

Annual Report,
Financial
Statements
& Impact Report
2021



**Children's Health
FOUNDATION**

Crumlin • Temple Street • Tallaght • Connolly

SUPPORTING CHILDREN'S HEALTH IRELAND



"Children's Health Foundation has high aspirations – driven by sick children and their needs. On a daily basis, we are inspired by their resilience, courage and above all their fighting spirit."

Denise Fitzgerald
Chief Executive,
Children's Health Foundation

Contents

Section 1 **Welcome and Overview**

- 04 About Us
- 08 2021 Facts and Figures at a Glance
- 10 Chief Executive and Chair Welcome
- 13 Directors and Other Information

Section 2 **Financial Statements**

- 15 Directors' Report
- 26 Directors' Responsibilities Statement
- 36 Independent Auditor's Report

Section 3 **Impact Report**

- 41 Our 2021-2023 Strategic Plan
- 44 New and Emerging Services and Development Initiatives
- 48 Patient and Parental Supports
- 52 Vital and Life-Saving Equipment
- 55 Meet CHI's Frontline Heroes
- 59 Research
- 67 Patient and Family Stories

Section 4 **Accounts**

- 75 Statement of Financial Activities



About Us

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

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 Children's Health Ireland to improve outcomes for sick children. With the kindness and generosity of our supporters, we will continue to raise funds to support the vital work that happens in Children's Health Ireland – 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

Compassion:

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

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.

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.

Integrity:

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

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.

Respect:

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



2021 Facts and Figures at a Glance



Children's Health Ireland Key Statistics 2021



19,713

Total number of sick children and babies treated as in-patients



112,358

Emergency Department attendances



113,584

Outpatient face-to-face attendees



20,256

Outpatient virtual attendees



24,960

Day cases



15,306

Total number of operations performed in CHI theatres



4,627

CT scans performed



5,899

MRI scans performed

*Note: Where a patient had multiple exams ordered at the same time and one of these exams is CT/MRI with General Anaesthetic or CT/MRI with Sedation, the other exams are not counted. E.g., If a patient has two MRIs ordered at the same time, MRI with General Anaesthetic and MRI Spine Lumbar Sacral with Contrast, this is counted as one MRI exam. Patient records are not closed off. Modifications to historic data is a regular and necessary occurrence.

In 2021, Children's Health Foundation invested a total of €6.7m in Children's Health Ireland hospitals, urgent care centres and the National Children's Research Centre.

This included:

€1m

patient and parental supports

€100k

on new services and redevelopment



€2.2m

on the upgrading and replacement of vital and life-saving medical equipment

€3.5m

on life-changing research

Chief Executive and Chair Welcome



Denise Fitzgerald,
Chief Executive



Mark Moran,
Chair

On behalf of the Board and team in Children’s Health Foundation, we are pleased to welcome you to the 2021 Annual Report and Financial Statements for Children’s Health Foundation (“the Foundation”). In the pages ahead, we will share with you all we have achieved on behalf of sick children and their families in 2021, with the help of our incredibly generous supporters across Ireland and beyond.

We would like to acknowledge the dedication and commitment of every single person who works across CHI. We see every day how dedicated they are to ensuring that every sick child who crosses the doors of CHI hospitals and urgent care centres gets the very best care.

We are in the midst of a profound era of change for paediatric healthcare in Ireland. CHI is on an exciting journey to an entirely new model of healthcare, and we are proud to work with them and support every single child cared for across CHI. We can only do this because of our supporters and the funds they raise to ensure that investments are made in vital equipment, innovative new services, essential supports, and life-changing research.

A huge amount of progress has been made since the milestone event in 2019 that saw Temple Street Foundation and CMRF Crumlin unite and come together as Childrens Health Foundation to support sick children today, tomorrow and into the future.

Over the past year, the Foundation team has demonstrated fantastic commitment to sick children and delivered in exceptionally challenging circumstances. The Foundation was proud to launch our 2021 – 2023 Strategic Plan early in 2021 and

share our ambitious plans to ensure that we are best-equipped to meet the growing needs of the sick children and their families who attend CHI at Crumlin, Temple Street, Tallaght, and Connolly and, in time, the new children’s hospital.

Entitled, ‘Transforming Care for Sick Children’, this ambitious new strategy reflects our passion and clearly articulates our ongoing commitment to our vision of giving every sick child the very best chance. We believe that this strategy provides us with a clear path to building the strength of the organisation that will allow us to meet the needs we face today and the needs we expect to face in the coming years.

We have undergone a period of significant organisation restructure, to ensure that we are best placed to meet the challenges that are to come. This has included recruiting new team members and refining our ways of working to ensure the best outcomes for sick children. The Foundation has made great strides in the development of the systems and tools we use to meaningfully engage with our wonderful community. We were immensely grateful to have received crucial funding that is allowing us to build a state-of-the-art Salesforce database, currently underway and due to be completed in 2022.

This system will allow us to effectively fundraise, keep in touch with our valued supporters and make data-led decisions that will help us plan for the future with confidence. We were delighted to launch our new website, www.childrenshealth.ie in November 2021, which replaced our two heritage websites www.cmrf.org and www.templestreet.ie.

Designed with our supporters at the forefront, this website shares engaging patient stories and uplifting news about the positive impact of donations, allows members of the public to easily engage in a variety of fundraising activities and initiatives, and easily donate online to support sick children.

Research has always been a key focus of the Foundation and in 2021, Children's Health Foundation and Science Foundation Ireland (SFI) announced an exciting new research partnership. This innovative new collaboration sees both organisations providing match-funding opportunities for research projects that have the potential to find new cures and treatments for sick young people and change the future of paediatric healthcare. Children's Health Foundation will provide a minimum of €2million in 2022 for research project funding, matched by SFI for successful projects.

All of this progress and advancement in 2021 was made against the backdrop of COVID-19, severe restrictions, and a global climate of uncertainty. We want to help support Ireland's sick children with more research, more programmes, more care, and more equipment and to do this we need to achieve ambitious growth over the coming years. This

growth is vital so that we can help to provide world-class facilities, research, and compassionate, loving care for every sick child in Ireland. In the pages ahead, you can read in more detail about our new Strategic Plan and the five core pillars that we see as crucial to our continued success for sick children.

In 2021, Children's Health Foundation disbursed a total of €6.7m across CHI hospitals and urgent care centres and the National Children's Research Centre (NCRC). This has allowed us to invest in many areas, including 25 new cardiac monitors for St. Brigid's and St Gabriel's Wards, one new Fluoroscopic C-Arm for the Radiology Department in Temple Street, and the development of a new exercise testing area for patients with Cystic Fibrosis, now under construction in Crumlin.

Our supporters have enabled us to invest in the Giggle Fund in Crumlin, play supports in Temple Street and exciting multi-site projects. These include the implementation of an acute rehabilitation pathway, a patient transport pilot project, and the provision of additional equipment to CHI's Occupational Therapy team - supporting children and families across all clinical areas, both during their in-patient rehab journeys and their safe discharge home.



The Foundation continued to support the vital work of the researchers in CHI and NCRC to find new cures and gentler treatments that will change lives today, tomorrow, and far into the future.

All of this investment was made possible through the incredible generosity of our supporters in such a challenging time. We have been humbled and inspired by our wonderful community of supporters every single day. From individuals to community groups, companies, schools, colleges and creches, trusts and foundations and those who chose to remember the hospitals in their wills – their kindness has helped make so much possible. For all they have done for sick children in 2021, we would like to say a sincere thank you.

We would like to express our deep gratitude to our Board of Directors for their continued dedication in 2021. With the benefit of their guidance and expertise, they have continued to help us navigate the difficult waters of the global pandemic and have helped us raise the vital funds needed to support our hospitals and urgent care centres.

We would like to thank our team in Children's Health Foundation for their ongoing hard work and professionalism every single day. We are proud of each member of our team and the tangible difference they're making to the lives of children and their families.

Our sincere thanks too goes to the board and team in CHI, particularly those who work directly on site across CHI hospitals and urgent care centres who consistently go above and beyond for sick children.

Finally, a heartfelt thank you to our supporters, fundraisers and volunteers across the length and breadth of Ireland and beyond. Our achievements in 2021 have been made possible only by their belief and trust in us to bring real change and better outcomes for sick children and their families.

Denise Fitzgerald

Chief Executive, Children's Health Foundation

Mark Moran

Chair, Children's Health Foundation



Directors and Other Information

CURRENT DIRECTORS	<p>Helen Conlan (Chair) (resigned March 31, 2021) Mark Moran (Chair) (appointed Feb 1, 2021) Siobhan Brady John Chase Julia Davenport Eilish Hardiman Owen Hensey David McCann Sinead McSweeney Terence O'Rourke David Phelan</p>
CURRENT COMPANY SECRETARY	Clodagh Collier
CHIEF EXECUTIVE	Denise Fitzgerald
REGISTERED OFFICE AND BUSINESS ADDRESS	14 – 18 Drimnagh Road, Drimnagh, Dublin 12 D12 HX96
COMPANY REGISTRATION NUMBER (CRO)	328920
REVENUE COMMISSIONER NUMBERS (CHY)	13534
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</p>
SOLICITORS	Arthur Cox, Ten Earlsfort Centre, Earlsfort Terrace, Dublin 2
AUDITORS	Deloitte Ireland LLP, Chartered Accountants and Statutory Audit Firm, Deloitte & Touche House, Earlsfort Terrace, Dublin 2
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>



Directors' Report

The Directors of Children's Health Foundation present this report, together with the audited financial statements, for the year-end 31 December 2021.

2021 saw huge progress made as the Foundation took steps into the next phase of its ambitious journey for sick children. The launch of our three-year strategy, 'Transforming Care for Sick Children – 2021 to 2023', provided Children's Health

Foundation with a clear pathway to ensure that we are best placed to meet the needs of sick children and their families in CHI.

It is our lighthouse; guiding us in everything we do for children and young people from all across Ireland. Despite the challenges that we have continued to face during the global pandemic, this Strategy has unified us and provided us with an ambitious focus for the years ahead.

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 Crumlin, Temple Street, Tallaght, and Connolly ("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.

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

1. **Life-changing research**
2. **Vital life-saving equipment**
3. **Patient and parental support services and**
4. **Ward and service redevelopment**



Objectives and Outcomes

A review of the objectives and corresponding outcomes for Children’s Health Foundation for 2021 follows under four headings:

1. Fundraising and Philanthropy

Objectives and Priorities	Performance and Outcomes
Raise a total gross income of €17m from fundraising activities and other income	Raised over €17.3m in fundraising income and €62k in other income despite the ongoing impact of the global pandemic, which resulted in many events and campaigns being severely disrupted. This was achieved through the generosity of all our supporters, fundraisers, and partners.
Recruit 4000 new direct debit supporters through a door-to door campaign	Due to ongoing COVID restrictions there was a limited timeframe available to recruit 4,000 supporters, however 2,894 new supporters joined us to support sick children.
Achieve a net surplus after costs of €12.4m for grant making activities to CHI and NCRC	A net surplus of €12.5m was generated in 2021

2. Supporting Sick Children – Charitable Activities

Objectives and Priorities	Performance and Outcomes
<p>Embedding of our grants strategy and processes, under three key principles:</p> <ul style="list-style-type: none"> • Alignment of strategic priorities with a clearly defined vision of CHI. • To be ambitious in capital and research grants, developing new processes and objectives. • Ensure good governance at all times – clearly define roles and responsibilities, with a focus on core competencies as a method of mitigating risk. 	<p>Our grants panel met to review over two hundred requests for support:</p> <ul style="list-style-type: none"> • A Grants Approval Panel (GAP) met to review 167 applications and disbursed €4.865m to CHI projects. • 26 applications for Research and Innovation were approved, to the value of €365k for Training, Converter and Accelerator Grants to support ground-breaking research and innovations in CHI hospitals. • Education Panel met to review 49 applications and granted €22k to support CHI training to enhance the experience of children in hospital.

Objectives and Priorities	Performance and Outcomes
Continue to support ground-breaking research studies within CHI and NCRC	<p>Provided funding of €3.5m for research across CHI at Temple Street and NCRC including funding for:</p> <ul style="list-style-type: none"> • €1.2m as a once off contribution to support the creation of CHI Department of Research and Innovation (DoRI) • €365k to support Seed Funding for training grants • €2m supported NCRC Grants
Ensure that CHI patients have access to the latest advances in medical treatment and critical care equipment	<p>Invested almost €2.2m across the hospitals and purchased a range of state-of-the-art equipment for wards and departments including:</p> <ul style="list-style-type: none"> • €123k for 25 new cardiac monitors in Temple Street. • €286k provided for new Fluoroscopic C-Arm for Radiology • €246k to support a new MRI Scanner, for completion in 2022
Invest in the redevelopment of hospital facilities and its infrastructure	Invested €130k in the development of a new exercise testing area for patients with Cystic Fibrosis, now under construction in Crumlin.
Create a caring environment and provide patient and parental supports to families when they need it most	<p>Funded over €939k in a range of support activities including:</p> <ul style="list-style-type: none"> • Play Therapy in CHI at Crumlin and Temple Street • The Giggle Fund in CHI at Crumlin • Emergency Fund in CHI at Temple Street • Music Therapy in CHI at Crumlin & Temple Street

3. Governance and Excellence

Objectives and Priorities	Performance and Outcomes
Policies Review to ensure adherence to Governance Standards	<p>Annual Review process implemented, including a review of all Policies within three months of expiration to ensure standards are being met.</p> <p>Ongoing benchmarking against UK, European and US standards and practices to ensure best in class Governance</p>
<p>Succession Planning</p> <p>Board Matrix Skills Review & Planning</p> <p>Embedding New Board Members to meet Governance Code Standards</p>	<p>Reviewed skills matrix and identified areas to be strengthened and developed</p> <p>Refined the recruitment process for Board Directors</p>

4. Strategy

Objectives and Priorities	Performance and Outcomes
Communications Plans	Continued roll-out and refinement of the Children’s Health Foundation brand and the go-live of a new, on-brand and unified website (www.childrenshealth.ie website, replacing www.cmrf.org and www.templestreet.ie .)
Implement the first Children’s Health Foundation Strategy	<p>Implementation and communication to our supporters of our new strategy, ‘Transforming Care for Sick Children’ with a strategic focus on five key priorities:</p> <ul style="list-style-type: none"> • Define a compelling case to support sick children • Grow income exponentially • Become part of the fabric and culture at all hospital sites • Communicate consistently to inform stakeholders of the Foundation’s work, impact, and national reach • Instil a culture of excellence in everything we do
Systems Integration	The development of a new, unified customer relationship management tool began in 2021, to replace two existing databases, ThankQ and Raiser’s Edge. This system will be completed and rolled out in 2022.





Achievements and Performance

Fundraising Activities – Children’s Health Foundation 2021

2021 was an exciting new phase for Children’s Health Foundation as it launched its new three-year Strategic Plan and commenced the first full year under its new name and look.

The challenges of the global COVID-19 pandemic continued into the new year, with further periods of lockdown that impacted heavily on our ambitious calendar of activities, events, and campaigns.

Patients, families, and frontline staff continued to bear the brunt of this disruption in the first months of the year as visiting restrictions continued, with just one parent permitted at their child’s bedside at any time. Continued COVID infections meant higher absences across CHI, leading to greater pressures on the system.

Thanks to the continued dedication of our supporters, over €17.3m was raised in 2021; a phenomenal result, in a very challenging year.

Despite the restrictions of lockdown and the continuing impact of the COVID-19 pandemic hundreds of thousands of individuals supported Children’s Health Foundation’s fundraising campaigns and came up with their own innovative and exciting ways to raise funds in support of sick children in CHI.

Our regular givers stayed by our side in 2021, supporting us with monthly direct debit donations that allow us to plan for the future with confidence.

Children’s Health Foundation worked closely with its corporate supporters, and we were proud to continue our relationship with Tesco Ireland, who raised over €1.4 million – a phenomenal contribution in the seventh year of their partnership with Children’s Health Foundation Temple Street. Gem Pack Foods once again supported The Great Irish Bake and 2021 saw the biggest year ever for the campaign with many thousands of new supporters getting their bake on for sick children inspired by the stories of Adam and Saoirse. Halloween once

again signalled the start of the annual Trick or Treat campaign, and we were delighted to have MiWadi as our main sponsor again in 2021.

Children’s Health Foundation Crumlin’s long-term partners One4All, Citi, and Dalata continued to support sick children in CHI at Crumlin with a variety of fundraising campaigns and activities, as well as continuing our partnership with Q-Park, who have supported sick children in CHI at Temple Street for many years. We were delighted to continue our long relationship with Penneys, and welcomed new supporters Brown Thomas Arnotts and DHL in 2021. We are extremely grateful to every one of our corporate partners for their dedication and kindness.

Agility and flexibility in our fundraising tactics continued to be a focus in 2021, as social distancing restrictions continued. As a result, the Foundation continued to see strong engagement with our supporters and developed new and innovative ways to engage them and support them in achieving their fundraising objectives.

Over the course of the year, the Foundation developed its new, unified website, to clearly communicate its new identity and provide a user-optimised experience for supporters, fundraisers, volunteers, and the general public who wanted to get involved or learn more about the work of Children’s Health Foundation for sick children. This new website was launched in early November 2021.

The investments that the Foundation have made across CHI hospitals and urgent care centres in 2021 are made possible entirely through the kindness of our supporters. We are hugely grateful for the trust that they have placed in us and remain firmly committed to openness and transparency in everything we do. That’s why we continue to communicate regularly and clearly with our supporters on how their funds are being put to work.

Charitable Activities

The Foundation continued to work in collaboration and partnership with CHI to identify and prioritise investments that would have the greatest impact for sick children and their families.

In 2021, Children's Health Foundation invested a total of €6.7m in CHI hospitals, urgent care centres and the NCRC.

This included:

- €3.5m on life-changing research
- €2.2m on the upgrading and replacement of vital and life-saving medical equipment
- €1m on new services and redevelopment
- €0.1m on a range of patient and parental supports

We are immensely grateful to each one of our supporters, fundraisers, volunteers, partners, and ambassadors who has worked so hard to make this level of investment in paediatric healthcare a reality in 2021.

Financial Review

The financial outcome for the year for the Foundation is set out on page 76. In an incredibly challenging year, we were delighted to have raised €17.3m from fundraising income and earn €0.6m from investments. After expenditure of €11.5m this resulted in a net income of €6.5m being available to carry forward for future commitments. A detailed commentary on the financial results is set out below.



Income:

- Campaigns 10%
- Communities 16%
- Individual Giving 32%
- Strategic Giving 41%
- Other 1%



Total income for the year was €18m. Fundraising income for the year of €17.3m was on par with the previous year as we continue to absorb the impact of the COVID-19 pandemic and the cancellation of so many in person events and campaigns. The split of our fundraising income portfolio was as above.

The figures show a strong performance across all income streams, particularly Strategic Giving, in line with our strategy. Despite the challenges all businesses faced in 2021 corporate support remained strong delivering €3.4m in income against a target of €2.2m. The income reflects the

excellent engagement that began in 2020, working with corporates in a true partnership approach to maximise income as per our strategic plan.

The Tesco partnership delivered over €1.4million in income and we look forward to working across all sites starting March 2022.

While Communities and Campaigns continued to be hardest hit by COVID restrictions, both performed very well despite the challenges. Campaigns delivered excellent results in Great Irish Bake with income of €268k making it the largest GIB campaign ever. However, as COVID restrictions continued, key events were once again cancelled or postponed to 2022, including Inis Mór, Route 66 and Techies4TempleStreet.

Tens of thousands of individuals continued to strongly support our work with Direct Debit donor income remaining steady and Face-to-Face recruitment resulting in 2,894 new monthly supporters joining the Children's Health Foundation community.

2021 saw an incredible return from tax income landing over budget at year end by delivering over €577k in income (arising from returns for the previous four years being released in early 2021, demonstrating once again the importance of regular support and the difference it can make).



Expenditure

Expenditure is classified between expenditure on raising funds, charitable activities and governance costs that are further explained in Note 1 on page 79. Expenditure on raising funds was €4.7m for the period compared to €4m for the previous year. This represents a 17% increase and was due to many small contributing factors; the slight easing of pandemic restrictions in 2021 enabled the reintroduction of some active challenges, marathons, and campaigns, as well as increased face to face recruitment activity in comparison to 2020.

Support costs increased to 6.6% from 5.6% in 2020 which is roughly in line with the expectation following a partial return to office working and having reduced in 2020 by 31% on 2019.

The result was overall costs of the Foundation at 27% of total income compared with prior year of 23% in 2020.

Investments, Investment Policy, and Governance

2021 saw the departure of our Company Secretary, Deirdre McMahon in November. We are very grateful for her many years wonderful service.

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.

Children’s Health Foundation’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 €35.2m. Of this total €15.1m was designated for projects approved by the Board and not paid by the year end to the hospitals and €9.7m was held in restricted funds to support specific projects and activities as decided by donors.

The balance of reserves of €10.4m was unrestricted, of which approximately €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 €7.9m at year end available for commitments for 2022 and onwards.

As we fund commitments in the future from current reserves this ensures a sustainable funding model for sick children and reduces the exposure to the effect of economic shocks, and scenarios such as the pandemic on fundraising income. The Board therefore were satisfied that the Foundation was reasonably placed to meet its future commitments.

Plans for the Future

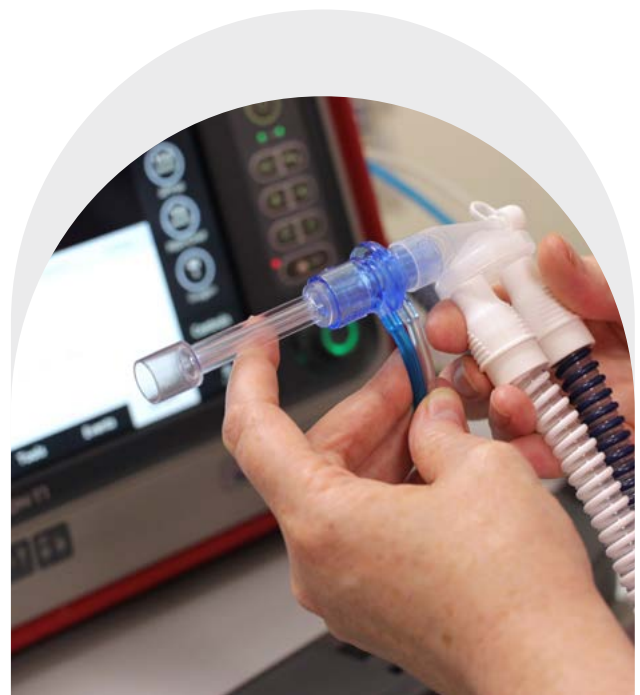
Short-Term Plans (2022)

In the year ahead of us, we look forward to working closely with our supporters and our colleagues in CHI to continue to make a difference to the hospitals and urgent care centres, and most importantly, to the lives of the children who are at the heart of everything we do.

We will continue to move forward with the ambitions outlined in our three-year Strategic Plan, with a focus on excellence, innovation, and even closer ties with the CHI community.

Relationships are at the core of our work, and we will continue to build these links with our wonderful supporters, with the frontline teams who give their very best every day and with all those who share our vision for sick children.

We are steadfast in our commitment to paediatric research, as well as our support across all our funding pillars. To ensure sustainable funding, the Foundation aims to raise at least €18 million in 2022.



Long-Term Plans

Children's Health Foundation is excited to have moved into the next phase of its ambitious mission to support sick children attending CHI hospitals and urgent care centres today, tomorrow and into the future, by implementing its new 2021-2023 Strategic Plan, 'Transforming Care for Sick Children'.

Children's Health Foundation is committed to giving every sick child the very best chance and we are focusing on the five key pillars of this strategy 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.

The construction of the new national children's hospital on St. James' Campus is advanced and we look forward to the day when this new, world-class facility will open its doors to the children of Ireland and usher in a new era in paediatric healthcare. Until that day arrives, the dedicated frontline teams in CHI at Crumlin, Temple Street, Tallaght, and Connolly will continue to provide urgent and life-saving care around the clock, and we continue to support them as they provide this essential care

We know that our loyal supporters are there for sick children when they need it most; to help us provide new services, purchase cutting-edge equipment, and fund transformative research.

Each child who comes through the doors of CHI each year is encircled by a community of care, which makes sure that they have the very best, when they need it most. From medication and fluid pumps to specialised theatre equipment and from fun play activities to new discoveries that improve treatments and so much more. That care is made possible by our supporters.

As we look ahead to 2022 and beyond, we are only too aware that the needs of CHI patients and their families will continue to grow. We promise to be there on every step of this important journey with CHI, and our supporters, to help give every sick child the very best chance.

Children's Health Foundation's Board and Team would like to sincerely thank every single supporter, fundraiser, volunteer, and ambassador who has made a contribution in 2021 for your kindness to sick children. We hope that they will continue to stand with us to improve outcomes for the children of today and tomorrow.

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.

Structure, Governance and 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).¹
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.

The current Directors and Chair are listed on page 13. The Directors and secretary, who served during the year except as noted for appointments and resignations are as follows:

¹Two 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.

Directors and Board Members

- Mark Moran (Chair) (Appointed 1st February 2021)
- Helen Conlan (Chair) (Resigned 31st March 2021)
- Siobhan Brady
- John Chase
- Julia Davenport
- Eilish Hardiman
- Owen Hensey
- David McCann
- Sinéad McSweeney
- Terence O'Rourke
- David Phelan

Company Secretary

Deirdre McMahon (resigned March 15, 2022)
Clodagh Collier (appointed March 15, 2022)

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 Committee includes two independent members with financial and investment expertise.

The Governance Committee assists 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.

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.

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.





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.

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 Childrens Health Foundation, Charities Governance Code (issued by the Charities Regulator in November 2018) during the year for 2021 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.

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

Directors	Board Meetings	Finance, Audit & Risk Committee	Governance Committee
Helen Conlan (Chair)	1(1)	2(2)	1(1)
Siobhan Brady	6(6)	n/a	3(3)
John Chase	5(6)	n/a	3(3)
Julia Davenport	6(6)	n/a	3(3)
Eilísh Hardiman	5(6)	n/a	n/a
Owen Hensey	6(6)	n/a	n/a
David McCann	5(6)	n/a	n/a
Sinéad McSweeney	3(6)	n/a	n/a
Mark Moran (Chair)	6(6)	n/a	n/a
Terence O'Rourke	6(6)	6(6)	n/a
David Phelan	6(6)	n/a	3(3)

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 benchmarking exercises are conducted regularly 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 2021 (2020: 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 completes 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 next table, we have described each risk category setting out the risk appetite and the guiding principles to treat each category:

Category	CHF Appetite	Description	Mitigation (Actions to treat the risk)
Governance	Averse	Focus on strong governance ensures Children's Health Foundation 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.	Governance & Compliance Executive in place to ensure regular monitoring and review of policies and procedures against legislation and standards. The board sub-committee on governance meets regularly to focus on new policy development, and to review and sign off on the CRA Governance Code, as well as bring awareness to any changes in legislation or standards which will require changes to policy or procedures in the Foundation.
Strategic	Bold	To set ambitious fundraising targets to deliver sustained and meaningful support for sick children in Ireland while being mindful of costs and commitments Children's Health Foundation have undertaken.	The new Strategic plan for 2021-2023 was produced, which gave a clear blueprint for the development of the organisation to meet its mission.
Compliance	Averse	If Children's Health Foundation fails to comply with law or regulation, the Foundation may face a fine or other legal or regulator action, resulting in a significant PR and/or financial impact to the Foundation.	Ensuring that Children's Health Foundation is governed in line with the CRA Governance Code, which is reported to the CRA annually and records are kept accurately and appropriately.
Operational	Balanced	Ensuring operational continuity and staff retention.	Upskilling of existing staff to negate reliance on a single individual for key operational tasks. Leadership focus on planning for CRM and the impact on staff and processes.
Financial	Averse & Balanced	Children's Health Foundation's approach to investments is balanced. Children's Health Foundation's approach to all other financial risk is averse. Rigorous financial controls and strong reporting systems in place with high integrity of results to ensure appropriate management of our portfolio of funds.	Regular meetings in place with CHI to ensure timely and effective use of donor funds. Grant awarding committees for review and approval of grant applications. Subsequent accounting and reporting in line with SORP, and payment thresholds in place.

(Cont'd. overleaf)

Reputational	Averse	Negative PR impacting on CHI and general enhanced scrutiny of governance in the charity sector can cause knock on reputational damage to Children’s Health Foundation. Ongoing scandals in the charity sector impacts all organisations.	Multiple streams of communication between Children’s Health Foundation and CHI. Crisis communications plan in place to allow Children’s Health Foundation to react quickly and positively should the need arise.
Environmental External	Balanced	External factors can influence the progress of Children’s Health Foundation and have a bearing on its fortunes, these are divided into two categories: CHI hospitals and general environmental.	<p>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.</p> <p>External environment - Triple lock certification, CRA Governance Code Compliance, and external audit to ensure that any potential external risks are identified and mitigated.</p>

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.



Staff and Volunteers

The support of the Foundation's dedicated volunteers is vital to its on-going work, and we are very proud of the difference its donors and volunteers have made to the lives of sick children in Temple Street, Crumlin, Connolly, and Tallaght. The strength and support of the Foundation's community of staff, volunteers and donors enables CHI 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.

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 CHI at Temple Street, Dublin 1 and at the offices of CMRF Crumlin, 14-18 Drimnagh Road, Crumlin, Dublin 12.

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, Chair
Terence O'Rourke, Director

See childrenshealth.ie for signed Financial Statements document for Children's Health Foundation.

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.



Independent Auditor's Report to the members of Children's Health Foundation

Report on the audit of the financial statements

Opinion on the financial statements of Children's Health Foundation (the 'company')

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2021 and of the result for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and, in particular, with the requirements of the Companies Act 2014.

The financial statements we have audited comprise:

- the Statement of Financial Activities;
- the Balance Sheet;
- the Statement of Cash Flows; and
- the related notes 1 to 22, including a summary of significant accounting policies as set out in note 1.

The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council ("the relevant financial reporting framework").

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the "Auditor's responsibilities for the audit of the financial statements" section of our report.

We are independent of the company in accordance with the ethical requirements that are relevant

to our audit of the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively,

may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other

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

We have nothing to report in this regard.

Responsibilities of directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on IAASA's website at:

http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf.

This description forms part of our auditor's report.



Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that:

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.
- In our opinion the information given in the directors' report is consistent with the financial statements and the directors' report has been prepared in accordance with the Companies Act 2014.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report. We have nothing to report in respect of the

provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

Use of our report

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

Siobhán Phelan

For and on behalf of Deloitte Ireland LLP
Chartered Accountants and Statutory Audit Firm
Deloitte & Touche House, 29 Earlsfort Terrace,
Dublin 2

30 September 2022



Impact Report

Transforming Care for Sick Children – Our 2021 to 2023 Strategic Plan

Children’s Health Foundation has high aspirations – driven by sick children and their needs. On a daily basis, we are inspired by their resilience, courage and above all their fighting spirit. Our promise to these brave children and their families is one of commitment – to ensure they are fully supported, have access to the finest facilities, benefit from leading research, all in a caring and loving environment.

Understanding the challenges of the global pandemic and economic recession, we are still unwavering in our determination and motivation. Now more than ever, sick children require our support. This is reflected in Children’s Health Foundation’s first strategic plan.

Transforming Care for Sick Children focuses on:

- 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

These are influenced by our vision, mission and values and guided by our principles to be bold and ambitious in caring for sick children. The five priorities are comprehensive – at once honouring our funding of existing facilities and simultaneously, preparing for the opening of the new children’s hospital.

We continue to work closely with Children’s Health Ireland (who has responsibility for Dublin’s three children’s hospitals now and in time will run the new children’s hospital at the St. James’ site). This is an important partnership with both organisations focusing on a common goal – ensuring the best for Ireland’s sick children and adolescents.

The development of Transforming Care for Sick Children has been a collective effort. We are grateful for the contribution of the Children’s Health Foundation’s Board, Executives, staff, supporters, volunteers and our partners, Children’s Health Ireland, in helping to shape this plan. We look forward to their collaboration and input, along with that of the medical teams, parents, and families to reach our milestones and realise our ambitions.

We hope you too will play a core part and that together we can serve as a proud beacon for sick children and their families.

A proud history, an impactful future

In preparing for the national children’s hospital and thereby the start of a new era in paediatric healthcare, two important entities were established. Children’s Health Ireland was formed through the merger of the Children’s Health Ireland at Temple Street, Our Lady’s Children’s Hospital Crumlin, and the National Children’s Hospital Tallaght. At

the same time, the Children’s Health Foundation combined the pivotal fundraising arms of these sites, bringing together the Children’s Medical & Research Foundation (Crumlin) and Temple Street Foundation (in time, to include the National Children’s Hospital Tallaght Foundation).

Born of the Past

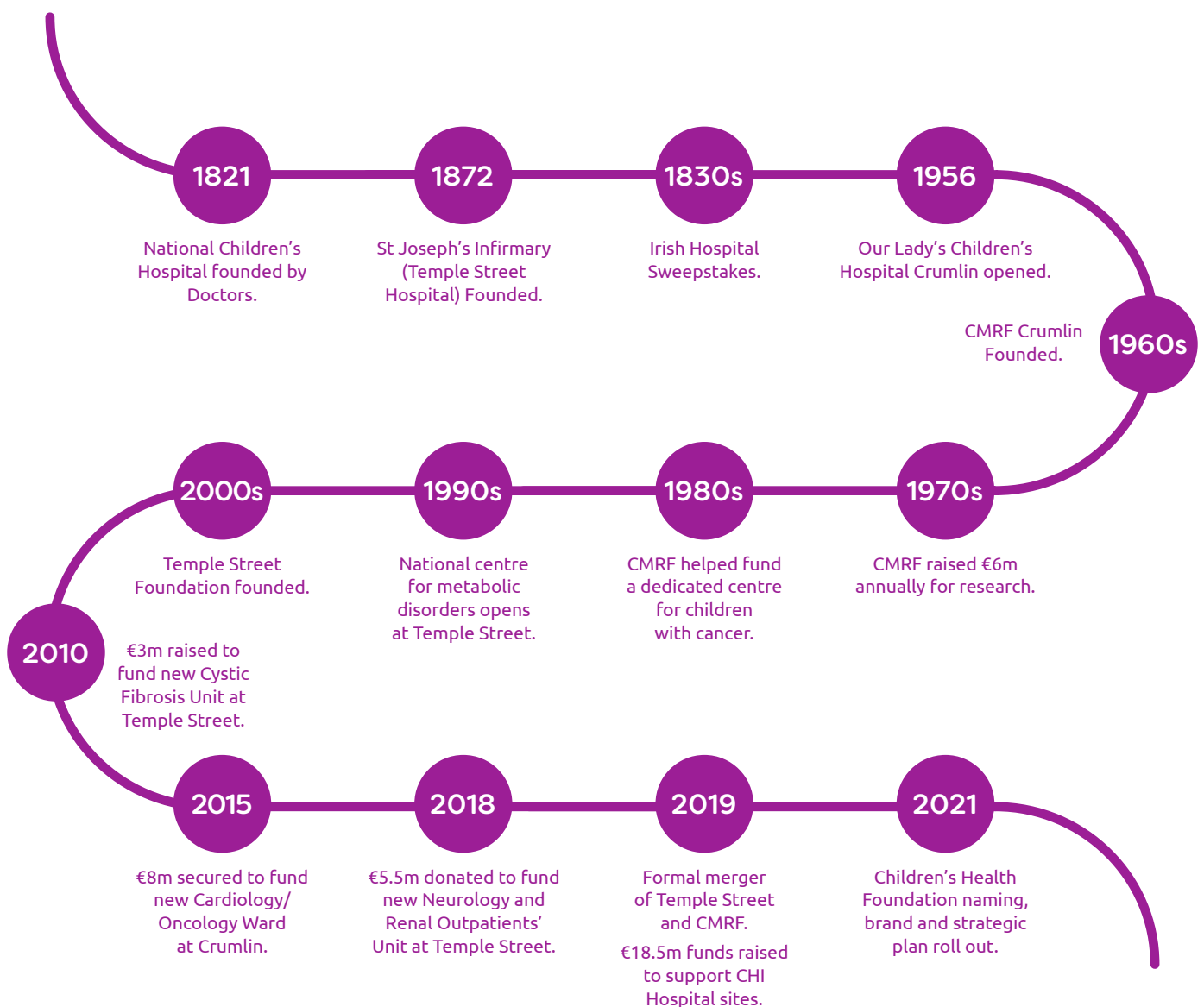
Today Children’s Health Foundation is the leading charity for children, raising €17.3m in 2021. Our roots and the critical impact of philanthropy and generosity can be traced to the founding of the

three hospitals. For 200 years, Ireland has been served well by these medical facilities devoted exclusively to the care and treatment of sick children.

Integral to the future

Partnering with Children’s Health Ireland, Children’s Health Foundation is focused on two parallel tracks – support of the current sites, securing life-saving equipment, essential patient services and vital

research: and aligning with the needs of the new hospital, funding (requirements such as) digital technologies, ongoing research, and innovative medicine.





Our strategic priorities

In outlining Children's Health Foundation's strategic priorities, our guiding principles are to be bold and ambitious in caring for sick children:

1. Define a compelling case to support sick children in Ireland

Children's Health Foundation will focus our messaging on impact and the care of sick children, adolescents, and their families, in funding research, world-class facilities, digital technologies and innovative ways to treat illness.

2. Grow income exponentially

Children's Health Foundation will deliver diversified and sustainable income streams, including philanthropic funding. We will also work to transition the long-term loyalty of supporters from all hospital sites to our new shared vision.

3. Become part of the fabric and culture at all hospital sites

Children's Health Foundation will continue to foster a positive and active relationship with the medical teams and staff at Children's Health Ireland. Our collective mission will permeate every part of hospital life, passionately communicating our funding needs and impact.

4. Communicate consistently to inform stakeholders of the Foundation's work, impact, and national reach

Children's Health Foundation will solidify our role as the main philanthropic partner of Children's Health Ireland and position the Foundation as the leading charity for sick children in Ireland.

5. Instil a culture of excellence in everything we do

Children's Health Foundation will attract top talent and knowledge, with an emphasis on an innovative spirit and embedding a culture of transformation. We will deliver the best experience for all stakeholders, remaining committed to being a leader in accountability and governance in the non-profit sector.

New and Emerging Services and Development Initiatives

Exercise Test Area for Patients with Cystic Fibrosis

Children's Health Ireland at Crumlin

This funding was used to develop a dedicated space for exercise and exercise testing for patients with Cystic Fibrosis (CF). The test area space arrived on site in December 2021 and is located to the back of the Medical Tower. Works continue on this project and are expected to be completed in 2022.

"Children's Health Ireland at Crumlin is the largest Cystic Fibrosis (CF) paediatric centre in Ireland. Exercise is a cornerstone of care for this patient cohort, and it is paramount that we provide safe and suitable facilities for this. Our current exercise facilities are hugely inadequate for this population.

Children with CF have specific isolation and infection control requirements. Exercise sessions for patients with CF need to be carried out on an individual basis and all equipment and exercise facilities need to be cleaned after use. This project has meant that we will now have a dedicated space where we can carry out exercise testing and exercise sessions within a safe, appropriate environment.

This space will be of benefit to both inpatients and outpatients with CF. All outpatient annual assessments carried out on children five years of age or older will benefit from the new exercise testing facilities. Exercise testing is also carried out with inpatients as an outcome measure during exacerbations.

Children with CF can spend lengthy amounts of time (on average 14 days) per inpatient admission. During this time, they should have access to exercise space and exercise testing facilities. This unit will provide appropriate space for this. It will allow us to carry out age-appropriate exercise with our patients. The area will allow us to meet required international standards of care in CF. With the emergence of telehealth, this area may also be used for remote home exercise sessions and patient education. Overall, this project will help to improve patient experiences within our centre and help provide better outcomes."

Karen Ingoldsby

Senior Physiotherapist in Cystic Fibrosis
Children's Health Ireland at Crumlin



Occupational Therapy Equipment Loan

Children's Health Ireland-wide

In 2021 the Foundation kindly invested substantial funds into CHI's Occupational Therapy service to enable the essential expansion of specialised paediatric equipment stock. The Occupational Therapy Short Term Equipment Loan service is an essential support of in-patient rehabilitation and enables safe and timely hospital discharge. To date €118,976.62 of the €238,921 funds have been spent to expand the range and quantity of stock available to CHI Occupational Therapists.

The expansion of this service enables OTs across all the CHI sites to prescribe equipment during hospital stays and to support discharge home. Postural activity chairs, mobility equipment and/or self-care equipment (e.g. shower and toileting chairs) will be used during hospital admissions to support children regain functional skills and/or grade their rehabilitation goals. Mobility equipment (e.g. wheelchairs and buggies) can also be loaned from the OT stock to enable safe and timely discharge

home from hospital. Access to this equipment stock often reduces delays by eliminating the reliance on referrals to community services, who may not have appropriate equipment available for our paediatric population.

The funds provided in 2021 enabled the service, for the first time, combine equipment stocks across all the CHI sites. This has ensured that the OT service, as a whole, can provide equity of care for all children regardless of which site that they present to. This donation has thus enabled a huge leap forward in the integration of the different site departments into becoming the OneCHI Occupational Therapy Service and is a very significant milestone ahead of the move to the new children's hospital.

Colette Slevin

Occupational Therapist Manager-in-Charge III
Children's Health Ireland at Temple Street



Acute Rehabilitation Pathway

Children's Health Ireland at Temple Street

"The Acute Rehabilitation Service in Children's Health Ireland at Temple Street has taken significant steps forward in the last twelve months as a result of the support of Children's Health Foundation. The Foundation was generous in providing funding the purchase of a number of rehabilitation tools and outcome measures, as well as staff training. These new tools help us understand the needs and outcomes of the children we care for and to pursue the design of an Acute Rehabilitation Pathway.

Following brain or spinal cord injuries, children can experience a range of varied and unpredictable problems with movement, communication, sensation, behaviour, mood, and learning. The goal of the Acute Rehabilitation Service is to help children in their recovery from their injuries and to restore skills which may have been lost as a result.

All medical and surgical services aim to discharge children from hospital, but for a rehabilitation service this is less about treating illness than it is about supporting children and families in living their lives, pursuing their goals, and doing the things they enjoy. It is a biopsychosocial model of care, and as such understanding our patients and families beyond their basic medical needs and what treatment they need is essential so that we can provide family-centred care, and target goals which are meaningful to each specific patient.

The team training and resources funded by Children's Health Foundation have been crucial in pursuing this vision of child-centred care. For example, the Foundation's support allowed the team to train in the use of tools to assess

independence: the FIM + FAM and WeeFIM tools, which are used worldwide. These allow us to examine specific areas of a child's everyday life (e.g. eating, dressing, toileting, walking, problem-solving, leisure activities) to determine the specific level of independence a given they have in each of these areas in way which is objective and evidence-based. This, in turn, allows us to measure a child's needs for rehabilitation in specific areas which are relevant to them, and to track improvements over time. This is a crucial step forward for the service in pursuing a model of care which prioritises the things that matter to children and families, and targets intervention appropriately.

Access to these tools has enabled the Acute Rehabilitation Team to pursue a year-long Diploma in Quality Improvement run by the Royal College of Physicians of Ireland. This has been focused on the development of an Acute Rehabilitation Pathway, which is now well underway. The results of the project thus far have been accepted for presentation at the International Paediatric Brain Injury Society Conference in New York in 2022, and we look forward to sharing our findings with (and learning from) our colleagues abroad.

There is still significant work ahead, but the progress made thus far would not have been possible without the support of the Children's Health Foundation, for which we are extremely grateful."

Dr Irwin Gill,
Consultant Paediatrician s.i. Neurodisability
Children's Health Ireland at Temple Street

Home Sleep Service for Cardiac Patients with Down Syndrome

Children's Health Ireland at Crumlin

In 2021, thanks to the kindness of our supporters, the Foundation was able to fund a project developing a home sleep service for children with Down Syndrome. Sleep disordered breathing (SDB) is one of the most common conditions of childhood. Over 70% of infants and children with Down Syndrome will develop SDB. This project has and will

continue to help prevent the significant negative consequences of undiagnosed sleep disordered breathing whilst also empowering and supporting parents so that both they and their infant/child have a good night's sleep, which has immense positive benefits for all.

“We received funding for a set of home sleep study equipment. This allows us to measure a child’s oxygen saturations, their heart rate, the carbon dioxide measurement through the skin, their airflow, their work of breathing by placing respiratory bands on their chest and tummy and they are videoed so that we have audio and visual feedback on what is happening during sleep.

We have chosen children with Down Syndrome on our waiting list for sleep studies to make use of these new devices. They are given a set slot on a Friday to have this study performed in their home.

The respiratory physiologist invites the parents to attend a face-to-face teaching session on the

equipment on a doll. The parent then sets their child up at home themselves. They are given laminated handouts with step-by-step instructions on how to apply the equipment. The night physiologist phones them between 9-11pm to check that the equipment is working.

Having this dedicated set of equipment is allowing us to access these children in a timelier fashion and having the study done at home captures a more natural sleep and is the preference of parents too. It also removes the pressure on in-patient beds.

Sheila Javadpour

Consultant in Paediatric Respiratory Medicine
Children’s Health Ireland at Crumlin

Neuropsychological Assessment Clinic for the Spina Bifida Service

Children’s Health Ireland at Temple Street

“Spina Bifida is a complex neurodevelopmental disorder. It is the most commonly occurring complex congenital birth defect associated with long-term survival. Children and adolescents with Spina Bifida face multiple medical, psychological, and cognitive issues.

Children with Spina Bifida have numerous individual strengths but are at increased risk for neuropsychological difficulties because of the associated neuroanatomical changes which impact negatively on their learning, memory, social and independence skills. A specialist neuropsychological assessment clinic has been set up within the Spina Bifida service at Children’s Health Ireland at Temple Street, to offer neuropsychological assessments to identify individual strengths and weaknesses to provide tailored intervention and rehabilitation plans for these children and their families.

There are currently 464 children with Spina Bifida who are eligible to attend the specialist neuropsychology assessment clinic.

It is estimated that approximately 50 children per year will be seen for Neuropsychological assessment. The results of these assessments will be used to inform individuals, families, and schools about a child’s strengths and challenges, what strategies to use to help them and how their individual strengths can be used to scaffold their learning and social skills. Information gathered will also be used for education and training internally in Children’s Health Ireland and in school and community settings about the neuropsychological needs of families with Spina Bifida.”

Dr Sandra Hayes

Senior Clinical Psychologist & Paediatric Neuropsychologist
Neurosurgery Service & Spina Bifida Service,
Children’s Health Ireland at Temple Street

Patient and Parental Supports



Art Teacher for Haemodialysis Patients

Thanks to our kind supporters, in 2021 we provided funding for the provision of an Art Teacher in Children's Health Ireland at Temple Street for patients undergoing Haemodialysis during the summer months. During the summer, there are typically fewer school activities for patients to take part in during their treatment. This service provided a creative outlet and new skills for patients who had to spend hours at a time receiving treatment.

"There were up to ten patients attending the Haemodialysis unit last summer. The patients on Haemodialysis attend three times per week for a four-hour session. This is a long time to be sitting in the one place without moving.

The art teacher generously provided by funding last year ensured the children had purpose and structure during their sessions. The art teacher worked on different projects with each patient. The children displayed these creations with pride and showed everyone who came in what they had made.

Art goes beyond verbal language to communicate feelings they may not be able to express otherwise. Children need to make their own assessments and solve problems when doing art. These are all skills that will stand to these patients long term."

Rebecca McGuinness,
Play Specialist, St. Michael's C
Children's Health Ireland at Temple Street



Supporting patients and bringing smiles to little faces

Children's Health Ireland at Connolly

In 2021, through the generosity of our supporters, we helped bring a smile to the patients who attended Children's Health Ireland at Connolly when they needed it most. With this funding, the play specialist in Connolly was able to mark special occasions for brave patients including birthdays and treatment milestones, as well as providing extra comforts for vulnerable families who have ended up in urgent care with their child, flustered and upset.

"With this funding, we have been able to purchase birthday presents for any patients that come to Connolly on their birthday. For children under the age of twelve, they received a present or gift and the adolescents receive a voucher for a range of stores. Words can't describe that smile patients give you when you recognise their birthday with a present.

Birthdays are so important to children and adolescents. Coming into the Urgent Care Centre with an injury or illness or attending the Outpatient Department on your birthday can make them feel so down, but through this funding we can brighten up their day with a present. This present shows that we recognise how important their special day is to them and to us. Families are always so thankful of the birthday gift, and everyone always leaves with a big smile regardless of how sick they are.

Coming into the urgent care centre (UCC) or outpatients' department (OPD) can be a scary and frightening time for any child, so it is important to mark their bravery regardless of how small achievement it is to us; to them it is a massive achievement to have bloods done, to have wires removed, to have their cuts stitched up or their broken bones fixed.

Through the funding, I am able to have a reward box in each department full of small presents to mark the patient's bravery while in our care. These boxes have been a life-saver and to say they have got us through a lot of procedures is an understatement. To be able to mark their bravery by letting them pick something out of the reward box is heart-warming to watch and the parents are always so thankful, and they all leave with smiles instead of the tears they came in with.

A lot of children and adolescents come into the UCC quite sick or present with severe breaks or deformity of their limbs. A lot of the time their clothes can get soiled from being sick or we may have to cut a piece of clothing off to get to their badly deformed limb. Up until recently, the child or adolescent went home in either a surgical gown or their parent's jacket or jumper which to me felt so wrong and not very dignified. Through the funding I have been able to purchase PJs, fluffy socks and some underwear

for any patient that needed it. To be able to offer a fresh pair of PJs to a patient who has been sick is a welcome addition we can all relate to. They instantly feel better after a freshen up and new pyjamas.

As some of the patients must be admitted to the inpatient hospital for surgery or for observations, parents are not prepared and there is always a panic to try and get pyjamas and clothes in for them. Here in Children's Health Ireland at Connolly, we can offer them a pair of pyjamas, underwear, and socks to help them get through their first night stay. You can see instantly the relief on parents faces when you offer it to them. It is one thing less they must stress about, and they can put all their focus on their sick child or adolescent. The funding allows for this to happen.

We get a lot of children and adolescents presenting to both the UCC and OPD with additional needs. This can be a very stressful time for both children and their families. With the help of the funding, we can keep our sensory boxes and our sensory room well-stocked up with the appropriate sensory toys and

equipment that children or adolescents may need, to help get them through their hospital admission without adding any additional stress or trauma to them or their family.

Thanks to the funding, we have sensory boxes in all our procedures and treatment rooms, in our OPD department, day lounge and in our radiology department. These boxes are vital tools of equipment for each department when looking after a child with autism or additional needs.

As a result of having the appropriate sensory toys and equipment for children and adolescents, it generally results in a stress and trauma-free admission for both the child and the family. By providing the appropriate sensory environment, following hospital admission to Connolly will be hopefully less stressful for the whole family."

Lorraine Smith,
Play Specialist
Children's Health Ireland at Connolly

Giggle Fund

Each year thousands of children attend Children's Health Ireland at Crumlin for critical care and support. The Giggle Fund aims to bring some much-needed light relief to patients in Children's Health Ireland at Crumlin during what can be a stressful time for both the children and their families.

Anne Rynne, Clinical Nurse Manager in Children's Health Ireland at Crumlin is the Senior Lead for the Giggle Fund, she tells us what the Giggle Fund means to staff in the hospital. "The Giggle Fund is a very versatile initiative, there are so many wonderfully creative ways to use this fund to bring a little extra to all the children and families we care for. It means that we can do the small things that mean so much for patients and their families"

We hear from some of the staff in Children's Health Ireland at Crumlin about what the Giggle Fund means to them and the patients that they care for:

St Peter's Infant Ward

"The Giggle Fund enables us to bring some joy into our little superheroes' lives. We buy Tonie boxes and toys for all occasions such as birthdays, going home presents and just cheer-me-up presents. We recently had a birthday party for a very special boy. He turned one and had spent nearly all that first year of his life with us in hospital. Thanks to the Giggle Fund we could buy him a birthday present and some books. His mother's smile and appreciation said it all. She said they would cherish the gifts forever."

Liz Sweeney
CNM2, St. Peter's Infant Ward
Children's Health Ireland at Crumlin

Paediatric Intensive Care Unit

“The Giggle Fund is an amazing fund! It enables the PICU team to make a large positive impact on the patients and parents hospital experience. At a really difficult time in a family’s life, it brings happiness. It is a great support for families. We have been able to get presents, reward hard work that recovery can take through physio. Providing a toy to a child will assist in preventing delirium. The giggle fund has provided clothes for children who arrive in an emergency with nothing and allow us to provide a meal for parents. Thank you for the Giggle Fund!”

Lorraine O’Reilly,
Clinical Nurse Manager 3, PICU
Children’s Health Ireland at Crumlin

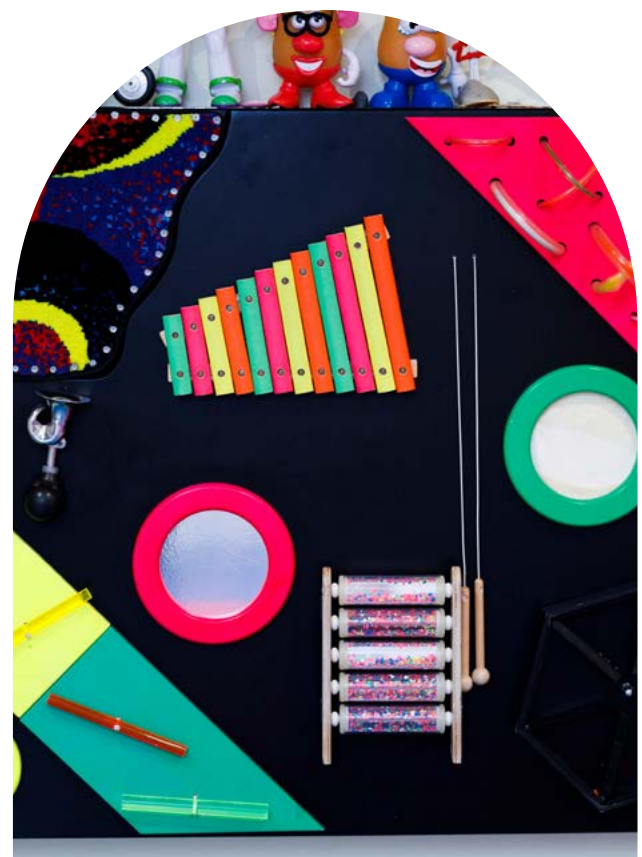


St. Michael’s Ward

“As a Play Specialist I have been able to use the Giggle Fund to create positive hospital experiences for the patients and families I work with on St. Michael’s Ward. From using it to purchase outdoor summer play items, sending a family to the cinema, or for celebrating birthdays the Giggle Fund helps to bring smiles to our patients faces every day. A recent example of the Giggle Fund in action was when I used it to prepare for the long-term admission of two sisters who frequently attend our ward.

When I heard on a Thursday that they would be arriving in on a Saturday I used the Giggle Fund to pick up games, activities, and new teddies to have ready for them waiting on their beds when they arrived in over the weekend. The Giggle Fund, provided by the generous Children’s Health Foundation donors, allows for us to create these small moments of joy for our patients! Access to such an amazing service goes such a long way in creating meaningful moments within the hospital for patients and families! Thank you so much to Children’s Health Foundation and their amazing supporters!”

Emma Fratangelo
Senior Play Specialist, St. Michael’s Ward
Children’s Health Ireland at Crumlin



Vital and Life-Saving Equipment

Scopeguide for Paediatric Colonoscopy

Children's Health Ireland at Crumlin

With the help of our supporters, in 2021 we funded the purchase of a Scope Guide for Children's Health Ireland at Crumlin, a vital piece of equipment used in paediatric colonoscopies. This equipment allows for safe and efficient colonoscopies, which are necessary to identify and remove tissues that are potentially cancerous and diagnosing other bowel related conditions.

"We use the scopeguide and endoscope on every endoscopy list, so that's two to three children per day of endoscopy. Two of the children undergoing their procedures in 2021 had pre-malignant conditions identified and having scopeguide allows us to reduce their cancer risk by removing at-risk tissue.

The scopeguide helps us during endoscopy. From a safety point of view, and to assist us with difficult anatomy, it provides an additional safety layer to the endoscopist as we see a 3D image of our camera. This allows us to make earlier interventions in our technique to avoid complications and improve comfort for the children.

We had identified three children with challenging anatomy in the time between the award and receiving the equipment alone. We were able to schedule them specifically for a scopeguide endoscopy in July which led to successful endoscopy completion for all of them. The second major impact has been on the training quality we were able to provide two senior fellows in paediatric gastroenterology. Both trainees were able to upskill more speedily as their use of scope guide helped to fine-tune their techniques.

One has already taken up a consultant post in Northern Ireland and regularly cites her endoscopy training with us as a huge benefit to patients there too! Our one regret is that we only have a single device that is scopeguide compatible. Our hope is to acquire additional compatible endoscopes through further funding opportunities so that it can become available for all children in our care."

Seamus Hussey

Consultant Paediatric Gastroenterologist
Children's Health Ireland at Crumlin

25 Efficia Cardiac Monitors

In 2021, donations enabled Children's Health Foundation to fund the purchase of 25 Efficia Cardiac Monitors for St. Brigid's and St. Gabriel's Ward in Children's Health Ireland at Temple Street.

The Efficia CM 100 patient monitor helps monitoring, analysing, recording, and alarming multiple physiological parameters including Blood Pressure, Heart Rate, Respiratory Rate and Oxygen Saturations for paediatric and neonatal patients. Monitoring a patient's vital signs is an essential part of providing safe effective care to children while in hospital.

The monitors can be secured at the patient's bed side to monitor a child's vital signs intermittently or on a continuous basis. These monitors can also be transported on a trolley / cot / incubator if the patients require transportation to another part of the hospital for example ICU, Theatre, Radiology.

The monitor can assist staff in assessing a child's condition and the monitor alarms will alert a nurse if there is a change in vital signs outside a set parameter. This is vital when monitoring a child in the post-operative phase, a deteriorating child, or a patient acutely unwell.

Fluoroscopic C-Arm and Screen

The kindness of our supporters enabled the replacement of a fluoroscopic C-arm to provide intraoperative radiographic imaging in theatre with a new 3D fluoroscopic arm, which allows for increased safety and improved accuracy.

“We commenced training radiographers on this new equipment in November 2021. A small number of patients in late 2021 underwent imaging in theatre using this state-of-the-art x-ray equipment, due to staffing and training constraints.

This new C-arm offers our surgeons higher quality imaging for patients undergoing orthopaedic surgeries and interventional procedures. The availability of 3D fluoroscopic imaging provides improved accuracy in pedicle screw placement and spinal rods during spinal surgery. We will commence the use of this functionality in April 2022, which is very welcomed by our Orthopaedic surgeon team. The newer equipment will also allow for the reduction in the radiation dose to patients, which is highly desirable when imaging children.”

Dr Siobhan Hoare

Paediatric Radiologist

Children’s Health Ireland at Temple Street

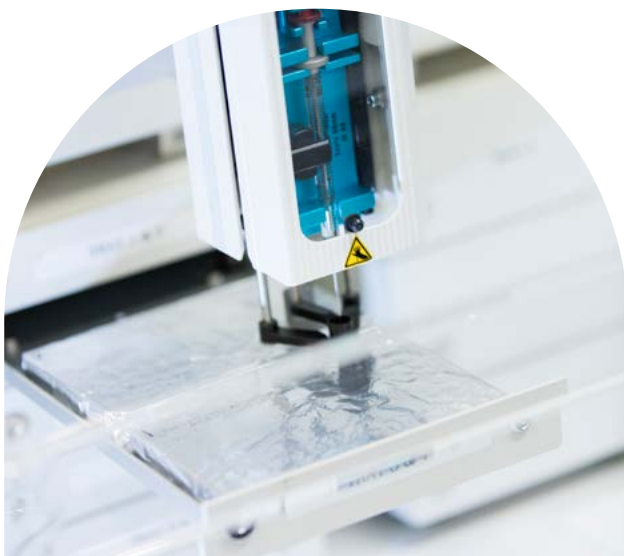
EEG Hardware Replacement

In 2021 the Foundation funded the full replacement of EEG systems hardware in Children’s Health Ireland at Temple Street. Electroencephalography, more commonly known as EEG testing is used to monitor the electric sensitivity of the brain and can detect, diagnose and manage a number of disorders including epilepsy, stroke, tumours, coma, and head trauma. The system in Children’s Health Ireland at Temple Street was more than 11 years old which is four years past the manufacturers estimated lifespan and was experiencing intermittent technical problems.

EEG tests are often urgent and are needed daily for patients from across the hospital including ED, ICU, Theatre and Outpatients. The results of an EEG test are used to make immediate clinical decisions in the treatment of a patient and can have a huge impact on their recovery and quality of life.

The new hardware funded by the Foundation allows for timely EEG testing, which in turn allows for quicker decision-making and the ability to treat, manage, and plan patient care. It also allows for easier data sharing with colleagues in Children’s Health Ireland at Crumlin, Beaumont, and Mater Hospitals, which is key in the treatment of patients.

In addition to regular/short EEG studies, Temple Street is home to the only designated paediatric video EEG telemetry monitoring unit in the country. Children who need this service are monitored by both EEG and video EEG as in-patients 24/7 to help characterise their seizures and inform significantly more accurate diagnosis and indeed ongoing management including epilepsy surgery work-up.





Meet Children's Health Ireland's frontline heroes

John Caird, Paediatric Neurosurgeon

My name is John Caird and I'm one of the Paediatric Neurosurgeons here in Children's Health Ireland at Temple Street. Here in Temple Street, we are the national centre for paediatric neurosurgery. We receive referrals from all over the country and it's a great pleasure and privilege to be involved in their care. Along with the other neurosurgeons here in Temple Street, I work as part of team including nurse specialists, advance nurse practitioners and administrative staff to provide the best possible neurosurgical services for young patients from across the country.

Each week, we have our inpatient patients, for example those who may have a brain tumour and conditions of that nature who would receive care on St. Gabriel's ward. We also have patients in our ICU as well as our neonatal ward in St. Michael's B. We also have a very large cohort of outpatient patients and work cross-site with our colleagues in Crumlin. Every week we have a multidisciplinary meeting where we discuss our oncology patients, patients who are receiving treatments such as chemotherapy and radiotherapy in Children's Health Ireland at Crumlin but also need specialized surgery to remove a tumour.

The neurosurgery team is also involved in other multidisciplinary teams including the craniofacial service and spina bifida clinics here in Temple Street as well as working closely with our colleagues in ICU and anaesthesiology and other specialist clinics for rarer conditions.

Although we're not scheduled to, we often carry out surgery five or six days a week due to the high demand. Our colleagues in the theatre department are always so flexible and accommodating to allow us to get through our case load.

I'm involved with patients who have brain tumours as well as patients with hydrocephalus, which is a build-up of fluid in the cavities deep within the brain. As well as treating patients here in Temple Street,

I also work in Beaumont Hospital where we have a young adult clinic. This allows patients who I have treated since a young age to stay under my care as they graduate out of the paediatric service, this continuity of care is often a comfort to the patient and their family. Their care doesn't end when they turn 16 and we are always aware of that and want to make the transition as stress free as possible.

I vividly recall not long after I started here in 2008, rugby player Brian O'Driscoll came to present the new neuronavigational equipment and an operating microscope that was all paid for through fundraising through Children's Health Foundation.

In the operating room, much of our expensive equipment in the theatre such as microscopes and navigational equipment has been funded directly by fundraising. We also have a lot of equipment on the wards including intracranial pressure monitors that have also been paid for through fundraising. In our day-to-day work, it makes a huge difference to have these option open to us as we would be years behind if we had to wait for HSE funding. There have been many, many times that I've seen parents show bravery for their child. When you're treating patients with these types of conditions, you're on one side of the counter. We do our job and then we get to go home. They don't get to go home or get away from this. If their child has a very serious or life-threatening illness, that's 24/7 for them. We try to make their experience as manageable, seamless, and caring as possible. It can be very difficult having an ill child, from family life, economically, parents need to take time off work, and all the travelling. All the things that cause upset in our daily lives still happen when you have a sick child, yet they persevere and stay brave for the sake of their family.

John Caird

Consultant Paediatric Neurosurgeon
Children's Health Ireland at Temple Street



A Day in the Life Sinead Leahy, Occupational Therapist

The Occupational Therapy (OT) Service maintains a large stock of specialised equipment which is essential for therapists to carry out our clinical roles and is critical to the care we give to the children and families we work with. If you see an occupational therapist (in our green t-shirts around Children's Health Ireland at Temple Street) we are often seen prescribing, loaning out and setting up equipment items for both inpatients and outpatients.

I work within the Neuroscience Occupational Therapy team and today I start my day up on the wards helping nursing and HSCP colleagues hoist patients out of bed using an Arjo hoist. Frequently I support colleagues with the selection of appropriate bathing or 'all day' slings for use with specific children. Having the opportunity to participate in Activities of Living (ADLs) is a core element of Occupational Therapy and is essential to provide a positive hospital experience for the child. Self-care tasks will frequently be incorporated into a child's rehabilitation journey. Patients requiring additional support for these ADLs will be prescribed shower/commode chairs, such as the Rifton HTS or the Flamingo shower chair/commode to enable them to successfully toilet and/or have showers.

As part of the OT process, I often prescribe mobility seating solutions to facilitate children getting out of bed, help them mobilise around the hospital or to attend their appointments e.g., x-ray. Some children may be able to sit with minimal support in a standard Ottobock manual wheelchair, while other children need a more supportive seating system, such as an xPanda or Leckey Mygo. These seating systems offer therapists the opportunity to provide additional postural supports at the trunk and the child's head, whilst enabling the child to engage in therapy or play activities. The level of support will be continually assessed as part of the OT process and will be graded as they make physical gains.

I frequently work in ICU throughout a day. Today I received a referral for a two-year-old who has been admitted with a traumatic brain injury. As part of the OT process, I identified that she would benefit from a specialist highchair to support her in the key activity of feeding. I prescribed and loaned a Sun beam chair to enable her to sit up safely, and I worked closely with ICU staff to ensure that it is used correctly. Prescribing this chair will also enable the child to get out of bed for short periods of time in ICU and offers her parents opportunities to be involved in care activities.

Later I had a joint session with a speech & language therapist (SLT) colleague to assess another child for feeding supports. I set up the Leckey Mygo seat with a harness to support him to sit upright, so that he does not have to work so hard while eating. The head rest allows me to position his head to ensure a safe swallow. This patient was also prescribed a Rea Azelea Wheelchair which is supportive and safe for outdoor mobility and enables him to go outside for walks with his parent.

I then had a rehab session in the Occupational Therapy Department with a child working on upper limb function following a stroke. This child sits in a Jenx Bee chair with a harness to support her trunk while she plays. I position the left trunk lateral to ensure that she can sit comfortably upright, and the foot sandals provide her with a good base of support while she is playing.

Next, I received a referral for a patient under the care of the Life Limiting Team hoping to discharge a child and enable palliative care at home. I will assess her for a P Pod beanbag seat which may allow her sit comfortably and supported out of bed to look out the window. This child will also be provided with a Jazz Easy Buggy so that she and her family can go for a walk.

My last assessment for today facilitates bathing for a little boy who has just had surgery for a brain tumour resection and needs his wound cleaned. I and my nurse colleague hoist transfer him from his Careflex Comfee Seat using the ceiling hoist in the Neurosurgery ward bathroom, and onto a Surfer Bather support to allow minimal handling and offer him a safe enjoyable bath.

The use of specialist bathing, toileting, seating, and mobility equipment is essential to the role of an Occupational Therapist, as it allows us to compensate for any difficulty that is being experienced by the child in their activities of daily living. The prescription of equipment allows us to facilitate children, and their families to participate in life, whilst actively working on therapeutic MDT goals. This ultimately supports positive therapeutic outcomes and safely timely discharge from hospital. The OT Service is very appreciative of the investment and funding received by the Children's Health Foundation each year as it is critical to the care we provide.

Sinead Leahy

Clinical Specialist Occupational Therapist
Neuroscience OT Team
Children's Health Ireland at Temple Street

Q&A with Paul Coffey, Senior Clinical Photographer



Paul Coffey is Senior Clinical Photographer with Children's Health Ireland and we spoke with him to find out about his role and the impact that funding by supporters of Children's Health Foundation has had on his role for the benefit of patients and their families who attend the hospital.

What is Clinical Photography?

Clinical photography is a role that seems to vary by the hour, but the bulk of my work is photographing patients before, during and after their treatment here. This usually takes place in specialised clinics that go all the way from Dermatology and ENT (Ear, Nose and Throat) to Craniofacial and Cleft services. The photos are then used by the medical team to help with diagnosis, monitoring and treatment. My responsibilities also take me to the operating theatre to take photos during surgery or to A&E or ICU to photograph an emergency.

There are also many non-clinical aspects to my role including taking photographs of patients receiving end of life care, to capture lasting memories with their loved ones. Events on the wards like birthday parties, open days and team photos also crop up from time to time, breaking up the day. There is also creating training videos for staff as new medical devices and procedures are developed and introduced to the hospital.

How has funding generously made possible by supporters of Children's Health Foundation helped you?

Working with sick children and their families and being in such a varied role means no two days are ever the same, you've got to be on your toes. A large part of each photographic session involves building a rapport with every patient and family, ensuring they are at ease and informed about the work I am doing. The most important thing for me is that a child feels comfortable and has the best experience possible. That's where the support of Children's Health Foundation and their generous supporters comes in.

The biggest impact for me has been the opportunity to go that little bit further to help patients and staff. Funding from the supporters of Children's Health Foundation has allowed me to purchase advanced equipment that has resulted in a better experience for patients and their families. Even something as small as upgrading a camera to a model that makes less noise can make a world of difference to an upset patient.

It's also allowed me to improve my sound equipment for recording procedures and training videos, benefiting the wider Children's Health Ireland team as I can now produce better quality training videos and recordings.

That must be incredibly beneficial for patients?

It is, I think it's important to remember that funding from Children's Health Foundation doesn't just fund big ticket items like MRI machines and new wards, but it also helps support the work done every day by staff at Children's Health Ireland like myself. Purchasing new cameras and sound equipment to many, may seem small. But it has a huge impact not only on my day-to-day work, but also on the experience the patients and their families have during their time in hospital.

Paul Coffey

Senior Clinical Photographer
Children's Health Ireland at Temple Street



Ground-breaking Research in Children's Health Ireland

A pilot study to assess the feasibility of using TorqueTeno Virus titres as a marker of the level of immunosuppression in children with renal transplants.

Authors:

- Prof. Atif Awan (Children's Health Ireland at Temple Street);
- Dr Michael Riordan (Children's Health Ireland at Temple Street);
- Dr Clodagh Sweeney (Children's Health Ireland at Temple Street);
- Dr Maria Stack (Children's Health Ireland at Temple Street);
- Dr Niamh Dolan (Children's Health Ireland at Temple Street);
- Dr Richard Drew (Children's Health Ireland at Temple Street, and The Rotunda Hospital);
- Dr Jaythoon Hassan (National Virus Reference Laboratory, University College Dublin);
- Dr Jeff Connell (National Virus Reference Laboratory, University College Dublin);
- Dr Alessandra Heggenstaller (Children's Health Ireland at Temple Street).

Children with renal allografts require lifelong immunosuppression. Maintaining optimum immunosuppression can be difficult. Under-immunosuppression can lead to rejection and graft loss, whilst over-immunosuppression can lead to infection or malignancy. Currently there are no biomarkers available to determine the level of immunosuppression in any one individual.

Whilst immunosuppressive regimes after kidney transplantation are standardised the degree of immunosuppression in individuals from these is variable. Over-immunosuppression can lead to life threatening infection or malignancy. Under-immunosuppression can lead to graft rejection and loss. Finding a biomarker to predict the level of

immunosuppression would be a major aid to helping adjust drug doses to prevent complications.

TorqueTeno virus (TTV) is not associated with any human disease but highly prevalent in the population. As the viral count in the blood is dependent on exposure (universal) and immunocompetence. TTV could potentially be a useful biomarker.

Whilst immunosuppressive regimes after transplant have been standardised worldwide according to the organ transplanted, it is well recognised that there is immense variability in the clinical degree of immunosuppression between patients on such standard regimes. The availability of a biomarker that relates to the overall level of immunosuppression could allow modulation of immunosuppressive drugs in the individual patient to give enough immunosuppression to prevent rejection and graft loss whilst not causing over-immunosuppression and secondary infection and/or malignancy. As these are the two largest causes of morbidity and mortality in children with kidney transplants the potential benefits are immense.

This pilot study involves a single centre population of children with kidney disease, kidney failure and those with transplants. We aim to confirm the prevalence of TTV positivity in the population with chronic kidney disease and sequentially follow titres, relating them to severity of chronic kidney disease, and incidence of infection (bacterial or viral) or allograft rejection.

3D tissue engineering-based model of non-syndromic craniosynostosis for identifying potential therapeutic targets that control premature ossification

Principal Investigator:

Mr Dylan J. Murray
National Paediatric Craniofacial Centre (NPCC)
Children's Health Ireland at Temple Street

Co-investigators:

- Dr Arlyng Gonzalez Vazquez and Professor Fergal O'Brien
- Tissue Engineering Research Group (TERG)
- Department of Anatomy and Regenerative Medicine
- Royal College of Surgeons Ireland (RCSI)
University of Medicine and Health Sciences

Children have an extraordinary capacity for restoring damaged tissues, which reduces with age. On the other hand, tissue engineering (TE) allows us to repair adult tissues by designing laboratory-based templates (scaffolds), that are similar to the natural tissue and enable the local delivery of medicines. Since 2013 the NPCC and RCSI TERG have collaborated in research funded by Children's Health Foundation.

NPCC-TERG have identified a key factor (JNK3 gene) activated in children, but not in adults, that drives the extraordinary bone repair capacity of children. Furthermore, we designed a novel scaffold able to deliver a JNK3 activator to adults, rejuvenating their bone repair capacity.

A second NPCC-TERG project studied the early closure (fusion) of the skull seams (sutures) between children's skull bones in craniosynostosis (CS), which is a bone developmental condition, present from birth.

The NPCC treats approximately 100 children with CS, 70% of them are non-syndromic (NS). Children with CS, have an abnormal head shape and restricted growth of their skull. The treatment is a very complex surgery (cranial vault remodelling) involving the removal, reshaping, and remodelling of the skull bones for a child in their first two years of life, which in complex cases has to be performed more than once. However, little is known about the signals driving this early bone formation.

We discovered that the cells from fused sutures have a strong reaction to environmental changes which may lead to the early bone formation in the sutures.

In our current research we are building a laboratory-based tissue-engineered model of NS-CS to understand the environmental role on the premature suture fusion and allow us to test potential medications.

Children's Health Foundation has funded 27 months of this current four-year research study which will have two major outcomes:

1. A CS-inhibitor scaffold able to delay bone formation by blocking the pathways that promote early bone formation with the potential to prevent recurrent suture fusions and the need for repeat surgeries for children.
2. A CS-inspired scaffold that delivers the medicines promoting faster bone formation to be utilised in the broader context of healing complex bone fractures for adults.



CORAL Study

Principal Investigator:

Prof. Jonathan Hourihane
Children's Health Ireland
RCSI University of Medicine and Health Sciences

Children's Health Ireland-RCSI's CORAL cohort study recruited 360 babies born during the first SARS-CoV-2 mandated lockdown between March and May 2020. The children have recently reached the study's clinical end point: their second birthday. Given the social and environmental 'cocoon' these infants experienced in early life, allergic, immune, and neurodevelopmental outcomes have been followed with interest. There doesn't appear to be a comparable study anywhere else in the world. Of the 365 infants enrolled, 324 have been retained to two years.

"The pandemic has had significant impacts on this group, some good, some not so good," says Dr Sadhbh Hurley, RCSI MD Fellow in Allergy with Professor Jonathan Hourihane. "Encouragingly, breastfeeding rates are dramatically higher with 12% of CORAL babies still breastfeeding at two years, compared to pre-pandemic breastfeeding rates in Ireland of just 11% at nine months."

Professor Hourihane adds, "We have found some of the children remain very nervous around strangers even at two years and with Dr Susan Byrne for Children's Health Ireland at Crumlin and RCSI we have seen a higher-than-expected rate of speech and language delay, presumably attributable to lockdown. We expect to see significant catch up here, though."

The common allergy-related conditions eczema and egg allergy were more common than expected at one year but not two years. Dr Hurley adds, "We wonder if there has been abnormal, restricted early colonisation of these infants' gut microbiomes, as a result of pandemic restrictions, that has been corrected by exposure to vital "missing microbes" as society reopened between their first and second birthdays." This will be examined in detail by comparing the longitudinal changes in gut microbiome composition from six months to two years with Prof Liam O'Mahony in UCC, Cork.

The compilation of clinical outcomes with immune and microbiome findings is currently ongoing and the team are starting to plan a follow up study.

National Children's Research Centre (NCRC) Key Statistics for 2021



Active NCRC Research Grants in 2021

No. of Research Grants

Clinical Research Fellowships	9
Research Education Support Grants	6
Paediatric Research Project Grants	32
Innovation Awards	2
Leadership Awards	2
Partnerships (Irish Research Council Enterprise Partnerships and Precision Oncology Ireland)	4
Total	55



Specific Disease/Conditions being studied

Adolescent Idiopathic Scoliosis	Congenital Heart Disease	Food Allergy	Mumps
Atopic Dermatitis	Cystic Fibrosis	Inflammatory Bowel Disease	Neonatal Brain Injury
Autism	Diabetes	Joint Hypermobility	Neonatal Sepsis
Behcet's Disease	Down's Arthritis/ Juvenile Idiopathic Arthritis	Kawasaki Disease	Premature Birth
Childhood Obesity		Leukaemia	Sickle Cell Disease
Clear Cell Sarcoma of the Kidney	Epilepsy	Malaria	Subglottic Stenosis
		Medulloblastoma	Vaccine Development



Supported Researchers

No. of Supported Researchers

Senior Investigators (Including Lead Investigators, co-investigators, academic and clinical supervisors)	111
Clinical Research Fellows	9
Research Education Support Grant Awardees	6
MSc/PhD Students	12
Research Assistants	13
Postdoctoral Researchers	28
Total	179



Investigation vesicles as biomarkers of disease in Cystic Fibrosis

Principal Investigator: Dr Judith Coppinger

Co-PI(s): Prof. Paul McNally

Host Institute: Royal College of Surgeons in Ireland

Associated Hospital (s): Children's Health Ireland at Crumlin

Cystic Fibrosis (CF) is a multi-organ disease that primarily affects the lungs and digestive system. A defective gene (the CFTR gene) causes the body to produce unusually thick, sticky mucus that clogs the lungs and leads to life-threatening lung infections. It also obstructs the pancreas and stops natural enzymes from helping the body break down and absorb food. About 25 new cases of CF in Ireland are diagnosed each year and round 45% of the patient population in Ireland are aged 18 or younger.

The aim of this study was to identify children that could benefit from earlier therapeutic intervention. To do this, it was necessary to understand at a genetic and molecular level how the disease progressed. To identify genetic and molecular markers associated with early disease and progression, children with early disease were compared to adults with CF, who had more advanced disease. Specifically, small vesicles called extracellular vesicles or 'EVs' that are released into the blood and lungs of patients with CF were examined. EVs carry different types of genetic and molecular material and have been shown to be markers across a range of disease states.

This study showed that EVs are produced in CF airway in larger amounts which suggests they are markers of CF inflammatory disease. It also discovered increased numbers of EVs in adults compared to younger children, showing they have potential to predict disease progression. Additionally, unique protein fingerprints were in EVs at different ages, illustrating further potential for EVs as biomarkers. The work went on to identify an important role for EVs in regulating inflammation with the discovery that they could drive white blood cell recruitment in CF. Significantly, data showed that current CFTR corrector treatments can reduce the number of these inflammatory EVs.

The research conducted here helps us understand significance of EVs in early CF disease, not only as markers of disease but also as regulators of inflammation which is so prevalent in CF as it advances. A new method was also developed by this study to isolate EVs in small volumes of blood. This is so important when dealing with children, where blood draw can be difficult.

This study is unique and offered exciting new possibilities to understand more about the development of CF lung disease in children and response to treatment, which is vital in the development of new treatments for children suffering from CF.

Does obesity impact vaccine responses?

Principal Investigator: Dr Andrew Hogan

Co-PI(s): Dr Cillian De Gascun. Prof. Declan Cody

Host Institute: National University of Ireland Maynooth

Associated Hospital (s): Children's Health Ireland at Crumlin

Obesity is a major healthcare problem impacting significant numbers of children and adults worldwide. In Ireland, one in five children are either overweight or registering an obese bodyweight. It has been shown that children with obesity are at a very high risk of becoming adults with obesity and

developing serious diseases such as type 2 diabetes, heart disease and cancer.

Another complication of obesity is a less protective immune system, even after vaccination. People with obesity are at higher risk of dying from infections such as influenza (H1N1) and COVID-19, and there is evidence that the vaccines against these infectious diseases are less effective in people with obesity, including children. This is of major concern because, as mentioned, people with obesity are amongst the most at-risk groups in society.

There is strong evidence that the natural protection and vaccine-induced protection against certain

infectious diseases (e.g., H1N1 influenza) are less effective in people with obesity, including children. This research aims to figure out why this is, and how vaccine responses can be boosted.

Researchers involved in this study have investigated the impact of obesity on the different immune cells. They found differences in one specific immune subset - the Dendritic cell (DC) which is the cell responsible for starting the entire immune response after infection or vaccination.

They have found that the DC from people with obesity initiates the wrong type of immune response (one which tells the immune system to calm down opposed to go). Early evidence suggests that this is caused by problems in cellular metabolism, in how the cells uses its energy stores to generate an

immune response, but more data is needed to verify this.

Surprisingly, results show people with obesity who have recovered from COVID-19 or who have been fully vaccinated against COVID-19 have strong immune memory which will offer protection against further infections & should decrease the risk in this vulnerable cohort.

The alterations observed may be due to changes in the 'engine' of the cell and understanding how the cell works will allow us to make better vaccines for this vulnerable cohort. Work will continue in this study to build on these observations - determining exactly how obesity is impacting the DC function and metabolism.

To identify proteins that drive inflammatory arthritis in children with Down Syndrome

Principal Investigator: Prof. Ursula Fearon

Co-PI(s): Dr Orla Killeen

Host Institute: Trinity College Dublin

Associated Hospital (s): Children's Health Ireland at Crumlin

Inflammatory Arthritis in children with Down Syndrome is an under-recognised condition, occurring more frequently when compared with the general paediatric population. Delayed diagnosis results in chronic disability and functional impairment.

This research team has undertaken the largest study worldwide of children with Down Syndrome Associated Arthritis (DA). They have shown that the prevalence is double that previously reported and is associated with more erosive disease compared to children with Juvenile Idiopathic Arthritis (JIA). Indeed, the incidence of inflammatory arthritis in children with DS is one in fifty compared to that of children with JIA which is one in one thousand.

While their previous work suggests DA is distinct from JIA, little was known about what was driving the disease, with few other studies to date examining immune cell function or tissue

inflammation. Therefore, they turned their focus to improving our knowledge of disease development. Specifically, this study is examining immune cell responses to see if this is altered compared to children with DS and JIA.

This study has found that children with DA have a more common and aggressive form of arthritis compared to children with JIA. It is characterised by increased immune cell responses in the circulation, and increased activation of the invasive cell types in the joint compared to children with JIA. Specific pro-inflammatory proteins released from T cells caused the invasive cells in the joint to become more activated. T-cell derived pro-inflammatory proteins alone, and in combination, further induce the invasive cell types, an effect that alters their metabolic profile. This information is vital in understanding disease development and progression and will help identify new drug targets in DA.

End of Life communication in a paediatric oncology setting

RESG Awardee: Kim Murray

Academic Supervisor: Dr Stephanie Holt

Clinical Supervisor: Prof. Cormac Owens

Host Institute: Trinity College Dublin

Associated Hospital (s): Children's Health Ireland at Crumlin

In Ireland, an average of 137 children under the age of 15, and 74 young adults (aged between 15 and 19) are diagnosed with cancer each year. These children are treated in the National Centre for Paediatric Oncology and Haematology in Children's Health Ireland at Crumlin.

Today, in developed countries, the vast majority of children recover from childhood cancer with five-year survival rates at approximately 80%. In stark contrast, low to middle income countries see more than 80% of children die from the disease. In Ireland, an average of 10 girls and 14 boys dies from cancer each year. Sadly, childhood cancer continues to be the leading cause of nonaccidental related death in children throughout the world. Cancer has a devastating impact on children and their families. International studies have detailed the psychological and emotional anguish of parents, and the significant financial burden families experience following a child's cancer diagnosis.

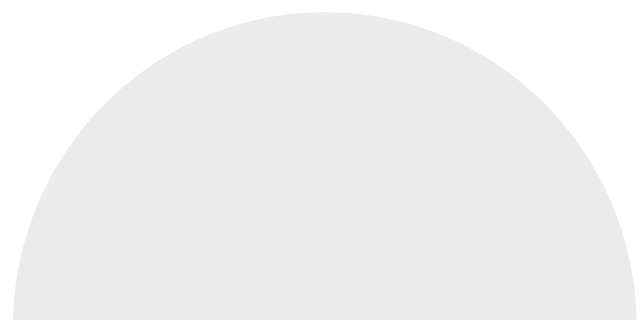
The aim of this research study was to identify communication strategies and therapeutic interventions that support children and their families, with the aim of reducing suffering and

long-term distress following a cancer diagnosis. The research found that communication strategies implemented during end-of-life have a profound impact, not only on the child and surviving family, but also on society as a whole.

'Whole-person care' is a new concept for the 21st Century. Good medical care and effective communication skills involve providing 'whole-person care' for children and families in paediatric oncology. Effective communication is identified as a standard of care in paediatric oncology, and an essential core skill in providing good care for children and their families. Effective communication is critical to improving the disease outcome and the emotional wellbeing of these vulnerable patients.

Research suggests effective communication is therapeutic, and the framework that supports children, families, and health care teams during end-of-life care. It is the primary way and at times the only way health care professionals care for children and families when a cure is no longer an option in a paediatric oncology setting. This research has identified factors that influence the psychological and emotional process involved in adapting to a cancer diagnosis.

Importantly, it identified that psychosocial support should include therapeutic, empathic listening, that is non-judgmental in nature, validating and empowering families to meet the challenges of the illness. All families who have a child diagnosed with cancer should receive psychoeducation and anticipatory guidance in a timely manner, regarding the nature of the medical diagnosis.



Patient and Family Stories



Amy's story

My name is Sharon Mulcahy from Annacotty, Co. Limerick and I am mother to Amy. Amy was transferred to Children's Health Ireland at Temple Street in a critical condition in 2019, following a boating accident with her rowing club.

Amy had been treated initially in University Hospital Limerick where we were given a very bleak prognosis with little hope of survival. Needless to say, that when I arrived at Temple Street with Amy I was in a total state of shock and despair. Amy was brought to Intensive Care, she was intubated and scored a three on the Glasgow Coma Scale. Amy's father and I were advised that Amy was critically ill and that if she survived the weekend, she would require brain scans to determine the level of damage caused to Amy's brain owing to her near drowning accident. Amy was without oxygen for some time as she had suffered a cardiac arrest so it was anticipated that there would be some damage.

Amy had a brain scan and the results were devastating. Amy had suffered damage to her thalamus which relays sensory and motor functions as well as regulating consciousness, sleep, and alertness. We were advised that it would be a long road to recovery with doctors being unable

to predict the level of recovery Amy would make. This was devastating to Amy's father and I, as well as her extended family. Prior to this accident, Amy had been an active, fun loving and caring child. To think of her not being the same child was not comprehensible. Amy was initially treated in ICU; I was immediately struck by the care and dedication of the staff caring for Amy. While Amy was in ICU nursing staff took great care to learn what Amy was like. They dressed her and fixed her hair every day and treated her like she was awake and hearing everything despite the fact that Amy was in a coma.

After three to four weeks Amy was weaned off her ventilator and moved onto top flat. Amy hadn't made much progress at this stage and if anything, Amy developed new challenges such as dystonia / involuntary movements. This is something no parent should have to witness their child go through. Leaving ICU was terrifying to me. Amy had 24-hour care and moving to Top Flat would mean that this would no longer be required. I will never forget the fear I felt.

However, I didn't need to worry for long. As soon as Amy arrived on Top Flat all I can say is that she was surrounded by Guardian Angels except for



these angels wore uniforms. One of the first nurses on Top Flat that I interacted with was Michelle. She understood how overwhelming moving from ICU to a ward was for me as Amy's mother. She sat with me and listened to my fears and provided what reassurance she could. This approach was something I think that is filtered down through the nursing team as Fionnuala the Clinical Nurse Manager was equally as kind and reassuring. Amy was under the care of a Paediatrician and Dr O'Rourke, Neurologist. Both doctors enlisted the help of Dr Louise Baker, Consultant Paediatrician with an interest in Neurodisability.

Their care and dedication to Amy was also evident in all my dealings with them. It was decided that Amy would need 24-hour care while on Top Flat which was such a relief to me to get. I have to say every member of staff play their part in supporting families. Jackie one of the tea ladies sticks out in my memory. She was always happy and singing. Often singing 'do you want to build a snowman'. She used to sing to Amy and give her words of encouragement. Amy's Dad describes her as a tower of happiness. Once Amy became alert, she fell in love with Jackie as did all of Amy's family.

Aoife was Amy's main carer and the care she provided Amy was incredible. All the nurses would brush Amy's hair, talk to her, reassure her, and support the family in any way they could. Tina, the hygiene assistant was another great support, she chatted to Amy every day as she did her work. There is no member of staff not willing to go above and beyond to support the child and their family. It is hard to explain the condition Amy was in at this time. She was no longer deemed to be in a coma but was unable to communicate. To me it seemed that Amy was locked in with no control over the movements of her body and with no means of communication. I cannot describe how difficult it is to watch your child that had been so full of life reduced to the situation she was in. I wouldn't have got through those dark days without the wonderful support and care of the staff in Top Flat.

Slowly Amy started to show some glimmer of recovery. Every little improvement no matter how small was celebrated by all the staff. You really felt that they were on the journey with you. Julie the play therapist was also a crucial person in Amy's care as was Alison from music therapy. Julie spent a lot of time supporting Amy in a time when things were very difficult. When Amy came out of her coma she was often confused and frightened. While

this is a normal process for someone coming out of a coma, it is difficult to watch your 12-year-old daughter going through it. Julie and indeed Alison greatly supported Amy through this time. Julie also nominated Amy for the DIY SOS Big Build. Amy's application was successful, and our home was transformed. This played an enormous part in Amy's recovery. Amy had a home that was adapted to her needs both physically and emotionally. We are forever in Julie's debt for putting Amy's name forward.

Amy celebrated her 13th birthday in Children's Health Ireland at Temple Street. The efforts made by staff to make the day special for Amy was incredible. Amy has always loved her birthday and was sad that she couldn't be at home. However, staff made every effort to make the day as special as possible. I must mention John Doyle, Porter, he promised Amy 13 chocolate bunnies and that's exactly what he delivered to her.

As a parent I found the communication between the medical team and family absolutely brilliant. There were multidisciplinary team meetings held fortnightly. Goals were set and reviewed for Amy and as parents we were consulted and kept informed every step of the way. Both Mark and I felt listened to and our concerns taken seriously at all times. In total Amy spent a total of five months in Temple Street transitioning then to National Rehabilitation Hospital. The thought and effort put into Amy's transition certainly made it much easier for both Amy and me.

I am so proud to say that Amy has made a remarkable recovery that is still ongoing. Currently Amy is able to walk with a stick and is back at school, hanging out with friends and loving life. Amy has come a long way from those initial dark days in Children's Health Ireland at Temple Street. The team in Children's Health Ireland at Temple Street has had a massive part to play in Amy's recovery. They looked beyond a child with an acquired brain injury. They took interest in the person she was before the accident and did their best to help Amy become the best version of herself that she can be. We were blessed to have met such a wonderful and dedicated team of doctors, physios, OT's, speech and language therapists, nurses, carers and all the supporting staff. They make Children's Health Ireland at Temple Street what it is – a beacon of light in what is often a very dark time for children and their families. Amy, Mark, and I along with our family are forever in their debt.



Meet Gaetano

“Our journey with Children’s Health Ireland at Crumlin started when I was still pregnant with our son Gaetano.” Elaine, Gaetano’s Mum

When Elaine was 21 weeks pregnant with Gaetano, she and her partner Jack received the difficult news that their baby had a serious heart condition. Gaetano – known as Guy - was later diagnosed with Tetralogy of Fallot, this condition causes heart defects which require surgical repair. Gaetano was treated in Crumlin at the Children’s Heart Centre. The couple had their first meeting with Professor Orla Franklin, Fetal and Paediatric Cardiologist in Crumlin, when Elaine was 24 weeks pregnant. They had further check-ups throughout the pregnancy and Guy’s condition was diagnosed by Professor Franklin during this time. Prior to Guy’s birth a visit to Crumlin was also arranged for Elaine and Jack.

“The visit to the hospital was really helpful. At that time, we were preparing ourselves for the possibility

that our baby would need to be transferred to Crumlin immediately after birth. Being in the hospital and the Children’s Heart Centre took the mystery and some of the scariness away, but it was also surreal and upsetting to think that our little baby would have to go through so much. The Children’s Heart Centre where Gaetano was treated is a state-of-the-art facility. There is a lot of space, rooms for parents and a parent’s kitchen. I thought that I would be spending a lot of time there and it was great to know what to expect and to familiarise ourselves with the hospital and the ward.

When Guy was born there was no big rush to Crumlin, his breathing and his heart were the main concerns, but his oxygen saturation levels were good, and he was breathing well on his own. Within an hour of being born he was brought to the Special Baby Care unit in the maternity hospital and monitored there. He was then monitored every week for the first 16-weeks in Crumlin and when

he was four and a half months old, he had his heart surgery. The condition that he has affects four areas, the surgery was to repair these areas, including a hole in his heart. Before the surgery, every question that we had was answered, we were talked through everything and knew exactly what would be happened and why, it was so reassuring.

Guy spent a total of 11 days in hospital, his surgery, and his recovery after went well. He is still attending

for check-ups and is doing great. Crumlin and all its fantastic staff have been a big part of our lives over the last six months, we will really miss seeing everyone and will be forever grateful for all that they did for Guy. They not only cared for our baby, but they minded us too. We can't sing their praises enough and this is why we want to do the fundraising for Crumlin. We want to help to keep that service going for other families. It's to give back and help in any way." Elaine, Gaetano's Mum.





Paige's Journey

Rhona's daughter Paige was born with a rare congenital heart defect and was treated by the wonderful medical team in Children's Health Ireland at Crumlin.

"Only for the Children's Heart Centre in Crumlin, her surgeons, cardiology team and nurses our beautiful girl wouldn't be here today.

When Paige was first diagnosed it was so scary, at that early stage we didn't know how everything would turn out. The medical terms were all new to us, but the nurses and doctors explained everything and made sure that we understood what would be happening. They really prepared us for what was to come.

Paige was in ICU for five days after her surgery and was then brought back to the ward. The staff were just amazing, I will never forget what they did for us. I remember when the medical team were getting her ready to be discharged, the tubes and wires surrounding her started to be slowly removed, it was great for us as a family to see – but the staff were just as delighted for her; it was like they were really in it with us.

You can be completely oblivious to what goes on in the hospital when you are not in the situation but afterwards your mindset completely changes."

Noah's Story

Shortly after Noah's birth he was airlifted from Kerry General Hospital to Children's Health Ireland at Crumlin.

"My son Noah was born in May 2020. Almost immediately after his birth, the mid-wife became aware that he wasn't breathing. He was taken to the neo-natal unit at first, it was then decided that he would need to be transferred to Children's Health Ireland at Crumlin. He was airlifted from Kerry General Hospital shortly after he was born and taken to Crumlin. He was diagnosed with Persistent Pulmonary Hypertension in the Neonate (PPHN), which is a serious breathing condition in a new-born.

Due to Covid regulations, my husband wasn't at the birth, he also couldn't travel with Noah. This was so difficult because we couldn't be together as a family. My husband went to Crumlin to be with Noah, and I was able to join after a couple of days.

The staff were so supportive and kind, they did all that they could to facilitate us. They allowed us to sit with Noah and informed us of what was going on, they reassured us. Noah was in intensive care for ten days before he was moved to a general ward. During this time, I met with one of the breastfeeding champions, she set me up with a breast-feeding pump. Noah was able to take the breastmilk through an NG (a type of feeding tube). On day eleven, when he was in the general ward, we got the

opportunity to try to feed. I asked for the help of the breastfeeding champion again, she was incredible and is one of the reasons that we were successful.

The Nurses on the general ward were amazing, they were so good at keeping us informed and helping us move towards Noah being discharged. I am so grateful to all the staff in Crumlin, from the breastfeeding champion who supported me, to the nurse who helped me to give Noah his first bath and the lady who helped me to make little footprints to send home to family.

The day we were told that Noah was doing well and that he would be discharged was the best moment, up to that point you are in survival mode. It was only when we drove through the barriers to leave that I felt the relief, up to that point we were just concentrating on him getting well.

You never think it will be you, but the support we received from the amazing staff in Crumlin was incredible. We feel very grateful that we were able to bring Noah home and that he is doing so well."
Caroline, Noah's Mum

Caroline did a fundraiser in the lead up to Noah's first birthday and raised €3,442 to support sick children in Children's Health Ireland at Crumlin and we would like to thank her for her phenomenal support.







Accounts

76	Statement of financial activities
77	Balance sheet
78	Cash flow statement
79 – 94	Notes to the financial statements

STATEMENT OF FINANCIAL ACTIVITIES

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

		2021 Unrestricted Funds	2021 Restricted Funds	2021 Total	2020 Unrestricted Funds	2020 Restricted Funds	2020 Total
	NOTES	€'000	€'000	€'000	€'000	€'000	€'000
INCOME FROM:							
Donations and fundraising activities	5	14,774	2,530	17,304	12,708	4,666	17,374
Grant Income		-	-	-	30	-	30
Other Income	6	62	-	62	426	-	426
Total Income		14,836	2,530	17,366	13,164	4,666	17,830
EXPENDITURE ON:							
Raising funds	7	(4,697)	(1)	(4,698)	(3,977)	(11)	(3,988)
Governance costs	7A	(116)	-	(116)	(115)	-	(115)
Charitable activities	8	(4,848)	(1,862)	(6,710)	(5,795)	(3,288)	(9,083)
Total Expenditure		(9,661)	(1,863)	(11,525)	(9,887)	(3,299)	(13,186)
Net gain on investments		646	-	646	199	-	199
Net income for the year	10	5,821	667	6,486	3,476	1,367	4,843
Taxation	12	-	-	-	-	-	-
Net movement in funds	19	5,820	666	6,486	3,476	1,367	4,843
RECONCILIATION OF FUNDS							
Total funds brought forward	19	19,714	9,055	28,769	16,268	7,658	23,926
Total funds carried forward	19	25,535	9,721	35,255	19,744	9,025	28,769

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 2021

	NOTE	2021	2020
		€'000	€'000
FIXED ASSETS			
Tangible assets	13	1,414	1,276
CURRENT ASSETS			
Investments	14	4,212	3,567
Debtors	15	411	1,269
Cash at bank and in hand		31,696	26,949
		36,319	31,785
CURRENT LIABILITIES			
Creditors	16	(2,479)	(4,292)
Net Current Assets		33,840	27,493
NET ASSETS		35,255	28,769
FUNDS OF THE CHARITY:			
Unrestricted funds	19	10,465	12,625
Designated funds	19	15,098	7,120
Restricted fund	19	9,692	9,024
	20	35,255	28,769

The financial statements were approved and authorised for issue by the Board of Directors and signed on its behalf by Mark Moran and Terence O'Rourke.

See childrenshealth.ie for signed Financial Statements document for Children's Health Foundation.

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

RECONCILIATION OF NET INCOME TO
CASH GENERATED FROM CHARITABLE ACTIVITIES

	NOTES	2021 €'000	2020 €'000
NET INCOME FOR THE FINANCIAL YEAR		6,486	4,843
CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES			
Depreciation charge		88	70
Interest receivable		-	-
Debtors / (increase)		858	(801)
Increase in Creditors		(1,814)	(200)
Fair value movements on investments		(646)	(199)
NET CASH FLOWS FROM OPERATING ACTIVITIES		4,972	3,713
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of fixed assets	13	(227)	(158)
Proceeds on disposal of investments	14	-	35
NET CASH FLOWS FROM INVESTING ACTIVITIES		(227)	(123)
INCREASE IN CASH AND CASH EQUIVALENTS		4,745	3,590
Cash and cash equivalent at the beginning of the year		26,949	23,359
CASH AND CASH EQUIVALENT AT THE END OF THE YEAR		31,694	26,949
ANALYSIS OF CASH AND CASH EQUIVALENTS			
CASH AND CASH EQUIVALENT AT THE END OF FINANCIAL YEAR		31,694	26,949

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

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 14-18 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 15 to 34.

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 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

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

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.

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 of €1.4m 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.

2. GOING CONCERN

The financial statements have been prepared on a going concern basis. The directors have considered the impact of COVID-19 on the Foundation in 2020 and 2021, as well as the economic outlook in the wake of the Ukrainian conflict, as well as its impact on the wider Fundraising sector. 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 in 2022/2023, and its incoming resources could be disrupted should further additional or unknown events continue for the coming year. The Foundation had net current assets of 33.8m (2020: €27.5m), including €31.7m (2020: €26.9m) in cash at bank at the year end and had €10.5m (2020: €12.6m) of unrestricted reserves at that date. Minimum reserves at year end were €1.6m (2020: €2.7m)

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, as well as the economic outlook in the wake of the Ukrainian conflict, as well as its impact on the wider Fundraising sector. 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 2021

5. DONATIONS AND LEGACIES

	2021 Unrestricted €'000	2021 Restricted €'000	2021 Total €'000	2020 Total €'000
Individual Giving & Legacies	5,397	157	5,554	6,264
Communities & Campaigns	3,748	760	4,508	5,464
Corporate, Trusts & Major Gifts	5,417	1,598	7,015	5,124
Other	212	15	227	522
	14,774	2,530	17,305	17,374

6. OTHER INCOME

	2021 Unrestricted €'000	2021 Restricted €'000	2021 Total €'000	2020 Total €'000
Deposit interest	-	-	-	1
Rental Income	-	-	-	200
Wage Subsidy Scheme	-	-	-	226
VAT Refund – charity compensation scheme	62	-	62	
	62	-	62	427

7. EXPENDITURE ON RAISING FUNDS

	2021 Unrestricted €'000	2021 Restricted €'000	2021 Total €'000	2020 Total €'000
Individual Giving & Legacies	1,275	-	1,275	755
Communities & Campaigns	1,262	1	1,263	1,239
Corporates, Trusts & Major Gifts	805	-	805	919
Other	282	-	282	171
Support Costs (Note 9)	1,073	-	1,073	904
	4,697	1	4,698	3,988

In 2021 support costs were allocated to expenditure on raising funds and charitable activities, a change from 2020 where they were only allocated to charitable activities.

7(A). Governance costs

	2021 Unrestricted €'000	2021 Restricted €'000	2021 Total €'000	2020 Total €'000
Payroll	75	-	75	58
Privacy Engine	23	-	23	4
Garda Vetting	0.4	-	0.4	0.2
Associated Costs	19	-	19	53
	117	-	117	115

8. EXPENDITURE ON CHARITABLE ACTIVITIES

Activity	Grants Unrestricted 2021 €'000	Direct & Support Costs Unrestricted 2021 €'000	Total Unrestricted 2021 €'000	Grants Restricted 2021 €'000	Total 2021 €'000
Research	2,215	305	2,520	968	3,488
Medical Equipment	1,372	189	1,561	600	2,161
Patient & Parental Support Services	608	84	692	266	958
Redevelopment & New Service Development	66	9	75	29	104
	4,261	587	4,848	1,862	6,711

The Foundation had designated funds of €15,098k at 31 December 2021, awaiting disbursement (See Note 20).

8(a). DIRECT & SUPPORT COSTS UNRESTRICTED ANALYSIS

	Direct Costs 2021 €'000	Support Costs 2021 €'000	Total Costs 2021 €'000
Research	196	108	304
Medical Equipment	122	67	189
Patient & Parental Support Services	54	30	84
Redevelopment & New Service Development	6	3	9
	378	208	586

8(b). EXPENDITURE ON CHARITABLE ACTIVITIES PRIOR YEAR (CONTINUED)

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

	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
	338	192	530
	338	192	530

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.

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 2021 €'000	Charitable Activities 2021 €'000	Total Support Costs 2021 €'000
Salaries	282	141	423
Redundancies	401	-	401
Travel & Accommodation costs	1	-	1
Administration & Communications	185	39	224
Premises costs	54	9	62
Professional & Governance costs	30	9	39
Depreciation	77	12	89
Banking & Finance costs	43	-	43
Total	1,073	209	1,282

Analysis of support costs – prior year:

	Expenditure on Raising Funds 2020 €'000	Charitable Activities 2020 €'000	Total Support Costs 2020 €'000
Salaries	532	118	650
Travel & Accommodation costs	1	-	1
Administration & Communications	153	31	184
Premises costs	47	7	54
Professional & Governance costs	72	25	97
Depreciation	61	10	71
Banking & Finance costs	38	-	38
Total	904	192	1,096

10. NET INCOME/ (EXPENDITURE)

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

	2021 €'000	2020 €'000
Depreciation of tangible fixed assets (note 13)	88	70
Interest receivable	-	-
Directors' remuneration	-	-
Operating lease payments (note 18)	6	6
	<u> </u>	<u> </u>

11. EMPLOYEES AND REMUNERATION

The average number of persons employed by the company during the financial year was 41. (2020: 39) and is analysed into the following categories:-

	2021	2020
Fundraising	27	25
Charitable Activities	5	5
Support & Management	9	9
	<u> </u>	<u> </u>
	41	39
	<u> </u>	<u> </u>

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

11. EMPLOYEES AND REMUNERATION (Cont'd.)

The staff costs amounted to:	€'000	€'000
Salaries	1,612	1,742
Social welfare costs	220	166
Pension costs (Note 18)	67	71
Severance payments	401	-
	<u>2,300</u>	<u>1,979</u>

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:

	2021	2020
Salary Band €70,000 - €80,000	-	1
Salary Band €80,001 - €90,000	1	-
Salary Band €90,001 - €100,000	-	1
Salary Band €100,001- €110,000	-	1
Salary Band €110,001- €120,000	1	-
Salary Band €120,001- €130,000	-	1
Salary Band €130,001 - €140,000	1	-

Total key management compensation (salary, PRSI, pension contribution, allowances and other benefits) for the financial year was €413,433 (2020: €538,956)

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	Fixtures & Fittings	Office equipment	Computer equipment	Total
Cost	€'000	€'000	€'000	€'000	€'000
At 1 January 2021	1,676	104	154	173	2,107
Additions	-	-	7	220	227
Disposals	-	-	-	(10)	(10)
At 31 December 2021	1,676	104	161	383	2,324
Depreciation					
At 1 January 2021	594	4	115	118	831
Disposals	-	-	(9)	-	(9)
Charge for financial year	24	10	15	39	88
At 31 December 2021	618	14	121	157	910
Net book amounts					
At 31 December 2021	1,058	90	40	226	1,414
At 31 December 2020	1,082	100	39	55	1,276

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

14. INVESTMENTS (AT FAIR VALUE)

	2021	2020
	€'000	€'000
Investment Funds		
At 1 January 2021	3,567	3,403
Additions	-	-
Disposals	-	(35)
Movement in fair value	646	199
	<hr/>	<hr/>
At 31 December 2021	4,212	3,567
	<hr/> <hr/>	<hr/> <hr/>

Investment funds are included in the financial statements at fair 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:

	2021	2020
	€'000	€'000
Irish Life Investment Managers Limited: <i>MAPS Scheme</i>	1,129	1,028
Quilter Cheviot Investment Management: <i>Diversified Portfolio</i>	3,083	2,539
	<hr/>	<hr/>
	4,212	3,567
	<hr/> <hr/>	<hr/> <hr/>

15. DEBTORS

	2021	2020
	€'000	€'000
Debtors and prepayments	247	1,058
Prepayments	164	211
	<hr/>	<hr/>
	411	1,269
	<hr/> <hr/>	<hr/> <hr/>

16. CREDITORS: Amounts falling due within one-year

	2021	2020
	€'000	€'000
Trade creditors	1,053	257
General Accruals	62	656
Amount due to CHI (Note 21)		
CHI at Crumlin	633	136
CHI at Temple Street	172	124
Amount due to NCRC (Note 21)	-	748
Grants accrued		
CHI at Crumlin	481	1,117
NCRC	-	1,117
Other creditors	9	16
PAYE/PRSI	56	109
Deferred grant income (Note 16a)	13	13
	<hr/>	<hr/>
	2,479	4,292
	<hr/> <hr/>	<hr/> <hr/>

16(a). 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.

	2021 €'000	2020 €'000
Balance at start of year	13	30
Amount released to income earned from charitable activities	-	(30)
Amount deferred in the period	-	13
	<hr/>	<hr/>
Balance at end of year	13	13
	<hr/> <hr/>	<hr/> <hr/>

17. FINANCIAL INSTRUMENTS

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

	2021 €'000	2020 €'000
Financial assets		
<i>Measured at fair value through SOFA</i>		
- Current asset listed investments (see note 14)	4,212	3,567
	<hr/>	<hr/>
<i>Measured at undiscounted amount receivable</i>		
- Debtors (see note 15)		30
	<hr/>	<hr/>
Financial liabilities		
<i>Measured at undiscounted amount payable</i>		
- Trade and other payables (see note 16)	1,923	1,390
	<hr/> <hr/>	<hr/> <hr/>

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2021

18. COMMITMENTS

PENSION COMMITMENTS

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 €61k (2020: €71k). An accrual of €9k is included in the financial statements with respect to outstanding contributions at 31 December 2021 (2020: €16k).

LEASE COMMITMENTS

Analysis of lease commitments in respect of:

Operating leases:

	2021 €'000	2020 €'000
Amounts payable during the next twelve months in respect of operating leases which expire:		
- within one year	6	6
- between two and five years	2	8
- after five years	-	-
	<u>8</u>	<u>14</u>

19. FUNDS OF THE CHARITY

	Opening Balance Jan 2021 €'000	Income 2021 €'000	Expenditure 2021 €'000	Grants 2021 €'000	Transfers 2021 €'000	Closing Balance Dec 2021 €'000
Unrestricted						
General	12,623	15,480	(4,813)	(857)	(11,968)	10,465
Designated						
- Research	1,244	-	-	(437)	5,535	6,342
- Medical Equipment	4,597	-	-	(1,778)	2,418	5,237
- Patient & Parental Support	402	-	-	(723)	981	660
- Redevelopment & New Services	877	-	-	(1,053)	3,034	2,858
Total Designated Funds	7,120	-	-	(3,991)	11,968	15,097
Total Unrestricted Funds	19,743	15,480	(4,813)	(4,848)	-	25,562
Restricted Funds						
A CCR&D	1,244	188	-	(292)	-	1,140
B Nazareth's Ward	394	1	-	(2)	-	393
C Research Funds	223	202	-	(212)	-	213
D Cardiac Fund	866	192	-	(139)	-	919
E Katie Nugent Fund	606	17	-	-	-	623
F Straight Ahead Fund	310	146	-	(108)	-	348
G Diabetes Fund	256	11	-	(77)	-	190
H Marfan Fund	248	-	-	-	-	248
I Orthopaedic Fund	-	-	-	-	-	-
J Other Restricted Funds	4,878	1,773	(1)	(1,032)	-	5,618
Total Restricted Funds	9,025	2,530	(1)	(1,862)	-	9,692
Total Funds of the Charity	28,768	18,010	(4,814)	(6,711)	-	35,253

The Foundation's designated funds are in respect of commitments approved by Board of Directors and at year end the commitments totalled €15,097k (2020: €7,120k) 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 2021

19. FUNDS OF THE CHARITY (Cont'd.)

FUNDS OF THE CHARITY PRIOR YEAR

	Opening Balance Jan 2020 €'000	Income 2020 €'000	Expenditure 2020 €'000	Grants 2020 €'000	Transfers 2020 €'000	Closing Balance Dec 2020 €'000
Unrestricted						
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
Total Designated Funds	9,465	-	-	(1,685)	(660)	7,120
Total Unrestricted Funds	16,268	13,362	(4,091)	(5,795)	-	19,744
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
Total Restricted Funds	7,658	4,666	(11)	(3,288)	-	9,025
Total Funds of the Charity	23,926	18,029	(4,103)	(9,082)	-	28,769

19. FUNDS OF THE CHARITY (CONTINUED)

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
A 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 in CHI at Crumlin
B Nazareth’s Ward	To fund the redevelopment of the Baby Ward in CHI at Crumlin in 2020 & 2021
C Research Funds	To support all research projects and grants
D Cardiac Fund	To fund capital improvements, cutting edge technology, equipment, research and patient and family experiences in the Cardiac unit in CHI at Crumlin
E Katie Nugent Fund	To support the needs of oncology particularly psychosocial supports and projects to improve care for children and their families
F Straight Ahead Fund	To fund surgery, support and medical equipment for children with orthopaedic conditions particularly scoliosis
G Diabetes Fund	To support the needs of the children and young adolescents with diabetes
H Marfan Fund	To fund research into Marfans Disease
I Orthopaedic Fund	To fund the redevelopment of the Out Patients Department in CHI at Crumlin
J Other Restricted Funds	Funds with a balance of less than €200k each at 31 December 2021 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 2021

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Balance €'000
Tangible Fixed Assets	1,414	-	-	1,414
Current Assets	11,518	15,098	9,704	36,320
Liabilities	(2,466)	-	(13)	(2,479)
Total funds	10,466	15,098	9,692	35,255

In respect of prior year:

	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)
Total funds	12,624	7,120	9,025	28,769

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 2021 (2020) Including amounts owed at and accrued at year end	Amounts owed at 2021 year end (2020) Paid subsequent to the balance sheet date (Invoiced)	Amounts accrued at 2021 year end (2020) (Not Invoiced)
CHI at Crumlin	€1,829 (€2,045)	€633 (€136)	€481 (€1,117)
CHI at Temple Street	€2,231 (€2,149)	€172 (€124)	€- (€-)
NCRC	(2020 €4,319)	(€707)	€- (€1,117)

Eilish Hardiman and David McCann were Children's Health Ireland's nominees to the Board of Children's Health Foundation in 2021.

22. SUBSEQUENT EVENTS

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





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