encompass all other restricted funds with balances under €200k each at year end.

Name of Fund	Description of nature and purpose of each fund
<b>A</b> Children's Cancer Research & Development (CCR&D)	To fund capital improvements, equipment, research and improved patient and family experiences within the Oncology and Haematology services at CHI at Crumlin
<b>B</b> Nazareth's Ward	To fund the redevelopment of the Baby Ward in CHI at Crumlin in 2020 & 2021
<b>C</b> Research Funds	To support all research projects and grants
<b>D</b> Cardiac Fund	To fund capital improvements, cutting edge technology, equipment, research and patient and family experiences in the Cardiac unit in CHI at Crumlin
<b>E</b> Katie Nugent Fund	To support the needs of oncology particularly psychosocial supports and projects to improve care for children and their families
<b>F</b> Straight Ahead Fund	To fund surgery, support and medical equipment for children with orthopaedic conditions particularly scoliosis
<b>G</b> Diabetes Fund	To support the needs of the children and young adolescents with diabetes
<b>H</b> Marfan Fund	To fund research into Marfans Disease
<b>I</b> Orthopaedic Fund	To fund the redevelopment of the Out Patients Department in CHI at Crumlin
<b>J</b> Other Restricted Funds	Funds with a balance of less than €200k each at 31 December 2020 and which are to finance specific items of equipment, services or projects in CHI at Crumlin and at Temple Street

## NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2020

### 20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Balance €'000
Tangible Fixed Assets	1,276	-	-	1,276
Current Assets	15,478	7,120	9,187	31,785
Liabilities	4,130	-	(162)	(4,292)
<b>Total funds</b>	<b>12,624</b>	<b>7,120</b>	<b>9,025</b>	<b>28,769</b>

*In respect of prior year:*

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Balance €'000
Tangible Fixed Assets	1,187	-	-	1,187
Current Assets	9,947	9,465	7,818	27,230
Liabilities	(4,331)	-	(160)	(4,491)
<b>Total funds</b>	<b>6,803</b>	<b>9,465</b>	<b>7,658</b>	<b>23,926</b>

### 21. GRANTS TO PARTNER ORGANISATIONS

Children's Health Foundation works closely with Children's Health Ireland and the National Children's Research Centre to support sick children and research. During the year the transactions entered into by Children's Health Foundation and these partners were as follows:

	Total Grants during 2020 (2019) Including amounts owed at and accrued at year end	Amounts owed at 2020 year end (2019) Paid subsequent to the balance sheet date (Invoiced)	Amounts accrued at 2020 year end (2019) (Not Invoiced)
<b>CHI at Crumlin</b>	€2,045 (€3,175k)	€136 (€308k)	€1,117 (€1,251k)
<b>CHI at Temple Street</b>	€2,149 (€2,767k)	€124 (€62k)	€- (€-)
<b>NCRC</b>	€4,319 (2019 €5,635k)	€707 (€654k)	€1,117 (€1,231k)

Eilish Hardiman and David McCann were Children's Health Ireland's appointees to the Board of Children's Health Foundation in 2020.

### 22. SUBSEQUENT EVENTS

There were no other subsequent events since the financial year end.

## DIRECTORS AND OTHER INFORMATION

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CURRENT DIRECTORS	<p>Mark Moran (Chair)  Siobhan Brady  John Chase  Julia Davenport  Eilish Hardiman</p> <p>Owen Hensey  David McCann  Sinéad McSweeney  Terence O'Rourke  David Phelan</p>
CURRENT COMPANY SECRETARY	Deirdre McMahon
CHIEF EXECUTIVE	Denise Fitzgerald
REGISTERED OFFICE AND BUSINESS ADDRESS (CMRF Crumlin)	14 – 18 Drimnagh Road, Drimnagh, Dublin 12, D12HX96
COMPANY REGISTRATION NUMBER (CRO)	328920
REVENUE COMMISSIONER NUMBER (CHY)	13534 4483A (discontinued after 31 December 2020)
REGISTERED CHARITY NUMBER (RCN)	20042462
REGISTERED BUSINESS NAMES	<p>Children's Health Foundation Connolly  Children's Health Foundation Crumlin  Children's Health Foundation Temple Street  CMRF Crumlin  Temple Street Foundation  The Children's Medical &amp; Research Foundation</p>
SOLICITORS	<p>Arthur Cox  Ten Earlsfort Centre  Earlsfort Terrace, Dublin 2</p>
AUDITORS	<p>Deloitte Ireland LLP  Chartered Accountants and Statutory Audit Firm  Deloitte &amp; Touche House  Earlsfort Terrace, Dublin 2</p>
BANKERS	<p>Allied Irish Banks plc  62 St. Brigid's Road, Dublin 5  101 Grafton Street, Dublin 2  219 Crumlin Road, Dublin 12</p> <p>Bank of Ireland plc  87-89 Pembroke Road, Ballsbridge, Dublin 4  177 Drimnagh Road, Walkinstown, Dublin 12</p>
INVESTMENT MANAGERS	<p>Irish Life Investment Managers Limited,  Beresford Court, Beresford Place, Dublin 1</p> <p>Quilter Cheviot Investment Management,  Hambleden House, 19-26 Lower Pembroke St, Dublin 2</p>
EVENTS AFTER THE REPORTING DATE	There were no significant events since the balance sheet date.



[www.childrenshealth.ie](http://www.childrenshealth.ie)

**Registered number:** 328920

**Charity Numbers:**

Children's Health Foundation Temple Street: CHY 13534

Children's Health Foundation Crumlin: CHY 4483A

**Charity Regulator Authority Number:** 20042462