

Annual Report and Financial Statements 2022



**Children's Health
FOUNDATION**

Crumlin • Temple Street • Tallaght • Connolly

SUPPORTING CHILDREN'S HEALTH IRELAND

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“Children’s Health Foundation are continually inspired by the resilience and courage of sick children, our achievements are driven by their needs and your generous support.”

Hugh Kane
Interim Chief Executive,
Children’s Health Foundation



Section 1

Welcome and Overview



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 at Crumlin, Temple Street, Tallaght and Connolly – funding vital and life-saving equipment, providing essential patient and parental supports and making ground-breaking, paediatric research possible.

Every day in Children's Health Ireland hospitals and urgent care centres, sick children depend on their world-renowned medical teams to provide them with the highest level of care. We are committed to supporting the little patients and families who

attend Children's Health Ireland hospitals and urgent care centres at Crumlin, Temple Street, Tallaght and Connolly.

With the continued kindness and generosity of our supporters across Ireland and beyond, as an organisation we will continue our vital work in supporting the patients, families and staff 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

Child-centred:

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

Compassion:

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

Integrity:

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

Ambitious:

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

Collaborative:

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

Respect:

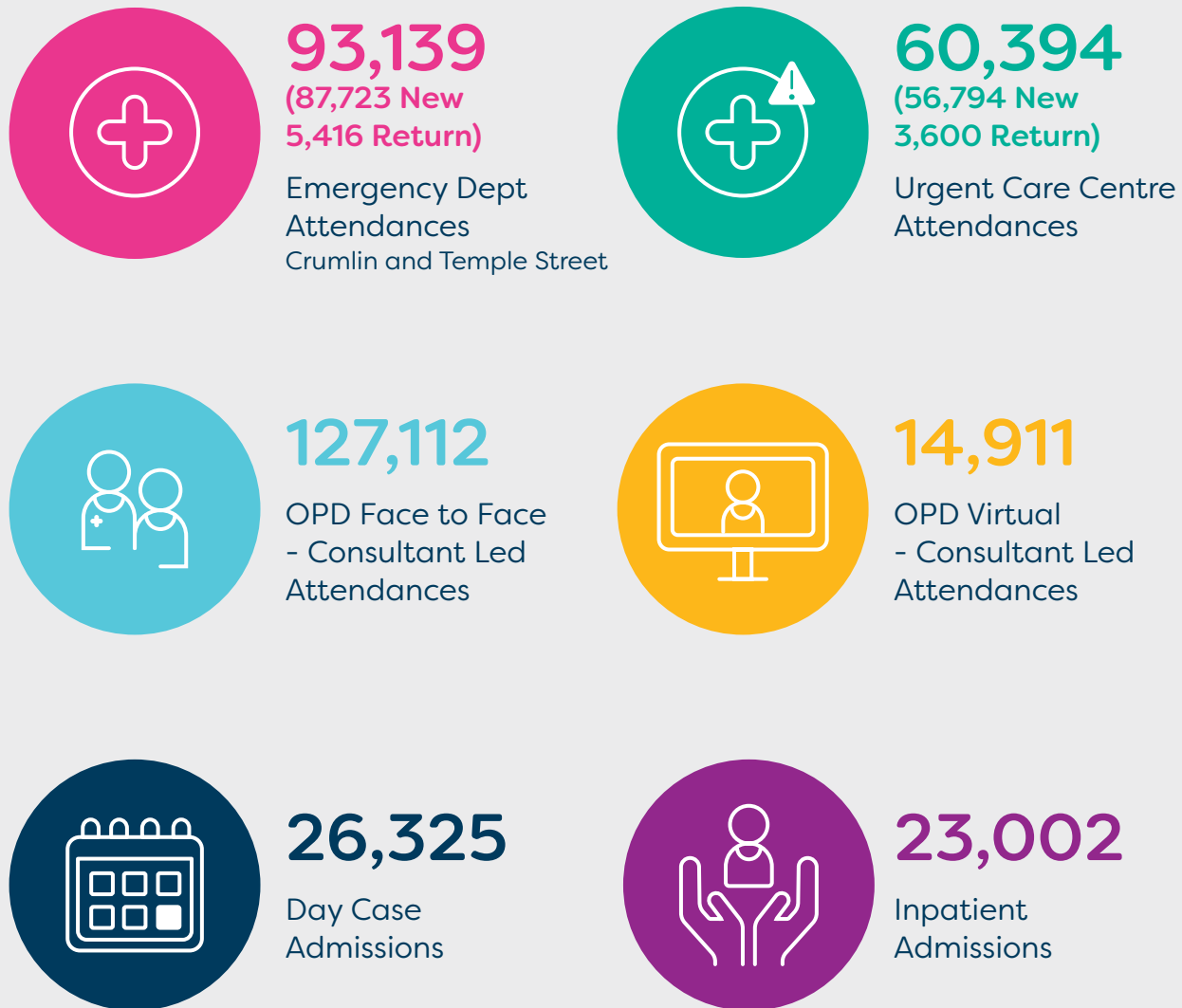
We value ourselves, each other and all members of our community showing understanding and appreciation for all our similarities and differences.

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.

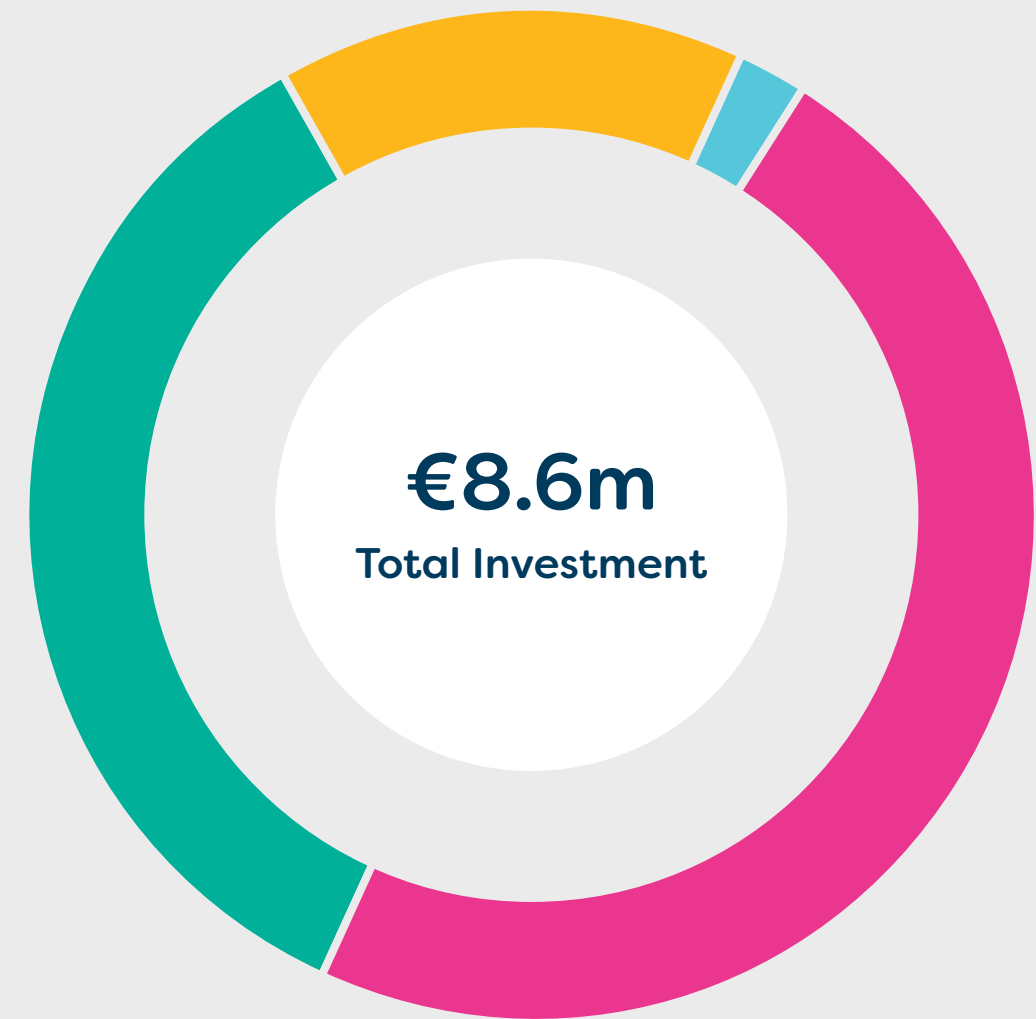
2022 Facts and Figures at a Glance

Children's Health Ireland Key Statistics 2022



In 2022, Children's Health Foundation invested a total of €8.6m in Children's Health Ireland hospitals, urgent care centres and the National Children's Research Centre.

This included:



- **€4.2m** on life-changing research
- **€3m** on the upgrading and replacement of vital and life-saving medical equipment
- **€1.3m** patient and parental supports
- **€133k** on new services and redevelopment

Chief Executive and Chair Welcome



Hugh Kane,
Interim Chief Executive



Mark Moran,
Chair

On behalf of the Board and team in Children’s Health Foundation, we are pleased to welcome you to our 2022 Annual Report and financial statements. In the pages ahead, we will share with you all we have achieved on behalf of sick children and their families in 2022, 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 Children’s Health Ireland. We see every day how dedicated they are to ensuring that every sick child who crosses the doors of Children’s Health Ireland hospitals and urgent care centres gets the very best care.

We are in the middle of a profound era of change for paediatric healthcare in Ireland. Children’s Health Ireland is on an exciting journey to an entirely new model of healthcare, and we are proud to work with them and to support every child, cared for across Children’s Health Ireland. 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.

We continue to develop and grow as an organisation, as we implement our strategic plan, and we look forward to an exciting future working with our supporters and other stakeholders. Our strategy reflects our passion and clearly articulates our on-going commitment to our vision of giving every sick child the very best chance. It provides us with a clear path to continue building and strengthening our organisation that will allow us to meet the needs we face today and the needs we expect to face in the coming years.

In 2022, our Chief Executive Officer, Denise Fitzgerald, decided to move on to new challenges. We thank Denise for her great work in supporting sick children over a 17-year period both in Temple Street Foundation and Children’s Health Foundation and we wish her well for the future.

In 2022, Children’s Health Foundation disbursed a total of €8.6m across Children’s Health Ireland hospitals, urgent care centres and the previously named National Children’s Research Centre (NCRC), which is now also Children’s Health Ireland. This has allowed us to invest in many areas including research, the purchase of a new MRI machine and a new CT scanner for Children’s Health Ireland at Temple Street, the development of a therapy garden for St Clare’s ward in Children’s Health Ireland at Connolly which is now under construction, an EEG system and training in Neurofeedback Intervention for Alders Unit in Children’s Health Ireland at Tallaght, the purchase of 3500xl Fragment Genetic Analyser, Anesthetic Machines and 3D Echo machines for Children’s Health Ireland at Crumlin.

Our supporters have enabled us to continue to invest in the Giggle Fund in Children’s Health Ireland at Crumlin, play supports in Children’s Health Ireland at Temple Street and exciting multi-site projects, including the purchasing of equipment to establish a dermoscopy photography service which enables the team to safely and accurately assess pigmented lesions and detect malignant features in a more timely manner. The equipment facilitates accurate visualisation of potentially dangerous sub-surfaces structures, reduces clinical risk, and increases diagnostic accuracy. These images assist the clinical teams to diagnose early and to treat patient conditions that may go unseen if not captured correctly.

Research has always been a key focus of Children’s Health Foundation. Through our partnership with Science Foundation Ireland (SFI) we had the first joint call for innovative paediatric focused research projects in 2022.

This innovative collaboration saw both organisations providing match-funding opportunities for research projects that have the potential to find new cures and treatments for sick children and change the future of paediatric healthcare. Children’s Health Foundation invested €2million in 2022 for research project funding, matched by SFI for successful projects.

The call received twelve applications, and following the review process, two of these projects qualified for joint funding. Additionally, due to the high caliber of applications and in line with Children’s Health Foundation’s 2022 commitment to research, we awarded full funding to a further two projects.

We were immensely grateful to have received crucial funding that allowed us to build a state-of-the-art Customer Relationship Management database system, Salesforce, which went live in June 2022.

The work involved the migration of two legacy databases, design and build of the new system, and training of staff. All employees have benefitted from this development. The positives include easier and greater access to information, better reporting, increased functionality and compliance.

Over the past year, the Foundation team has demonstrated fantastic commitment to sick children and delivered in exceptionally challenging circumstances. This has been made possible by our amazing supporters who continue to go above and beyond for children across all our hospitals and urgent care centres. As 2022 began we were seeing an end to COVID-19 restrictions. However, the invasion of Ukraine and the cost-of-living crisis meant that once again our supporters were being asked to support many different causes. Yet they continued to be there for sick children. Without them, the €8.6m we invested in paediatric health care would not have been possible.

A heartfelt thank you to our supporters, fundraisers and volunteers across the length and breadth of Ireland and beyond. Our achievements in 2022 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.



We would like to express our deep gratitude to Children’s Health Foundation Board of Directors. With the benefit of their guidance and expertise, they have helped us raise the vital funds needed to support our hospitals and urgent care centres.

We work in partnership with the teams across Children’s Health Ireland and our role is to support them and the children and families they care for every day. We are constantly humbled by their commitment to caring for sick children. We would like to thank all the staff and the Board in Children’s Health Ireland for their continued dedication in 2022, and our team in Children’s Health Foundation

for their on-going hard work and professionalism every single day. We are proud of each member of our team and the tangible difference they are making in the lives of children and their families.

Hugh Kane
Interim Chief Executive Officer,
Children’s Health Foundation

Mark Moran
Chair,
Children’s Health Foundation



Directors and Other Information

CURRENT DIRECTORS

Mark Moran (Chair)
John Chase
Julia Davenport
Eilish Hardiman
Owen Hensey
David McCann
Sinead Mc Sweeney
David Phelan
Brendan Jennings
Oonah McCrann

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

CURRENT COMPANY SECRETARY

Cara Secretaries Limited

INTERIM CHIEF EXECUTIVE

Hugh Kane (appointed 1 December 2022)

REGISTERED OFFICE & BUSINESS ADDRESS

14 -18 Drimnagh Road
Drimnagh
Dublin
D12 HX96

COMPANY REGISTRATION NUMBER (CRO)

328920

REVENUE COMMISSIONER NUMBERS (CHY)

13534

REGISTERED CHARITY NUMBER (RCN)

20042462

REGISTERED BUSINESS NAMES

Children’s Health Foundation Connolly
Children’s Health Foundation Crumlin
Children’s Health Foundation Temple Street
CMRF Crumlin
Temple Street Foundation

BANKERS

Allied Irish Banks plc
62 St. Brigid’s Road, Dublin 5
101 Grafton Street, Dublin 2
219 Crumlin Road, Dublin 12

Bank of Ireland plc
87-89 Pembroke Road, Ballsbridge, Dublin 4
177 Drimnagh Road, Walkinstown, Dublin 12

INVESTMENT MANAGERS

Irish Life Investment Managers Limited,
Beresford Court, Beresford Place, Dublin 1

Quilter Cheviot Investment Management,
Hambleden House, 19-26 Lower Pembroke St,
Dublin 2

Section 2

Financial Statements

Directors' Report

The Directors of Children's Health Foundation present this report, together with the audited financial statements, for the year-end 31 December 2022.

Our three-year strategy, 'Transforming Care for Sick Children - 2021-2023', provides 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 Children's Health Ireland.

It is our lighthouse; guiding us in everything we do for children and young people from across Ireland. Despite the challenges that we faced as we exited the global pandemic, the outbreak of war in Ukraine and the uncertain economic outlook, 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 at Crumlin, Temple Street, Tallaght and Connolly and Children's Health Ireland Research and Innovation Centre, previously the National Children's Research Centre (now being managed within Children's Health Ireland directly) 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 pillars:

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



Objectives and Outcomes

A review of the objectives and corresponding outcomes of Children’s Health Foundation for 2022 follows under four headings:

1 Fundraising and Philanthropy

Objectives and Priorities	Performance and Outcomes
Raise a total gross income of €18.5m from fundraising activities and other income.	Raised over €14.2m in fundraising, despite the impact of external factors including the exit from the pandemic, the global impact from the invasion of Ukraine, and the cost-of-living crisis. This was achieved through the generosity of all our supporters, fundraisers, and partners.
Recruit 4000 new direct debit supporters.	4007 new supporters joined us in 2022.
Achieve a net surplus after costs of €10.8m for grant making activities to Children’s Health Ireland and research within our Children’s Hospitals.	A net surplus of €7.6m was generated in 2022.

2 Supporting Sick Children – Charitable Activities

Objectives and Priorities	Performance and Outcomes
Embedding of our grant’s strategy and processes, under three key principles: <ul style="list-style-type: none"> Alignment of strategic priorities with a clearly defined vision of Children’s Health Ireland. 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. 	<ul style="list-style-type: none"> Our Grants Approval Panel (GAP) met to review 118 applications and disbursed overall €5.4m to Children’s Health Ireland projects. 56 applications for amounts under €10k were also assessed. 39 were approved at a cost of €190k. In 2022, a total funding commitment of €460k saw the initiation of six Training, four Accelerator, and three Converter grants, a Clinical Trials award as well as the commencement of two new grants. The Innovation Seed Grant had four successful applicants in its first year. The Investigator Led Clinical Trial Adoption grant, which had one successful applicant. The Education Panel met to review 51 applications and granted €75k to support Children’s Health Ireland training to enhance the experience of children in hospital.

Objectives and Priorities	Performance and Outcomes
Continue to support ground-breaking research studies within Children’s Health Ireland.	Provided funding of €4.2m for research across Children’s Health Ireland and National Children’s Research Centre/Research and Innovation including funding for: <ul style="list-style-type: none"> €1.6m supported National Children’s Research Centre Grants. €2m to co-fund research projects with Science Foundation Ireland. €625K to support seed funding for training grants.
Ensure that Children’s Health Ireland patients have access to the latest advances in medical treatment and critical care equipment.	Invested almost €3m across the hospitals and purchased a range of state-of-the-art equipment for wards and departments including: <ul style="list-style-type: none"> €905k to purchase a new CT scanner. €265k to purchase 3D ECHO machines. €200k to purchase a 3500xl fragment genetic analyser. €1.5m to purchase a new MRI Scanner.
Invest in the development of hospital facilities and its infrastructure.	Invested €133k on new services and redevelopment including: <ul style="list-style-type: none"> Invested €11k to refurbish St Gabriel’s Treatment room. Approved €20k for the development of a Therapy Garden for Alders Unit and the Laurels.
Create a caring environment and provide patient and parental supports to families when they need it most.	Funded over €1.3m in a range of support activities including: <ul style="list-style-type: none"> Play Therapy and resources at all Children’s Health Ireland sites. The Giggle fund in Children’s Health Ireland at Crumlin. Medical Social Work department funding to support families and patients in Children’s Health Ireland at Temple Street. Music Therapy across Children’s Health Ireland hospitals.

3 Governance and Excellence

Objectives and Priorities	Performance and Outcomes
Policies review to ensure adherence to Governance Standards.	Reviewed process implemented, including a review of all policies within three months of expiration to ensure standards are being met.
Succession Planning	Recruitment process for Board Directors implemented using identified skills matrix to strengthen mix of skills within the Board.
Board Matrix Skills Review and Planning	Board effectiveness review completed.
Embedding New Board Directors to meet Governance Standards.	

4 Strategy

Objectives and Priorities	Performance and Outcomes
Communications Plans.	Continued roll-out and refinement of the Children’s Health Foundation brand, unifying socials, website and all communications and supporter engagement materials.
Implement the first Children’s Health Foundation Strategy.	<p>On-going implementation 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. • Instill a culture of excellence in everything we do.
Systems Integration.	<p>Completion and delivery of the new CRM system; Salesforce, which went live in June 2022. This involved migration of two legacy databases, design and build of the new system, and training of staff.</p> <p>All employees have benefitted from this development, the positives include easier and greater access to information, better reporting/dashboards, increased functionality, and compliance.</p>



Achievements and Performance

Fundraising Activities - Children's Health Foundation 2022

The challenges as we exited from restrictions arising from the COVID-19 pandemic continued to impact on our activities. We continued to deliver a mix of in-person events and virtual events. The outbreak of war in Ukraine and its impact on the economy added further challenges to our fundraising activities and income.

Thanks to the continued dedication of our supporters, over €14.2m was raised in 2022; a good result, in another challenging year.

Despite the economic difficulties and the impact of the cost-of-living crisis, a large number 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 Children's Health Ireland.

Our regular givers stayed by our side in 2022, supporting us with monthly direct debit donations that allowed 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 million in 2022 and committed to continuing to support all sites. Gem Pack Foods continued their support of the Great Irish Bake 2022 with many new supporters getting their 'Bake on' for sick children, inspired by the stories of Finn. Halloween once again signalled the start of our annual Trick or Treat for sick children campaign, and we were delighted to have MiWadi as our sponsor again in 2022. MiWadi has supported our work for 10 years during which time the campaign has raised over €3.6m.

Children's Health Foundation Crumlin's long-term partners; One4All, IQEQ, Joe Duffy Group, Mallinckrodt, Oracle, Shannon group, Swift Energy, Vision Express, continued to support sick children in Children's Health Ireland at Crumlin with a variety of fundraising campaigns and activities. Q-Park, who have supported sick children in Children's Health Ireland at Temple Street for many years continued to do so in 2022. We were delighted to continue our long relationship with Penneys and Smyths and welcomed new supporters DHL in 2022. We were extremely grateful to each and every one of our corporate partners for their dedication and kindness.

Agility and flexibility in our fundraising tactics continued to be a focus in 2022, as people adjusted to life post social distancing restrictions. 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.

Our website grew from strength to strength, as more people than ever used it as a resource to learn about our work and get involved in supporting the work of Children's Health Foundation for sick children.

The investments that the Foundation has made across Children's Health Ireland hospitals and urgent care centres in 2022 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 is 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 Children's Health Ireland to identify and prioritise investments that would have the greatest impact for sick children and their families.

In 2022, Children's Health Foundation invested a total of €8.6m in Children's Health Ireland hospitals, urgent care centres and the Children's Health Ireland Research and Innovation centre, (previously NCRC)

This included:

- €4.2m on life-changing research.
- €4.4m on the upgrading and replacement of vital and life-saving medical equipment, on new services and redevelopment, and on a range of patient and parental supports.

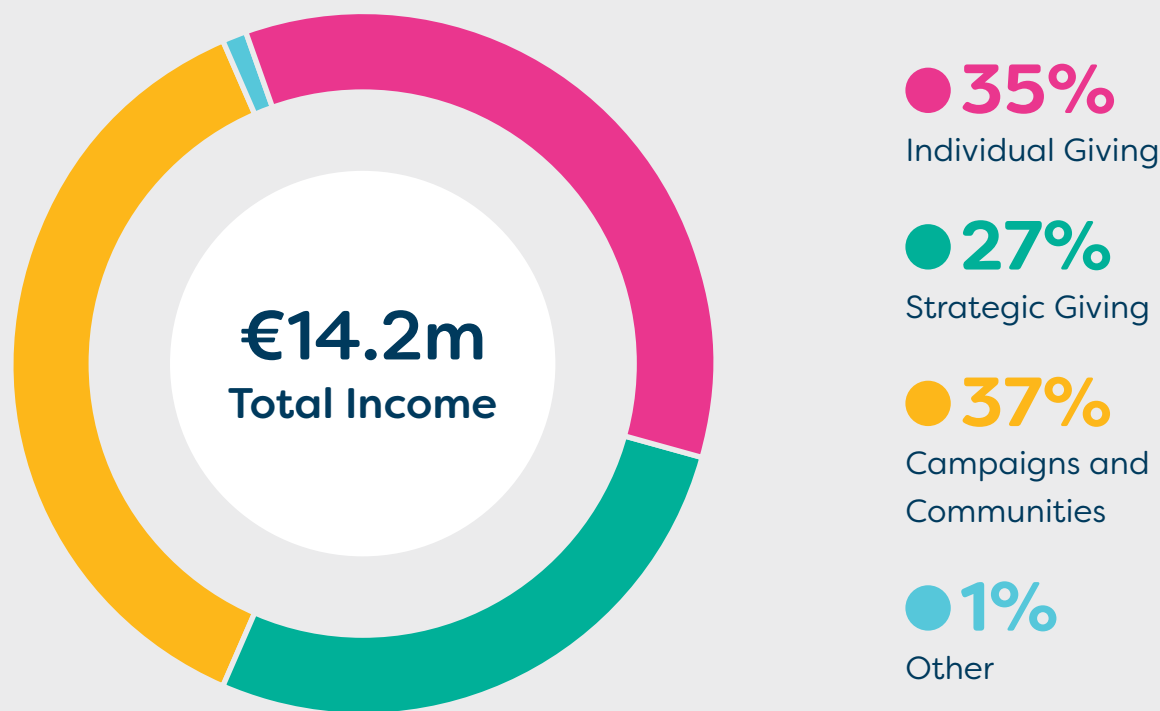
We are immensely grateful to each and every one of our supporters, fundraisers, volunteers, partners and Ambassadors who have worked so hard to make this level of investment in paediatric healthcare a reality in 2022.



Financial Review

The financial outcome for the year for the Foundation is set out on page 69. In an incredibly challenging year, we were delighted to have raised €14.2m from fundraising income.

After expenditure of €5.8m and investment loss of €0.8m, this resulted in a net income of €7.6m being available to carry forward for future commitments. A detailed commentary on the financial results is set out below.



Income

Total income for the year was €14.2m. Fundraising income for the year of €14.2m was a reduction on the previous year, as we continued to exit the COVID-19 pandemic, the downturn in the economy and the cost-of-living crisis for many supporters. The split of our fundraising income portfolio was as above.

The figures show a variable performance across all income streams. Despite the challenges all businesses faced in 2022 corporate support remained strong.

The Strategic Giving Team delivered €3.9m.

However, some expected income did not materialise during 2022 and was received in early 2023.

The income reflects the excellent engagement which began in 2020, working with corporates in a true partnership approach to maximise corporate support for our hospitals as per our strategic plan.

Campaigns and Community Engagement continued to be impacted as we exited a long period of COVID-19 restrictions and the impact from the cost-of-living crisis. Both areas performed very well despite the challenges. This area

generated an income from supporters of €5.3m. Campaigns delivered excellent results in Great Irish Bake with income of €212k. Route 66 had an income of €182k in 2022. The total amount raised for the 2022 Route 66 Motorcycle Challenge was €415k. 2022 saw Clash of the Companies replace Techies for Temple Street, as we moved to support all hospitals and urgent care centres. In it's first year we were delighted to welcome back many Techies supporters, and many new companies, all of whom helped to raise over €144k.

Thousands of individuals continued to support our work with regular monthly direct debit donations and Face-to-Face recruitment saw 4,007 new monthly supporters joining the Children's Health Foundation community.

2022 saw over €462k in income from our Tax campaign, demonstrating once again the importance of regular support and the difference it can make.

Investments, Governance and Investment Policy

The Finance, Audit and 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.

Expenditure is classified between expenditure on raising funds, charitable activities and governance costs that are further explained in note 1 on the financial statements. Expenditure on raising funds was €4.2m for 2022. This represents an increase and was due to many small contributing factors; the slight easing of pandemic restrictions in 2022 enabled the reintroduction of some active challenges, marathons, and campaigns. Support costs decreased due to a number of factors, including delayed recruitment and remote working.

The result was overall costs for the Foundation were at 29% of total income.

Children's Health Foundation's investment managers are listed in the information section of 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 €34.3m. Of this total €15.1m was designated for projects approved by the Board and not paid by the year end to the hospitals and €8.4m was held in restricted funds to support specific projects and activities as decided by supporters. The balance of reserves of €10.8m was unrestricted of which approximately €1.6m 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 €9.2m at year end available for commitments for 2023 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 (2023)

In the year ahead of us, we look forward to working closely with our supporters and our colleagues in Children's Health Ireland to continue to make a difference to the hospitals and urgent care centres, and most importantly, to the lives of sick 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 building even closer ties with the Children's Health Ireland 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. In order to ensure sustainable funding, the Foundation aims to raise at least €14.5 million in 2023.



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 Children's Health Ireland hospitals and urgent care centres today, tomorrow and into the future, by continuing to implement our 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 four key pillars of this strategy ensuring that we 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 progressing well. 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 Children's Health Ireland 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. Every child who comes through the doors of Children's Health Ireland 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, 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 2023 and beyond, we are only too aware that the needs of Children's Health Ireland patients and their families will continue to grow. We promise to be there on every step of this important journey with Children's Health Ireland, 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 each and every single supporter, fundraiser, volunteer and Ambassador who has made a contribution in 2022 for your kindness to sick children. We hope that they will continue to stand with us to improve outcomes for sick children.

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 the current economic climate, 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 2019 under the Companies Act. It is a company limited by guarantee with no share capital and 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, Chief Executive Officer 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).

3. No person shall be entitled to be appointed as a Director for more than nine (9) years in succession.

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

Directors and Board Members

- Mark Moran (Chair)
- Siobhan Brady (resigned 24 December 2022)
- Terence O'Rourke (resigned 24 December 2022)
- John Chase
- Julia Davenport
- Eilish Hardiman
- Owen Hensey
- David McCann
- Sinead Mc Sweeney
- David Phelan
- Brendan Jennings (appointed 24 December 2022)
- Oonah McCrann (appointed 24 December 2022)

Company Secretary

- Deirdre McMahon (resigned 15 March 2022)
- Clodagh Collier (appointed 15 March 2022 and resigned 01 September 2023)
- Cara Secretaries Limited (appointed 01 September 2023)

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

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 and Best Practice

Since inception we have adhered to the principles of accountability and transparency, recognising our responsibility to ensure that the generosity of our supporters 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 believes 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 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 by the Board.

To actively demonstrate openness, transparency and integrity to our beneficiaries and supporters, 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 the Children's Health Foundation Charities Governance Code (issued by the Charities Regulator in November 2018) during the year for 2022 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 five times during the year (the quorum for Board meetings is four Directors); the Finance committee met four times during the year; the Governance Committee met four times during the year with attendance (and eligibility) for all as follows:

Directors	Board Meetings	Finance, Audit and Risk Committee	Governance Committee
Mark Moran	5(5)	3(4)	4(4)
Siobhan Brady	5(5)	n/a	4(4)
John Chase	5(5)	2(4)	n/a
Julia Davenport	5(5)	n/a	4(4)
Eilísh Hardiman	4(5)	n/a	n/a
Owen Hensey	5(5)	n/a	n/a
David McCann	5(5)	4(4)	n/a
Sinéad McSweeney	2(5)	n/a	n/a
David Phelan	5(5)	n/a	4(4)
Terence O'Rourke	4(5)	4(4)	n/a
Brendan Jennings	1(1)	n/a	n/a
Onnah McCrann	0(1)	n/a	n/a

Management, Setting Pay and Remuneration

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

The Foundation sets remuneration for all staff based on averages within the Non-Profit Sector and a benchmarking exercise is 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. A 6.5% pay increase was approved by the Board in August 2022.

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 2022 (2021 and 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 presents 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.

The table describes each risk category, setting out the risk appetite and the guiding principles to treat each category:

Category	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 ensuring maximum impact for sick children.	Governance and Compliance Lead 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 Charities Regulatory Authority (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.	Continue to implement 2021- 2023 strategic plan which gives 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.
Financial	Averse and Balanced	Children's Health Foundation's approach to investments is balanced. The 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 Children's Health Ireland to ensure timely and effective use of supporter 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 Children’s Health Ireland and general enhanced scrutiny of governance in the charity sector can cause knock on reputational damage to Children’s Health Foundation. On-going scandals in the charity sector impact all organisations.	Multiple streams of communication between Children’s Health Foundation and Children’s Health Ireland. 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: Children’s Health Ireland hospitals and external environmental.	Children’s Health Ireland hospitals - regular joint meetings are in place to ensure constant communication with Children’s Health Ireland, as well as an agreed patient consent process across both organisations which is crucial for sharing patient stories. External environment - CRA Governance Code compliance, and external audit to ensure that any potential external risks are identified and mitigated.

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 the 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 our supporters and volunteers have made to the lives of sick children in Crumlin, Temple Street, Tallaght and Connolly. The strength and support of the Foundation’s community of staff, volunteers and supporters enables Children’s Health Ireland to provide the best care possible.

The Foundation acknowledges with immense gratitude the hard work, dedication and personal care and attention that it’s 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, 14-18 Drimnagh Road, Crumlin, Dublin, D12 HX96.

Statement on relevant audit information

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

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

- so far as the Director is aware, there is no relevant audit information of which the company’s auditors are unaware, and
- The Directors have 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.





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
Brendan Jennings, Director

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

Directors' Responsibilities Statement

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

Irish company law requires the Directors to prepare financial statements for each financial year. Under the law, the Directors have elected to prepare the financial statements in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council ("the 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.

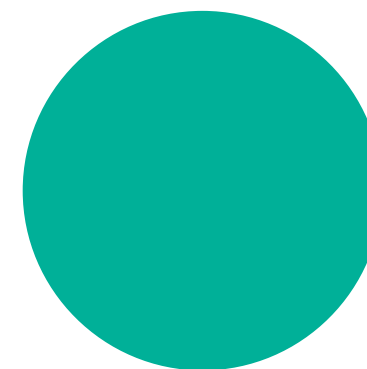
In preparing those financial statements, the Directors are required to:

- 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 2022 and of the net loss 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. 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.

Siobhan Phelan

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

04 October 2023



Section 3

Impact Report

Plans for the Future

Transforming Care for sick children

Children's Health Foundation is committed to its vision to give every sick child the very best chance. Our strategic plan 'Transforming care for sick children' was introduced in 2021. In 2022 we continued to develop and grow as an organisation as we implement our plan. Our strategy reflects our passion and clearly articulates our on-going commitment to our vision. It provides us with a clear path to continue building and strengthening our organisation that will allow us to meet the needs we face today and we expect to face in the coming years.

Our strategic priorities are focussed across five key areas ensuring 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.

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

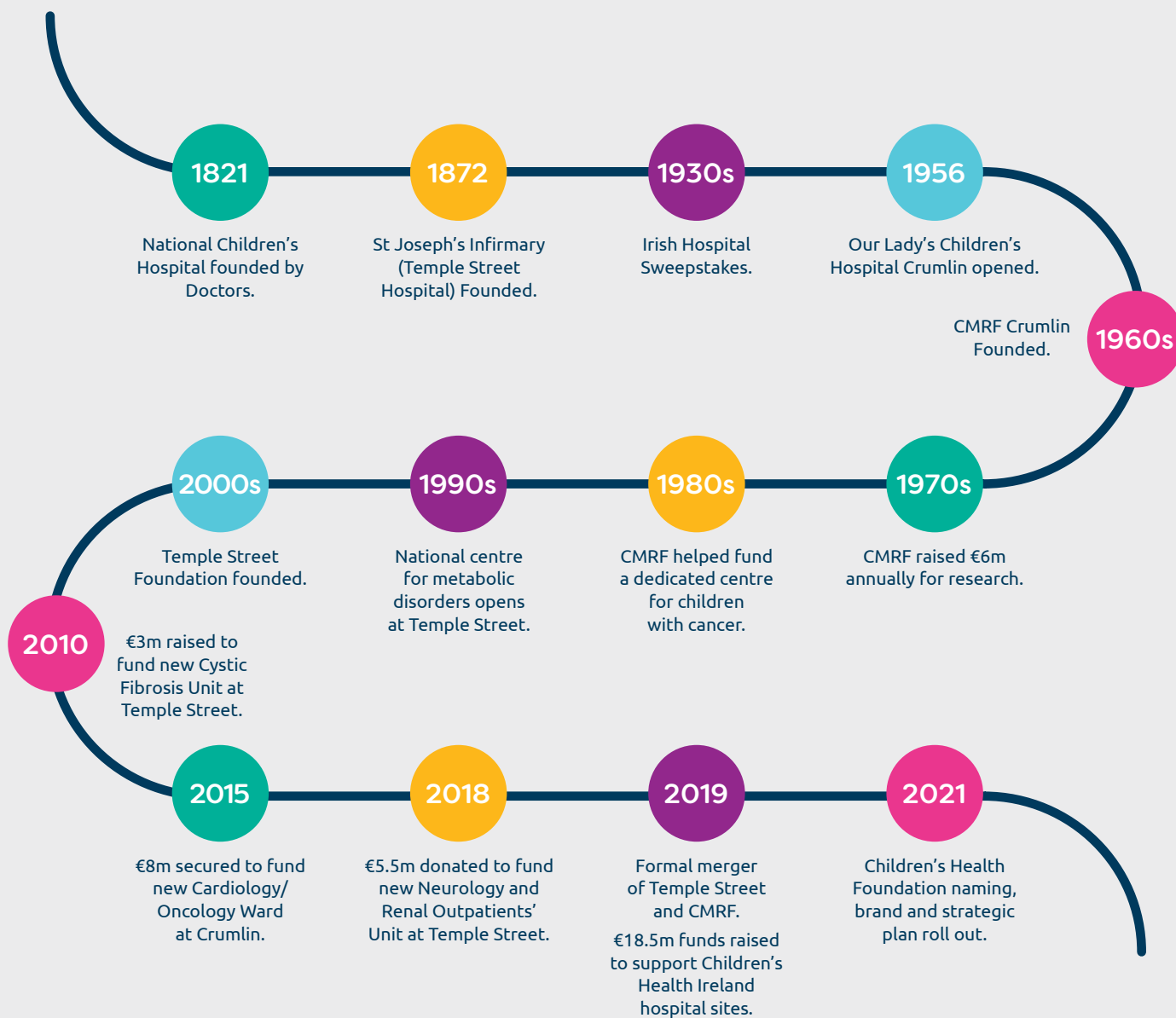
Children's Health Foundation will attract top talent and knowledge, with an emphasis on an innovative spirit and embedding a culture of transformation. We will deliver the best experience for all stakeholders, remaining committed to being a leader in accountability and governance in the Non-Profit Sector.

The implementation of 'Transforming care for sick children' has been a collective effort and we continue to work closely with Children's Health Ireland. This is an important partnership with both organisations focusing on a common goal – ensuring the best for Ireland's sick children and adolescents. We are grateful for the contribution of Children's Health Foundation's Board, staff, supporters, volunteers, partners and Children's Health Ireland, in helping to reach our milestones and realise our ambitions. We look forward to their continued collaboration and input.

Solid foundations

Today Children’s Health Foundation is the leading charity for children, raising €14.2m in 2022. Our roots and the critical impact of philanthropy and generosity can be traced to the founding of the hospitals. For 200 years, Ireland has been served well by these medical facilities devoted exclusively to the care and treatment of sick children.

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, on-going research, and innovative medicine.



Looking to the future

We are in the middle of a profound era of change for paediatric healthcare in Ireland. Children’s Health Ireland is on an exciting journey to an entirely new model of healthcare, and we are proud to work with them and to support every sick child, cared for across Children’s Health Ireland.

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

Children’s Health Foundation has high aspirations – driven by sick children and their needs. We are continually 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.

New and Emerging Services and Development Initiatives

Improved assessment of optic nerve function in children under five

Children's Health Ireland at Crumlin

Funding this project directly advanced the care of children attending for optic nerve function evaluation, by positively impacting the child's experience during their evaluation. A specific pupillometer camera was integrated into the existing equipment. Utilising this miniature camera technology, pupillometry married, in real time, the most up to date technology with well-established clinical measurement giving a gold-standard clinical service.

Within the vision science laboratory, almost every referral received required an assessment of optic nerve function. In older children of five years or above, a test called a Pattern Visual Evoked Response (PVER) was used. This test involved placing three to five recording electrodes over specific parts of the head. The child looked at a specific pattern or flashing light and the electrical response from the "seeing" parts of the brain was recorded. By examining the response, the vision science laboratory determined how well the information viewed with the eye was carried along the optic nerves to the brain.

This provided a highly reliable and repeatable response and was a very useful clinical tool in ocular diagnostics. In particular, a large part of its use in the laboratory was monitoring for change in optic nerve tumours and swelling of the optic nerve in disorders like optic neuritis. Current research has shown that pupillometry measuring changes in the pupil size following a flash of light is also an important metric in the examination of optic nerve function as well as cortical or brain function.

From children who were tested that were under five years old, the quality of optic nerve assessment was reduced. Approximately 40% of referrals received required an assessment of optic nerve function in children younger than five years of age.

Due to reduced attention span and focus in this age group, a percentage of this group found it difficult to look at the pattern stimulus and flashes of light used. The disadvantage was that the response obtained provided only a crude, less repeatable measure of nerve function.

Adding pupillometry enhanced the overall diagnostic ability and complemented the current flash VEP metric, providing a more reliable and robust outcome measure. It provided a measure of optic nerve function which is not covered by the VEP, specifically fibres which radiate to the more central parts of the brain and play a role in sleep disorders. The ability to measure subtle changes in the rate of constriction/dilation of the pupil as well as difference between both eyes has been shown to be an important diagnostic metric for concussion and other conditions seen within our neurology department.

This innovative method of assessing optic nerve and central nervous system function by measuring the speed at which the pupil constricts or dilates following a flash of light is a quick method that does not involve any electrodes being placed on the child. This is advantageous in testing all children, but especially younger children, and in children with specific sensory processing issues, for example, children with autistic spectrum disorder.

This project improved the overall quality of optic nerve function assessment provided to the referring specialty, thus allowing for improved diagnosis and prognosis.

John Maguire

Senior Clinical Physiologist, Neurophysiology, Children's Health Ireland at Crumlin

EEG system and training in neurofeedback intervention for Child Sexual Assault Unit

Children's Health Ireland at Tallaght

Thanks to generous funding, a highly advanced, innovative, and unique intervention model based on cutting edge research and technology, was introduced to Alders Unit at Children's Health Ireland at Tallaght. Alders Unit provides consultation, assessment, and therapy to children and families impacted by childhood sexual abuse.

The new EEG system training in neurofeedback intervention has enabled direct access to neuro processes unreachable by traditional talk therapy. It was known that early life trauma caused disruption to brain processes and structures, which were not necessarily best mediated verbally by talking therapy, or chemically by psychopharmacological treatment (van der Klok 2014).

The standard treatment offered by The Alders Unit in terms of therapeutic intervention includes Play Therapy, art therapy, eye-movement desensitisation and reprocessing (EMDR), various evidence-based talk therapies, family therapies and long-term family supports. However, many children affected by developmental trauma achieved limited gains from these interventions, drop out of therapy early, or decline to engage in the first place. Additionally, it is not uncommon for young children who complete a block of therapy to return as adolescents requiring further intervention. Despite the quality of the services provision, there was a need for innovation and evolution in order to provide the most up-to-date intervention.

With the new intervention, children are now assessed using psychometric measures and clinical interview to determine the clinical diagnosis and severity of the trauma by examining behaviour, executive function, trauma symptoms. A thorough 3D brain mapping assessment is then complete using quantitative electroencephalogram (qEEG), which determines which specific areas of the brain should be targeted by the neurofeedback intervention.

During a typical neurofeedback session, the child is connected to the EEG system by placing one or more electrodes on the scalp. Utilising the provided software, the equipment provides real-time, instantaneous feedback on the child's brainwave activity. No electrical current is put into the brain and the process is completely non-invasive.

Ordinarily it is not possible for a child to influence brainwave patterns because they lack awareness of them, but when they can view electrical patterns on a PC monitor, they can gradually gain the ability to make changes. The children we treat now could directly assess, and influence the limbic system of the brain, which is the source of the trauma symptoms.

They do this via the neurofeedback brain training process, which involves the use of a child-friendly video game or movie, which only progressed when the client's brainwave patterns fell within parameters set by the clinician. The target parameters in trauma intervention are typically a regulated emotion state, although the exact brain areas and frequencies to be targeted are determined on a case-by-case basis, by comparing the child's data to a normative bases.

By learning to control the video game or movie, the children are gradually learning to reach previously inaccessible regulated states. Over time, and with continued therapeutic input, the children generalised the new skill to real-world situations for example school, public transport, social events, which were previously intolerable due to a chronic level of dysregulation. In the children accessing the new intervention, we are seeing that improvements in affect regulation have led to improvements in impulse control and executive function, and associated difficulties with behaviour. This reduced the need for self-medication via illicit substances and reduced incidents of deliberate self-harm and suicidal behaviour. An improved capacity for self-regulation has also benefitted the young people with education and employment opportunities.

Neurofeedback is now well-established as a treatment option at the Alders Unit and continues to benefitted children with the most severe developmental trauma, as well as engaging children who had previously made limited gains with traditional therapy. These children tend to be aged between 4-18 years and have experienced sexual abuse or assault. The main benefit is a reduction in symptoms, improved wellbeing offered by neurofeedback training, as well as the secondary benefit of reduced wait times and time spent in therapy.

Dr. Conn Dorai - Raj

Senior Counselling & Forensic Psychologist, Alders Unit, Children's Health Ireland at Tallaght

Patient and Parental Supports

Parents Accommodation Fund for Neurosurgery Patients

Children's Health Ireland at Temple Street

Our generous supporters enabled us to set up a parent's accommodation fund for neurosurgery patients. With this funding, Medical Social Workers and the Play Department can arrange parents accommodation for families who have just received devastating and palliative diagnoses.

Receiving bad news can be incredibly unsettling for families. During these challenging periods, parents are encouraged to take a room in the hospital accommodation, or often emergency accommodation in local hotels if there is no onsite parent accommodation available. The emotional impact of a new diagnosis can be huge and added to this is the financial impact of an unexpected and emergency admission to hospital. To be able to have a fund to help families pay for this stay when they have limited resources, is a massive benefit.

The project is targeted at the parents of neurosurgical patients who are admitted under serious or palliative circumstances. The needs of each family are assessed by the Medical Social Worker at the time of diagnosis, and if found that the cost of hospital accommodation will add additional stress on these families, it will be arranged for their bill to be paid for from the fund. In the context of what these families are going through, the project is a small attempt to minimise their stress.

Michelle D'Alton

Medical Social Worker, Children's Health Ireland at Temple Street

Martina Nash

Medical Social Worker, Children's Health Ireland at Temple Street



Educational materials for parents of children with newly diagnosed Type 1 Diabetes Mellitus

Children's Health Ireland at Tallaght

This project was targeted at children with Type 1 Diabetes Mellitus (T1DM) and their families. Giving parents access to the Carbs and Cals resource book from diagnosis, allowed for earlier engagement and familiarisation with carbohydrate counting. This led to the promotion of good glycaemic control and reducing the risk of diabetes complications.

Carbohydrate counting has shown to improve glycaemic control and improve diabetics specific quality of life. International Society for Paediatric and Adolescent Diabetes guidelines from 2018 recommends that carbohydrate counting is best introduced at the onset of diagnosis for those on intensive insulin regimens.

Each year approximately 40 children present to Children's Health Ireland at Tallaght with newly onset Type 1 diabetes mellitus. It was recommended that children with T1DM attend a specialist children's clinic and were cared for by an appropriately trained paediatric multidisciplinary diabetes team, providing on-going integrated education and support.

'Carbs and Calorie Counter' was identified as instrumental to the education process. Printed in association with Diabetes UK, this book was recognised in the UK as the "carb and calorie counting bible". The book visually displays hundreds of food photos making counting carbs and calories a breeze. This publication was deemed an essential resource for diabetes management, weight loss, portion control and healthy eating, thus improving the quality of life for children with T1DM and their families.

The role of the diabetes dietitian was to educate the child and their family about healthy lifelong eating habits and appropriate eating behaviours. This was to optimise growth and development and to optimise glycaemic (blood glucose) control and thereby reduce the risk of microvascular complications such as retinopathy, neuropathy and nephropathy.

Meave Graham

Dietician Manager, Department of Nutrition and Dietetics, Children's Health Ireland at Tallaght



Training to improve Children's Health Ireland staff's confidence and competence in caring for LGBTQ+ young people

Children's Health Ireland at Crumlin

Thanks to generous funding, training to improve confidence and competence in the care for LGBTQ+ young people could be provided to Children's Health Ireland staff. The training enables staff to develop their foundation knowledge, skills and comfort levels in relation to sexual orientation, gender identity and expression. This staff resource in turn supports patients and families in accessing the healthcare they need.

This gap in healthcare was initially addressed with the HSE Rainbow Badge, which was formally introduced in Children's Health Ireland in July 2021. However, the badge was recognised as only a starting point to overcoming healthcare inequalities. In order to address Children's Health Ireland staff's understanding of the issues faced by LGBTQ+ young people, and improve the ways they can interact with these patients, the funding aims to support with three main items:

1. Transgender awareness training: training had begun in 2021 on small scale via the rainbow badge committee in conjunction with TENI (The Transgender Equality Network of Ireland) and Gendercare. However, the demand among Children's Health Ireland for this training far exceeded the capacity. The funding allowed training to be rolled out to more staff, and schedule extra training days.
2. Training materials - this includes posters for departments, badge budget and staff talks outside of the training.

3. A half-day in-person symposium to coincide with Dublin Pride. Costs of this would include travel and accommodation for expert speakers, hire of suitable equipment and catering. The information provided during the symposium, was to support Children's Health Ireland staff in their everyday understanding and keep the HSE Rainbow Badge topical.

Dr Dani Hall, Consultant in Paediatric Emergency Medicine, Children's Health Ireland said *'Visibility still matters; this badge shows that our staff are here to listen and help LGBTQ+ young people and families. But the model is more than just the badge; it's a model that emphasises the substance behind the symbol, with the emphasis on education for staff, responsibility and support'*

The project has empowered Children's Health Ireland staff in breaking down barriers to healthcare for LGBTQ+ young people. It fits with Children's Health Ireland's values of inclusion and diversity, with practical and individualised supports for staff so that they can feel authentic and comfortable in health care provision for all children, young people and families. Children's Health Ireland were extremely proud to win the Equality Initiative of the Year award, alongside Linn Dara CAMHS, in the 2021 Irish Healthcare Awards for the HSE Rainbow Badge.

Dr. Dani Hall

Consultant in Paediatric Emergency Medicine
Children's Health Ireland at Crumlin



Vital and Life-saving Equipment

Neonatal Unit in Children's Health Ireland at Crumlin

Children's Health Ireland at Crumlin

The kindness of our supporters is enabling the development of the Neonatal Unit in Children's Health Ireland at Crumlin. As the national centre for complex newborn care, Children's Health Ireland takes care of Ireland's sickest and smallest babies.

Newborns who require specialised hospital care but are not sick enough for the Paediatric Intensive Care Unit (PICU) benefit from treatment in a High-Dependency Unit (HDU). The Neonatal High-Dependency Unit in Children's Health Ireland at Temple Street was generously funded by Children's Health Foundation supporters and opened its doors in 2009. This unit has developed a strong neonatal ethos and culture in keeping with established standards for very sick and premature babies. However, space is limited in this unit, and beds there are nearly always at full capacity.

To date, there has been no exclusively neonatal space in Children's Health Ireland at Crumlin: newborns shared space with older children in PICU and on infant wards. There have also been no dedicated neonatal HDU beds in Children's Health Ireland at Crumlin, despite increasing numbers of babies being admitted with a need for this type of care. In 2020, the generosity of supporters to Children's Health Foundation provided Nazareth Ward in Children's Health Ireland at Crumlin with a much-needed refurbishment, which is now progressing into the Neonatal Unit.

This Children's Health Foundation funded project will convert the existing eighteen-bed Nazareth ward in Children's Health Ireland at Crumlin to a Neonatal Unit with six high-dependency beds. The high-dependency beds will be outfitted with equipment required for the care of these patients, such as additional oxygen ports and monitoring. Together with six well-established neonatal high dependency beds in Children's Health Ireland at Temple Street, this will provide long-planned specialised cots for a particularly vulnerable group of patients.

Creation of additional high-dependency beds in Children's Health Ireland at Crumlin will help improve long-term patient outcomes, by providing

the appropriate setting for very sick babies. It will also mean that babies ready to leave PICU can do so sooner, reducing bed pressures in PICU and supporting babies on their care journey.

The remaining twelve cots on the Neonatal Unit will be dedicated to caring for more stable newborns. Specialist equipment, such as neonatal resuscitation devices, will be installed in these rooms. Opening of the unit is a major step on the way to delivering the neonatal intensive care unit (NICU) in the new Children's Hospital and providing world-class neonatal care.

To parents and family members, the Neonatal Unit will provide a comfortable and reassuring environment during what can be a challenging time. For example, sound and light will be kept low, which is especially beneficial to premature babies.

The Neonatal Unit is also very important for staff as it supports specialist learning for nurses, trainee doctors, therapists, and other staff. This is vital for creating a highly skilled neonatal workforce for Children's Health Ireland which will transition to the new hospital.

This project will support newborns being cared for in an environment appropriate to their needs. It will help build a Neonatology service in Children's Health Ireland that will improve access to quality health services for neonates across the country. For families of babies admitted to Children's Health Ireland at Temple Street and Crumlin, a hospital stay can be a fraught time, filled with numerous emotions. Support for the neonatal services across Children's Health Ireland supports a safe, friendly environment for patients and families during what may be a stressful and traumatic time in their lives.

Dr Ann Hickey

Clinical Specialty Lead, Neonatology
Children's Health Ireland at Crumlin
and Temple Street



Optia Apheresis System

Children's Health Ireland at Crumlin

The kindness of our supporters enabled the replacement of the Optia Apheresis unit. The existing machine was nine years old and had reached the end of normal service life. The purchase of the new machine in a timely manner ensured no clinical disruption to service users.

The Optia Apheresis unit provided Plasma Exchange, Therapeutic Apheresis services across the entire hospital. These services were beneficial to the Intensive Care Unit, Nephro, Neurology, Cardiac, Rheumatology, and Haematology. Stem Cell collection for transplantation on the BMT unit Stem Cell collection (MNC and CMNC collection options) as it was the only device capable of inlet flow rates as low as 5mls min which is critical requirement for paediatrics. It was used in Red Cell Exchange (Sickle Cell Disease), being the only machine with Red Cell depletion option. In Bone Marrow Processing, for

ABO incompatible marrows or for volume reduction of marrow. It was capable of procedures on low total blood volume patients - as low as 300mls.

The main advantage of the Optia Apheresis unit was the maintenance of a reliable specialised service to a group of often very ill patients. As it is the only Paediatric Apheresis collection service in the country, low weight patients from Belfast are also referred to Children's Health Ireland at Crumlin for stem cell harvests.

Noeleen Comey

Apheresis Unit
Children's Health Ireland at Crumlin



Patient Monitoring and Medical Equipment for new MRI and CT Suite

Children's Health Ireland at Temple Street

With the help of our supporters, in 2022 we funded the purchase of Patient Monitoring and Medical Equipment for the new MRI and CT suite in Children's Health Ireland at Temple Street. The CT/MRI install project has delivered a new CT scanner and a second MRI scanner on the Children's Health Ireland at Temple Street site. This development represents a significant advancement in the quality of cross-sectional imaging that Children's Health Ireland provides to its sickest patients.

MRI Scanner

The new MRI scanner is of a higher magnetic field strength than the other MRI scanners in Children's Health Ireland at Temple Street and Crumlin, offering high-resolution 3T imaging for the first time in Children's Health Ireland. This represents a leap forward in the diagnostic imaging capabilities available for MRI patients across Children's Health

Ireland. The technology is state of the art, and the scans are faster, quieter and of higher diagnostic quality. The demand for MRI is extremely high with significant wait times, particularly for patients who require a general anaesthetic to achieve their scan. The speed of the 3T MRI scanner allows for more efficient throughput, and we predict overall improvements to outpatient MRI wait times and a reduced requirement for sedation in infants. The availability of high quality 3T scanning for paediatric patients also represents an exciting advance for neurosurgical, neurological, and orthopaedic services in Children's Health Ireland.

CT Scanner

The installation of the new CT Scanner has resulted in improved image quality, lower radiation doses and faster scanning. The superfast speeds of a modern CT scanner are key to many of its

applications in imaging children. The ability to scan an entire chest or abdomen of a child in less than two seconds, without breathing motion distortion, is a huge advantage. The speed of the scanner greatly reduces the need for sedation and general anaesthetic. The new scanner allows us to do very fast examinations in awake children of all ages (and all levels of cooperation) and thus promotes a positive patient experience. This is especially important for patients who may require regular follow up scans.

Patient Monitoring Equipment

To support the MRI and CT scanning of neonatal, infant, and paediatric patients who may be unstable or post-operative, specialised medical devices and monitoring equipment is essential. An MR compatible caddy continues critical infusions during scanning, and ECG and oxygen monitoring is

achieved using the funded monitoring equipment both during scanning and in recovery. Without this essential equipment, Children's Health Ireland's radiology would not be able to fully utilise these valuable resources. Supporting the purchase of the medical and monitoring equipment needed to safely provide these services has been very impactful, both in terms of patient flow and our scope to extend the services to all the patients that require them in an appropriate time frame.

Sara McGeough

Radiography Services Manager 3

Radiology Department
Children's Health Ireland at Temple Street



Purchase of New Replacement 3500xl Sequence Genetic Analyser

Children's Health Ireland at Crumlin

Genetic Analysers are the core 'workhorse' instrument used to test and diagnose molecular genetic disease in children, such as the Cystic Fibrosis and Spinal Muscular Atrophy (SMA). Medical genetics is the largest growth area in medicine. Patient numbers are increasing every year, increasing the need for secure, quality, efficient and effective genetic testing and timely results for patients. The purchase of this new Sequence Genetic Analyser (3500 xL) ensures the delivery of timely results of genetic tests for patients. Patients and their families will be assured of receiving quality, cost effective results in a clinically relevant timeframe, improving patient care and treatment decisions and pathways. It will safeguard the quality and continuity of service and will eliminate the security risks of an XP based computer to the network. The outdated XP based computer (that operates and processes the data) cannot be substituted with the likes of Windows due to it being incompatible with the old instruments.

During the cyber-attack on the HSE in May 2021, the previous Sequence Genetic Analyser was hacked into and post-attack required a re-configuration to return to service. The Sequence Genetic Analyser was no longer on the hospital network and the data generation by the Sequence Genetic Analyser could not be backed-up which was a risk to patient results. Therefore, the XP based computer and the Sequence Genetic Analyser were a significant security risk to the hospital network.

A number of examples of how the new replacement will allow for the safeguarding and timely provision of genetic test results to patients are:

- Improving the quality of testing for patients
- Improving clinical outcomes and reducing parental stress
- Improving quality of life and decisions regarding care pathways
- Eliminating the security risk of the XP operating computer to the hospital network

Supporting the clinic genetic services in Children's Health Ireland at Crumlin has recently been listed in the 'Programme for Government 2020: Our Shared Future', as one of the criteria required to ensure there is an increased focus on rare diseases' over the next five years in Ireland. It is known that a significant proportion of rare diseases have a genetic basis. Identifying the cause of a child's disorder is critical to all aspects of patient care and directly benefits the child and family. This new Sequence Genetic Analyser will successfully identify a genetic cause in previously undiagnosed cases.

Bronagh Ó'Hici

Senior Clinical Scientist at the department of Clinical Genetics in Children's Health Ireland at Crumlin

Shirley McQuaid

Senior Clinical Scientist at the department of Clinical Genetics in Children's Health Ireland at Crumlin



Meet Children's Health Ireland Frontline Heroes



Meet Ann Higgins, Principal of Hospital School in Children's Health Ireland at Temple Street

When a child is in hospital it can be incredibly difficult and scary. For many, the option to attend school or have a class with a teacher at their bedside brings some normality and makes them feel safe. We have three classrooms in the hospital – one in the school hub, and two satellite classrooms located in Top Flat and St Gabriel's ward. Our five schoolteachers, two special needs assistants and school secretary, work incredibly hard providing a mix of class learning, bedside lessons, and individual learning to patients of all ages and abilities across Children's Health Ireland at Temple Street, to ensure that a child's education isn't negatively impacted by their hospital stay.

Everything can feel so uncertain in hospital, but the familiarity of school can be a real comfort and drastically improve the emotional wellbeing and potentially time of recovery of a child in hospital. It is also so beneficial for a child to be able to take some time away from the ward to work together and learn alongside other patients of similar ages in the school classroom. It helps them feel less alone and shows them that there are other children facing similar challenges to them. Socialising is a huge part of school life and something children in hospital can miss out on. We try to afford the child opportunities for group activities and social experiences whilst in the hospital setting.

Some children may have to attend Children's Health Ireland at Temple Street a couple of days a week for specific on-going treatments e.g. haemodialysis. The hospital school helps them keep some normality and consistency in their education during their treatment. For these regular patients and others who may need to stay in hospital for a longer period, we provide a link with their base school. Our teachers keep in

touch with the child's teacher/s to ensure they are following a similar curriculum to their classmates. We can also arrange zoom lessons or chats with their class back home to ensure they can keep in touch with their teachers and friends. This connection with school and friends is vitally important particularly for older children and teens.

The role of the hospital school is also to ensure a smooth transition for the child back to their base school. If a child has been under the care of the hospital for a prolonged period, we will try to help ease their transition, by working with their teacher to look at different ways of learning and ensuring the school has the correct facilities and equipment in place.

The generosity of Children's Health Foundation's supporters has allowed us to create and furnish the two satellite classrooms in Top Flat and St Gabriel's Ward. Without these classrooms we could not operate such a comprehensive and holistic educational service. Many children can't get to the school hub so to have these smaller, accessible classrooms around the hospital ensures that we can provide a service to as many children as possible. The classroom at St Gabriel's Ward, for example, is vital, as many of the children attend for neuro-surgical reasons and would be unable to safely move around the hospital. It is also easily accessible for the children in St Michael's C Ward and enables them to continue their education in a safe and easy way.



Meet Lindsey Aherne, Music Therapist in Children's Health Ireland at Temple Street

Music Therapy is the clinical and evidenced based use of music to reach health goals. There is a lot of research and evidence that supports the role of Music Therapy in acute paediatric care. We are primarily concerned with the emotional needs of the child and offer support to children and their families during their hospital stay. We are patient and family centred-children and their families are at the heart of our work. I work as part of a large multidisciplinary team, and we combine our knowledge and skills to best support children throughout their hospital stay. As a Music therapist, I often work with other team members such as Physiotherapy and Speech and Language Therapy to support patient goals. We also help children cope with their stay by offering positive experiences through Music Therapy interventions. Music Therapy sessions can provide opportunities for choice, control, and encourage participation in a fun, safe and structured environment. We offer procedural support, facilitate relaxation and distraction from pain.

I have always worked with children throughout my career, and I am immensely proud to work in Children's Health Ireland at Temple Street. I find being a Music Therapist working across Neurosurgery and Palliative care very rewarding. We have an amazing, dedicated team of people here. I get to combine my love of music and use my skills and training as a Music Therapist to support children and families throughout their stay. Children may sometimes be anxious and afraid upon admission and music can be the one thing that makes a child smile, eases anxiety and brings comfort to the child and their family. We all relate to music in some way and that is the beauty of it. Music is familiar, motivational, invites active participation, can facilitate relaxation,

ease anxiety, lower heart rates, is great for mood, encourages emotional expression, brings comfort, creates memories and can improve quality of life. We draw on all these qualities of music in our work. Every Music Therapy session is person-centred, individualised and tailored to suit the needs and goals of the patients and families.

The Music Therapy team are incredibly grateful for the generosity of the Foundation's supporters. So many children have benefited and continue to benefit with funding from Children's Health Foundation. It has allowed us to purchase new equipment and musical instruments as well as supported multiple different Music Therapy projects. We recently had the Music Therapy room renovated with specialist sensory equipment. This was funded through the Foundation and has made such a difference to every patient who accesses our service.

We are also currently developing a 'Heartbeats' project in conjunction with the palliative care team. This is a really special project which uses a digital stethoscope to capture the patient's heartbeat. The sound of the heartbeat is then added to a favourite chosen song. This project originated in the United States of America, and we are looking forward to sharing more details on this very soon.

It is very rewarding. The Music Therapy department are delighted to be developing the Heartbeats project. As I mentioned it is a very special project and we would not be able to do this without the support of the Foundation and their generous supporters so thank you very much.

Ground-breaking Research in Children’s Health Ireland

Every new diagnosis, intervention, or treatment for childhood illness is underpinned by research.

Children’s Health Foundation is committed to supporting paediatric research that will help pave the way for better, gentler treatments and cures for sick children today, tomorrow and into the future. We promote, foster, and support ground-breaking research into childhood illnesses, health and well-being, to save and improve young lives. Through

research grants awarded by Children’s Health Foundation Temple Street, and through partnerships with the National Children’s Research Centre, Children’s Health Ireland Research and Innovation, and Science Foundation Ireland, we supported a wide range of research projects on rare and common childhood illnesses in 2022.



Children’s Health Foundation Grant Statistics

Number of Children’s Health Foundation research grants in 2022 No. of Research Grants

Children’s Health Foundation Temple Street Research Grants	12
Children’s Health Ireland Research and Innovation Seed Funding Grants	24
Children’s Health Foundation – Science Foundation Ireland Partnership Awards (Precision Oncology Ireland programme)	2
National Children’s Research Centre Research Grants	37

Childhood diseases/conditions being studied in 2022

Atopic Dermatitis	Congenital Heart Disease	Inflammatory Bowel Disease	Paediatric Coeliac Disease
Autism	Craniosynostosis	Invasive Fungal Disease	Paroxysmal Movement Disorders
Behçet’s Disease	Cystic Fibrosis	Joint Hypermobility	Scoliosis
Childhood and Adolescent Cancers (including Leukemia, Medulloblastoma, and Neuroblastoma)	Diabetes	Kawasaki Disease	Sickle Cell Disease
Childhood Obesity	Down Syndrome associated conditions (Arthritis, Obstructive Sleep Apnoea)	Neonatal Brain Injury	Subglottic Stenosis
Cleft Lip and Palate	Epilepsy	Neonatal Sepsis	Traumatic Brain Injury
		Osteogenesis Imperfecta	

Number of researchers supported by Children’s Health Foundation supported research grants in 2022 No. of Supported Researchers

Lead Investigators, Co-Investigators, Academic Supervisors, and Clinical Supervisors	128
Academic and Clinical Postgraduate Students (MSc, MD, and PhD candidates)	31
Postdoctoral Researchers	23
Research Assistants	17
Research Nurses	4
Project Managers	1
Data Managers	1
Biostatisticians	1

Research Stories



Dr Brona Murphy,
Principal Investigator

Developing New Treatment Strategies for Children with Brain Tumours

Principal Investigator: Dr Brona Murphy

Co-Investigators: Mr Darach Crimmins,
Mr Philip O'Halloran

Host Institute: Royal College of Surgeons in Ireland

Associated Hospitals: Children's Health Ireland at Temple Street

Research undertaken by Dr Brona Murphy and colleagues at the Royal College of Surgeons in Ireland could lead to the development of new treatments for children with medulloblastoma, a rare brain cancer.

In Ireland, approximately forty-five children are diagnosed with brain cancer every year. The most common type of paediatric brain cancer is medulloblastoma, accounting for 15-20% of cases. This type of cancer develops in an area of the brain called the cerebellum which is responsible for controlling balance and fine motor skills.

Medulloblastoma is an extremely fast-growing cancer that can spread quickly and as a result, the cancer is often treated aggressively using a combination of surgery, radiotherapy, and/or chemotherapy. This approach has transformed the care of children with medulloblastoma, changing it from being virtually incurable to a more manageable disease with higher survival rates.

While these advances in treatment have given children the best chance of survival, the aggressive treatment regime is associated with severe side effects and a risk of radiation-induced brain injury.

There is a need for a more personalised approach to treating medulloblastoma, one which could select the most appropriate chemotherapeutic drug for each patient in order to reduce or eliminate the need for radiotherapy and reduce these severe side effects.

In her research, Dr Brona Murphy aims to develop ways to predict how individual patients will respond to chemotherapeutic drugs. Her research team test the ability of chemotherapeutic drugs, either alone or in combination, to kill medulloblastoma cells. In these same cells, they measure the levels of proteins known to make cancer cells resistant to the effects of chemotherapeutic drugs.

They then use computer programs to model how different levels of these "chemoresistant" proteins influence the effectiveness of different chemotherapeutic drugs.

They have shown that medulloblastoma cells grown in the lab, require high concentrations of chemotherapy to kill them. They have also shown that a protein called Bcl-xL plays a major role in making medulloblastoma cells "chemoresistant".

When they combined standard chemotherapeutic drugs with a drug that specifically targets Bcl-xL, they were able to kill the medulloblastoma cells much more successfully. Importantly, using this combination approach allowed them to reduce the doses of chemotherapeutic drugs required significantly.

As each patient's cancer is unique and will have varying levels of these "chemoresistant" proteins, this approach could help identify what chemotherapeutic drug, or what combination of chemotherapeutic drugs, would be most effective against a patient's unique medulloblastoma cancer cells. This research has potential to create a clinical decision-making tool to facilitate delivery of personalised, effective chemotherapy.

Understanding the Genetic Causes of Behçet's Disease



Professor Gerry Wilson,
Principal Investigator

Principal Investigator: Professor Gerry Wilson

Co-Investigators: Dr Orla Killeen,
Professor Cormac Taylor, Dr Eoin Cummins

Host Institute: University College Dublin

Associated Hospitals: Children's Health Ireland at Crumlin, Croom Orthopaedic Hospital, Limerick

Rare disease research carried out by Professor Gerry Wilson and colleagues at UCD, Children's Health Ireland at Crumlin, and Croom Orthopaedic Hospital has helped establish a new auto-inflammatory disease.

Behçet's disease (BD) is a rare auto-inflammatory disease affecting less than 1 in 20,000 people worldwide. In auto-inflammatory diseases, the body's immune system targets its own healthy tissues. In BD, this auto-inflammatory response can manifest in a myriad of symptoms including mouth and genital ulcers, rashes, and inflammation in the eye, bowels, large blood vessels and brain.

Professor Gerry Wilson and colleagues identified clustering of a BD-like disease in a number of Irish families.

There are currently no diagnostic tests for Behçet's disease and what causes the disease is not yet fully understood. It is thought to be the result of a combination of a large number of changes in the DNA, each contributing small but accumulative effects, and unknown environmental exposure(s).

A BD-like illness, affecting both adults and children, has been found in a number of unrelated families in different parts of the world. In these families, changes in important genes controlling inflammation have been discovered.

Prof. Wilson aimed to determine what genetic changes were responsible for the BD-like disease affecting Irish families. In a large three generation

family with four affected individuals, they analysed the entire genome (over 19,000 genes) of affected and unaffected family members looking for genetic differences (mutations) that could be responsible for the disease.

They found that all affected family members had the same mutation in an important gene that controls inflammation, a gene called RELA. The RELA gene is part of an important pathway in our cells known as the NF-κB pathway that is involved in controlling many processes including inflammation and cell death.

To ensure that this precise mutation in RELA was really causing the disease, they used cells grown in the lab to investigate how the mutation in RELA affects the normal function of the gene. They proved that the RELA mutation present in affected family members made a type of cells present throughout the body, called fibroblasts, very sensitive to even minor levels of inflammation, resulting in more cell death. As a result, patients experience frequent episodes of tissue inflammation and severe mouth and genital ulceration.

Professor Wilson's research has helped establish a new autoinflammatory disorder. Since the publication of the study results, the Online Mendelian Inheritance in Man (OMIM) database has recognised that changes in the RELA gene cause a novel variation of Behçet's disease, called Autoinflammatory disease, familial, Behçet-like-3.

Identifying the exact genetic causes of rare diseases is extremely important for patients as it can help clinicians provide the most appropriate treatment option for their patients. As such, this research will lead to earlier and better disease treatment, preventing tissue damage and improving the quality of life of children with this familial Behçet's-like disease.

New Children's Health Foundation funding initiatives and awards in 2022

Our commitment to paediatric research continued in 2022 with the launch of new funding initiatives and awards.

For the first time, we partnered with Science Foundation Ireland on the Frontiers for the Future funding scheme. Through the partnership, we aim to fund novel collaborative paediatric research projects that will significantly improve the understanding of the underlying causes, diagnosis or treatment of childhood diseases and support further growth and development of paediatric research in Children's Health Ireland and throughout Ireland. The funding call also aims to build meaningful collaborations

between clinicians in Children's Health Ireland and its network centres, and academic partners in order to develop and deliver innovative, excellent, academic paediatric research that will have meaningful impact for Irish children and their families. Through the Children's Health Ireland Research and Innovation Seed Funding, we supported 14 new research grants. Some examples of projects funded by these new awards are described below.

Fungi-HOPe project – treating fungal infections in children with cancer

Lead Investigator: Dr Alida Fe Talento

Co-Investigators: Dr Bridget Freyne, Dr Niamh O'Sullivan, Dr Pamela Evans, Dr Valerie Broderick, Dr Sarah Geoghegan, Dr Jane Pears, Dr Gerry Hughes, Kara Tedford, Eileen Butler

Associated Hospitals: Children's Health Ireland at Temple Street, Children's Health Ireland at Crumlin

Cancer and cancer treatments can weaken a child's immune system and make them susceptible to infections. Children with cancer are at very high risk of developing unusual and severe infections caused by fungi such as moulds and yeasts.

For children with cancer, there is limited information on the occurrence and distribution of fungal infections, the factors that contribute to their development, the usefulness of tests to diagnose fungal infections, and on the effectiveness and safety of anti-fungal medications.

In the Fungi-HOPe project (Invasive fungal disease and antifungal stewardship in paediatric haematology-oncology patients in the Republic of Ireland), Dr Alida Fe Talento and colleagues hope to address these knowledge gaps.

They will collect information on the number of children with cancer diagnosed with fungal infections; assess the safety of antifungal medications used to treat and prevent fungal infections, determine the usefulness of diagnostic tests for early detection of fungal infections and determine if parents and health care workers looking after these children are aware of these infections and how these infections are prevented and treated.

This project will increase our knowledge on the diagnosis, prevention, and treatment of fungal infections in children with cancer and/or receiving cancer treatments. This will add to much needed evidence-based approaches for the prevention and treatment of fungal infections in this vulnerable group of patients.



Cefalexin for UTIs – Right treatment Length in Young children (the CURLY trial)

Irish Lead Investigator: Clinical Professor Michael Barrett

Local Co-investigators: Dr Angharad Griffiths, Dr Elena Rubio Garcia

Associated Hospitals: Children's Health Ireland at Crumlin

Overall Lead Investigator: Dr Stuart Hartshorn, Birmingham Women's and Children's NHS Foundation Trust

With the support of Children's Health Foundation, Children's Health Ireland are participating in the National Institute for Health and Care Research (NIHR) funded CURLY trial - a multi-centre, randomised trial to determine the optimal duration of cefalexin therapy for the treatment of febrile urinary tract infections in children.

Febrile Urinary Tract Infections (UTIs) are one of most common severe bacterial infections occurring in childhood. One in ten girls and one in thirty boys will have had a UTI by the age of 16 and account for 5-14% of emergency department visits by children. The antibiotic cefalexin treats UTIs and

course duration varies from 5 – 14 days. There are lack of studies assessing the optimal duration of antibiotic treatment for children with UTIs. This has been highlighted as a research priority in national guidelines and is of particular importance given the high incidence of UTIs in children and the increasing emergence of multidrug resistant organisms in this condition.

In the CURLY trial, Clinical Professor Michael Barrett and colleagues at Children's Health Ireland with the PERUKI research network aim to determine what is the optimal cefalexin treatment duration (i.e. the shortest effective treatment duration) for UTIs in children. Across UK and Ireland, 705 patients with UTIs will be randomised to one of five cefalexin course durations (3, 5, 6, 8 or 10 days) and the effectiveness of the treatment length (measured by both clinical and microbiological cure) will be compared.

The results of the trial will allow antibiotic exposure to be lessened, reducing the selection pressure for multidrug resistant organisms and preserve cefalexin as a viable first-line therapy for UTI.



The REFRESHED Study: understanding obstructive sleep apnoea in children with Down Syndrome

Irish Lead Investigator: Dr Sheila Javadpour

Co-investigators: Dr Gavin Stone, Ms Lisa Farrell

Associated Hospitals: Children's Health Ireland at Crumlin

Down Syndrome is a genetic condition caused by the presence of an extra copy of chromosome 21. Obstructive sleep apnoea syndrome (OSAS) affects almost 70% of all children with Down Syndrome. In OSAS, the airway collapses, causing the flow of air into the lungs to stop or decrease during sleep. This can have significant negative effects on development and heart health.

OSAS is typically treated with non-invasive ventilation (NIV). This procedure involves the delivery of positive airway pressure via a face or nasal mask. The airway is held open, preventing the collapsibility of the airway, and associated breathing difficulties during sleep.

This treatment is very effective at preventing breathing difficulties during sleep, but it is unclear if it has additional impacts on behavioural and quality of life outcomes for children with Down Syndrome.

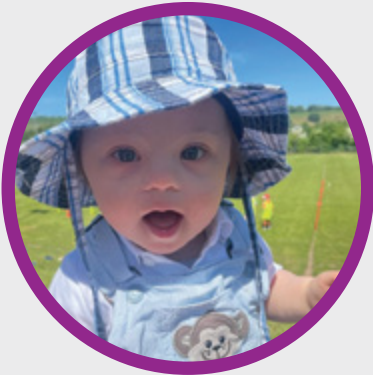
In addition, while effective, only half of all children adhere to the treatment.

In the REFRESHED study (**RE**al world clinical outcomes **FR**om **tr**eatment and evaluation of **oS**as in **CH**ildr**EN** with **D**own syndrome), Dr Sheila Javadpour and colleagues aim to assess the impact of OSAS treatment on behaviour and quality of life outcomes and describe the barriers to tolerating treatment.

This project will establish the impact of NIV treatment for OSAS on behaviour and quality of life for children with Down Syndrome. The consequences of poor sleep for cognition, behavioural problems and development are recognised priority areas for research by Down Syndrome advocacy organisations and expert scientific working groups. The project will also allow the team to identify factors that contribute to poor adherence and development of practical innovative solutions that can be delivered by caregivers and hospital staff.



Meet our little heroes



Patient Story: Patrick Donohoe

Patrick, was born with an underlying heart condition and cared for by the amazing team in Children's Health Ireland at Crumlin's Heart Centre. Patrick's Mum, Michelle, and her family were so grateful to the team in Children's Health Ireland at Crumlin, they decided they wanted to give back by raising much needed vital funds for Children's Health Foundation to help other children just like Patrick. Michelle shares their experience...

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Children's Health Ireland at Crumlin is a very special place. I don't think anyone doubts the incredible work that is done there on a day-to-day basis. We have always been a supporter of Children's Health Ireland at Crumlin and their work, but I don't think we ever fully appreciated just what an incredible place it is until we experienced, first-hand, the work that is done there.

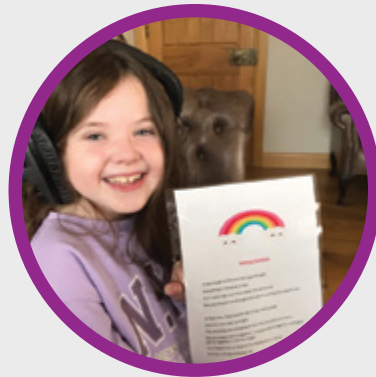
Our little boy Patrick was born in 2021 with an underlying heart condition that required open heart surgery in the first six months of his life. Our journey with Children's Health Ireland at Crumlin started well before his arrival and by the time that Patrick was born, we had met his cardiologist and her team a number of times. His nurse specialist arranged for us to visit the hospital and in particular the Heart Centre, where we would be spending some time over the coming months. We made our first trip to Children's Health Ireland at Crumlin when Patrick was just shy of four-weeks-old. After that first visit, we had weekly calls with his team and monthly visits to meet his cardiologist until we got the call to bring Patrick for his surgery when he was nearly four-months-old.

Handing over our little boy for such a major surgery was such an emotionally challenging day and one we won't ever forget. There was comfort in knowing that Patrick needed this surgery and that we were entrusting our little boy to an expert team who are the best in class at what they do. There is no two ways about it, the people who work in Children's Health Ireland at Crumlin (from the cardiologists, consultants, surgeons, doctors, nurses, social workers, carers, house staff and everyone who works there) are very special people. The work they do cannot be easy, yet they do it with such care, honesty, optimism, friendliness, willingness and kindness, all we can say is we are in awe of them and forever grateful to them all.

Patrick had his open-heart surgery on the 24th May 2021 and after a short stay, was enroute back to Cork to his big brothers James, Sean and Michael. Thankfully Patrick hasn't looked back since his surgery, and it is really hard to imagine or compare where we were last year to where we are now. He is the happiest, healthiest and most fun-loving little man and he brightens every day. As we approach the first anniversary of his heart surgery, we decided what better way to mark this than to do a fundraiser to say thank you to Children's Health Ireland at Crumlin and the people who do an incredible job there.

The last two years haven't been easy for any charity and fundraising opportunities have been restricted and much more limited than they ever were. Every donation makes a real difference and allows the people there to do what they do best, save lives and give children a better quality of life.”





Patient Story: Saoibh Lonergan

Saoibh was just nine-years-old when she was taken to Children's Health Ireland at Temple Street from Tramore, after an MRI scan showed she had a tumour on her spine. In July 2022, Saoibh was being treated in a local hospital in Waterford for chronic back pain when a routine MRI scan showed she had a large tumour on her spine. The next day Saoibh, her Mam Orla and Dad Kenny were being taken to Children's Health Ireland at Temple Street where they would spend the next eight weeks under the care of Neurosurgeon Mr Darach Crimmins and the team. Her parents Orla and Kenny share their emotional journey in Children's Health Ireland at Temple Street.

“

It was an incredibly scary time for us, our mind jumped to thoughts of what we could be facing into. Was it cancer? How should we tell Saoibh what was happening? But the minute we walked through the doors to Children's Health Ireland at Temple Street, we immediately felt at ease and have done ever since. We were made to feel so welcome, in a strange way you walk through the doors and kind of feel at home.

The first time we met with Mr Crimmins we were so nervous, we didn't know how serious Saoibh's tumour was or what was down the line, but he was brilliant. He immediately put us at ease, not only us but Saoibh too. He made her feel so comfortable and made sure she was fully informed. He told us we would need to be in hospital for up to 12 weeks whilst Saoibh underwent her surgery and recovery. This was difficult for Saoibh to come to terms with as she felt she was losing her whole summer and she'd be away from her home, friends and family.

Saoibh's tumour was removed a couple of days after we first arrived at Children's Health Ireland at Temple Street by Mr Crimmins and his team, who thankfully found that the tumour was benign. On the day of the surgery, we actually felt so at ease, and that was all down to Mr Crimmins. We had full trust in him and the team, we could not fault it, the way we were all treated was amazing. The operation was just the start for Saoibh, she had just had major spinal surgery and it was going to take a long time to recover. She was confined to her bed, unable to stand or play and it was really getting to her. Not long after Saoibh's operation, she was visited by Music Therapist, Alison Sweeney.

The first time we met Alison, music was the last thing on our minds. We thought, what could music possibly do whilst in a hospital, but it was amazing! Saoibh could just be Saoibh, she wasn't defined by her wheelchair, or her recovery and we saw a little bit of the fun, loving girl she is at home.

Within minutes she was laughing and smiling, as her parents it was fantastic to see. Saoibh has always loved music, but this showed us just how powerful music can be. From day one Saoibh and Alison formed this real connection and every session she had with her was just so special. They even started writing their own songs, including Raining Rainbows the song you may have heard on the Late Late Toy Show! Saoibh is totally inspired by Alison, we often think it's such a shame the circumstances in which they met, but we have to believe everything happens for a reason and if not for the surgery they'd have never met.



One of the hardest parts of the long stint we spent in hospital, for us as parents, was leaving our two sons back home in Tramore. We needed to be in Dublin to support Saoibh through her treatment, but we also needed to be there for them. Orla did not leave the hospital once the whole time Saoibh was there which was hard going, and I had to travel back and forth between Dublin and Tramore regularly all summer which took its toll. We both feel very lucky that we felt so at home in Children's Health Ireland at Temple Street, and we never had any concerns about Saoibh being there which really helped when it got tough.

We stayed in Children's Health Ireland at Temple Street for eight weeks, then we were able to go home to Tramore. Saoibh still regularly returns to both Children's Health Ireland at Temple Street and Crumlin for scans and routine checks, and we are always made to feel so welcome when we come back.

Every single member of staff are fantastic, from the security team to John Doyle and Graham on the porter's team right through to the nurses and consultants, we've never been made to feel more welcome than we have in Children's Health Ireland at Temple Street. It feels like a real community there and we will be part of the Children's Health Ireland at Temple Street family forever. Some of the people we've met along the way will truly be friends for life."

– Kenny, Saoibh's Dad



Accounts

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STATEMENT OF FINANCIAL ACTIVITIES

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

		2022 Unrestricted Funds	2022 Restricted Funds	2022 Total	2021 Unrestricted Funds	2021 Restricted Funds	2021 Total
	NOTES	€'000	€'000	€'000	€'000	€'000	€'000
INCOME FROM:							
Donations and fundraising activities	5	12,635	1,517	14,152	14,774	2,530	17,304
Grant Income		13	-	13	-	-	-
Other Income	6	70	-	70	62	-	62
Total Income		12,718	1,517	14,235	14,836	2,530	17,366
EXPENDITURE ON:							
Fundraising activities	7	(5,137)	-	(5,137)	(4,697)	(1)	(4,698)
Governance costs	7A	(92)	-	(92)	(116)	-	(116)
Charitable activities	8	(6,032)	(3,136)	(9,168)	(4,848)	(1,862)	(6,710)
Total Expenditure		(11,261)	(3,136)	(14,397)	(9,661)	(1,863)	(11,525)
Net (loss)/gain on investments		(778)	-	(778)	646	-	646
Net income/ (expenditure) for the year	10	679	(1,619)	(940)	5,821	667	6,486
Taxation	12	-	-	-	-	-	-
Net movement in funds	19	679	(1,619)	(940)	5,820	666	6,486
RECONCILIATION OF FUNDS							
Total funds brought forward	19	25,533	9,721	35,254	19,714	9,055	28,769
Total funds carried forward	19	26,212	8,102	34,314	25,535	9,721	35,255

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 2022

	NOTES	2022 €'000	2021 €'000
FIXED ASSETS			
Tangible assets	13	1,786	1,414
CURRENT ASSETS			
Investments	14	3,434	4,212
Debtors	15	250	412
Cash at bank and in hand		29,473	31,696
		33,157	36,319
CURRENT LIABILITIES			
Creditors	16	(629)	(2,479)
Net Current Assets		32,528	33,840
NET ASSETS		34,314	35,255
FUNDS OF THE CHARITY:			
Unrestricted funds	19	10,773	10,465
Designated funds	19	15,100	15,098
Restricted fund	19	8,441	9,692
	20	34,314	35,255

The financial statements were approved and authorised for issue by the Board of Directors and signed on its behalf by Mark Moran and Brendan Jennings.

See childrenshealth.ie for signed financial statements document for Children's Health Foundation.

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

RECONCILIATION OF NET (EXPENSE)/INCOME TO CASH GENERATED FROM CHARITABLE ACTIVITIES

	NOTES	2022 €'000	2021 €'000
NET (EXPENSE)/INCOME FOR THE FINANCIAL YEAR		(940)	6,486
CASH FLOWS (USED IN)/FROM OPERATING ACTIVITIES			
Depreciation charge		96	88
Decrease in debtors		373	858
Decrease in creditors		(2,062)	(1,814)
Fair value movements on investments		778	(646)
NET CASH FLOWS (USED IN)/FROM OPERATING ACTIVITIES		(1,755)	4,972
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of fixed assets	13	(468)	(227)
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(468)	(227)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(2,223)	4,745
Cash and cash equivalent at the beginning of the year		31,696	26,949
CASH AND CASH EQUIVALENT AT THE END OF THE YEAR		29,473	31,696
ANALYSIS OF CASH AND CASH EQUIVALENTS			
CASH AND CASH EQUIVALENT AT THE END OF FINANCIAL YEAR		29,473	31,696

NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

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 35.

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 on a going concern basis in accordance with the historical cost convention. The financial reporting framework that has been applied in their preparation is the Companies Act 2014, FRS102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and the Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with FRS102 ("the Charities SORP") as published by the Charity Commission for Northern Ireland and the Office of the Scottish Charity Regulator which are recognised by the UK Financial Reporting Council (FCR) as the appropriate bodies to issue SORPs for the charity sector.

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.

Requests in kind are accounted for at valuation.

Grants

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

Government Grants

Government grants are not recognised until there is reasonable assurance that the Foundation will comply with the conditions attaching to them and that the grants will be received. Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Foundation with no future related costs are recognised as income in the period in which they are received. Amounts are recognised as income over the periods necessary to match them with the related costs and are deducted in reporting the related expense.

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

Expenditure

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

- Expenditure on raising funds include costs directly associated with generating fundraising income. Examples of these are direct fundraising salaries, donor acquisition costs, marketing, support materials and event costs.
- Expenditure on charitable activities include grants made in pursuit of the Foundation's objectives of promoting medical and scientific research and funding to Children's Health Ireland sites and the National Children's Research Centre. These are primarily made up of grants issued to Children's Health Ireland and NCRC and in addition includes an allocation of Children's Health Foundation 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

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

incurred to manage the funds generated by the Foundation. These include salary costs, governance, IT, HR costs and audit fees. Support costs are allocated to expenditure on raising funds and charitable activities. Allocation methods used are staff numbers, staff time and space occupied.

Funds Accounting

The Foundation maintains the following funds:

Unrestricted General Funds

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

Designated Funds

Designated funds are unrestricted funds which have been ring-fenced by the Directors for major projects committed for funding by Children's Health Ireland as detailed in note 19.

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 supporter 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 Foundation had net current assets of €32.5m (2021: €33.8m), including €29.5m (2021: €31.7m) in cash at bank at the year end and had €10.7m (2021: €10.5m) of unrestricted reserves at that date.

The financial statements have been prepared on a going concern basis. The Directors have considered the impact of macroeconomic factors including the cost-of-living crisis, rising interest rates and the impact of the Ukrainian conflict on the non-profit 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 2023/2024, and its incoming resources could be disrupted should further additional or unknown events continue for the coming year.

Management and the Board have reviewed the Foundation's projections, taking account of the anticipated impact of the cost-of-living crisis, rising interest rates and the impact of the Ukrainian conflict on the fundraising sector. The Board consider that the projections, together with the reserves held, demonstrates 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 on-going 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 being wound up while a member, or within one year after they cease to be a member, for payment of the debts and liabilities of the company contracted before they cease 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 2022

5. DONATIONS AND LEGACIES

	2022 Unrestricted €'000	2022 Restricted €'000	2022 Total €'000	2021 Total €'000
Individual Giving & Legacies	4,200	253	4,453	5,554
Communities & Campaigns	4,434	890	5,324	4,508
Corporate, Trusts & Major Gifts	3,543	359	3,902	7,015
Other	471	15	486	227
	<u>12,648</u>	<u>1,517</u>	<u>14,165</u>	<u>17,304</u>

6. OTHER INCOME

	2022 Unrestricted €'000	2022 Restricted €'000	2022 Total €'000	2021 Total €'000
VAT refund – charity compensation scheme	70	-	70	62
	<u>70</u>	<u>-</u>	<u>70</u>	<u>62</u>

7. EXPENDITURE ON RAISING FUNDS

	2022 Unrestricted €'000	2022 Restricted €'000	2022 Total €'000	2021 Total €'000
Individual Giving & Legacies	1,313	-	1,313	1,275
Communities & Campaigns	1,728	-	1,728	1,263
Corporates, Trusts & Major Gifts	938	-	938	805
Other	217	-	217	282
Support Costs (note 9)	941	-	941	1,073
	<u>5,137</u>	<u>-</u>	<u>5,137</u>	<u>4,698</u>

7(a). Governance costs

	2022 Unrestricted €'000	2022 Restricted €'000	2022 Total €'000	2021 Total €'000
Payroll	83	-	83	75
Privacy Engine	4	-	4	23
Garda Vetting	-	-	-	-
Associated Costs	5	-	5	18
	<u>92</u>	<u>-</u>	<u>92</u>	<u>116</u>

8. EXPENDITURE ON CHARITABLE ACTIVITIES

Activity	Grants Unrestricted 2022 €'000	Direct & Support Costs Unrestricted 2022 €'000	Total Unrestricted 2022 €'000	Grants Restricted 2022 €'000	Total 2022 €'000
Research	2,839	296	3,135	1,630	4,765
Medical Equipment	1,759	183	1,942	1,010	2,952
Patient & Parental Support Services	780	82	862	448	1,310
Redevelopment & New Service Development	84	9	93	48	141
	<u>5,462</u>	<u>570</u>	<u>6,032</u>	<u>3,136</u>	<u>9,168</u>

The Foundation had designated funds of €15m at 31 December 2022, awaiting disbursement (See note 20).

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
	<u>4,261</u>	<u>587</u>	<u>4,848</u>	<u>1,862</u>	<u>6,710</u>

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

8(a). DIRECT AND SUPPORT COSTS UNRESTRICTED ANALYSIS

	Direct Costs 2022 €'000	Support Costs 2022 €'000	Total Costs 2022 €'000
Research	209	87	296
Medical Equipment	130	54	184
Patient & Parental Support Services	57	24	81
Redevelopment & New Service Development	6	3	9
	<u>402</u>	<u>168</u>	<u>570</u>

8(b). EXPENDITURE ON CHARITABLE ACTIVITIES PRIOR YEAR

	Direct Costs 2021 €'000	Support Costs 2021 €'000	Total Costs 2021 €'000
Research	196	109	305
Medical Equipment	122	67	189
Patient & Parental Support Services	54	30	84
Redevelopment & New Service Development	6	3	9
	<u>378</u>	<u>209</u>	<u>587</u>

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.

	Fundraising Activities 2022 €'000	Charitable Activities 2022 €'000	Total Support Costs 2022 €'000
Salaries	443	92	535
Redundancies	20	3	23
Administration & Communications	160	30	190
Premises costs	80	12	92
Professional & governance costs	99	18	117
Depreciation	81	13	94
Banking & Finance costs	58	-	58
Total	941	168	1,109

Analysis of support costs – prior year:

	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

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

10. NET INCOME/(EXPENDITURE)

Net income/(expenditure) for the financial year is stated after charging/(crediting):

	2022 €'000	2021 €'000
Depreciation of tangible fixed assets (note 13)	94	88
Directors' remuneration	-	-
Operating lease payments)	-	6
	<u>94</u>	<u>94</u>

11. EMPLOYEES AND REMUNERATION

The average number of persons employed by the company during the financial year was 41 (2021: 41) and is analysed into the following categories:

	2022	2021
Fundraising	25	27
Charitable Activities	4	5
Support & Management	12	9
	<u>41</u>	<u>41</u>

The staff costs amounted to:

	€'000	€'000
Salaries	1,953	1,612
Social welfare costs	227	220
Pension costs (note 18)	72	67
Severance payments	23	401
	<u>2,275</u>	<u>2,300</u>

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

	2022	2021
Salary Band €70,000 - €80,000	-	1
Salary Band €80,001 - €90,000	-	-
Salary Band €90,001 - €100,000	1	1
Salary Band €100,001- €110,000	-	1
Salary Band €110,001- €120,000	-	-
Salary Band €120,001- €130,000	1	1
Salary Band €130,001 - €140,000	-	-
Salary Band €140,001 - €150,000	1	-

Total key management compensation (salary, PRSI, pension contribution, allowances and other benefits) for the financial year was €484,749 (2021: €413,433)

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

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, Children's Health Foundation 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 Children's Health Foundation.

13. TANGIBLE ASSETS

	Buildings	Fixtures & Fittings	Office equipment	Computer equipment	Total
Cost	€'000	€'000	€'000	€'000	€'000
At 1 January 2022	1,676	104	161	383	2,324
Additions	-	-	-	468	468
Disposals	-	-	(93)	(90)	(183)
At 31 December 2022	1,676	104	68	761	2,609
Depreciation					
At 1 January 2022	618	14	121	157	910
Disposals	-	-	(85)	(96)	(181)
Charge for financial year	24	10	7	53	94
At 31 December 2022	642	24	43	114	823
Net book amounts					
At 31 December 2022	1,034	80	25	647	1,786
At 31 December 2021	1,058	90	40	226	1,414

14. INVESTMENTS (AT FAIR VALUE)

	2022	2021
Investment Funds	€'000	€'000
At 1 January 2022	4,212	3,567
Movement in fair value	(778)	646
At 31 December 2022	3,434	4,212

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:

	2022	2021
	€'000	€'000
Irish Life Investment Managers Limited: <i>MAPS Scheme</i>	1,020	1,129
Quilter Cheviot Investment Management: <i>Diversified Portfolio</i>	2,414	3,083
	3,434	4,212

15. DEBTORS

	2022	2021
	€'000	€'000
Debtors and prepayments	-	247
Prepayments	38	164
Amounts owed by: Children's Health Ireland at Temple Street	212	-
	250	411

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

16. CREDITORS: Amounts falling due within one-year

	2022 €'000	2021 €'000
Trade creditors	377	1,053
General Accruals	127	62
Amount due to Children's Health Ireland (note 21)		
Children's Health Ireland at Crumlin	-	633
Children's Health Ireland at Temple Street	-	172
Grants accrued		
Children's Health Ireland at Crumlin	-	481
NCRC	-	-
Other creditors	57	9
PAYE/PRSI	68	56
Deferred grant income (note 16a)	-	13
	<u>629</u>	<u>2,479</u>

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	13
Amount released to income earned from charitable activities	(13)	-
	<u> </u>	<u> </u>
Balance at end of year	<u> </u>	<u>13</u>

17. FINANCIAL INSTRUMENTS

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

	2022 €'000	2021 €'000
Financial assets		
<i>Measured at fair value through SOFA</i>		
- Current asset listed investments	<u>3,434</u>	<u>4,212</u>
<i>Measured at undiscounted amount receivable</i>		
- Debtors	-	247
- Amounts owed by: Children's Health Ireland at Temple Street	<u>212</u>	<u>-</u>
Financial liabilities		
<i>Measured at undiscounted amount payable</i>		
- Trade creditors	377	1,053
- Amount due to Children's Health Ireland		
Children's Health Ireland at Crumlin	-	633
Children's Health Ireland at Temple Street	-	172
- Grants accrued		
Children's Health Ireland at Crumlin	-	481
NCRC	-	-
- Other creditors	<u>57</u>	<u>9</u>

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 €72k (2021: €61k). An accrual of €Nil is included in the financial statements with respect to outstanding contributions at 31 December 2022 (2021: €9k).

LEASE COMMITMENTS

	2022 €'000	2021 €'000
Operating leases:		
Amounts payable during the next twelve months in respect of operating leases which expire:		
- within one year	-	6
- between two and five years	-	8
- after five years	-	-
	<u> </u>	<u>14</u>

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

19. FUNDS OF THE CHARITY

	Opening Balance Jan 2022 €'000	Income 2022 €'000	Expenditure 2022 €'000	Grants 2022 €'000	Transfers 2022 €'000	Closing Balance Dec 2022 €'000
Unrestricted						
General	10,465	11,936	(5,224)	(570)	(5,834)	10,773
Designated						
- Research	6,342	-	-	(1,382)	430	5,390
- Medical Equipment	5,237	-	-	(2,710)	4,329	6,856
- Patient & Parental Support	660	-	-	(333)	530	857
- Redevelopment & New Services	2,858	-	-	(1,037)	176	1,997
Total Designated Funds	15,097	-	-	(5,462)	5,465	15,100
Total Unrestricted Funds	25,562	11,936	(5,224)	(6,032)	(369)	25,873
Restricted Funds						
A CCR&D	1,140	412	-	(408)	374	1,518
B Nazareth's Ward	393	9	-	-	-	402
C Research Funds	213	236	-	(182)	(112)	155
D Cardiac Fund	919	160	-	(398)	14	695
E Katie Nugent Fund	623	216	-	(124)	-	715
F Straight Ahead Fund	348	24	-	(12)	(22)	338
G Diabetes Fund	190	8	-	(68)	9	139
H Marfan Fund	248	-	-	(1)	-	247
I Orthopaedic Fund	-	-	-	-	-	-
J Other Restricted Funds	5,618	452	-	(1,943)	106	4,233
Total Restricted Funds	9,692	1,517	-	(3,136)	369	8,441
Total Funds of the Charity	35,254	13,453	(5,224)	(9,168)	-	34,314

The Foundation's designated funds are in respect of commitments approved by the Board of Directors and at year end the commitments totalled €15.1m(2021: €15.1m) 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.

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

FUNDS OF THE CHARITY PRIOR YEAR

	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)	(6,710)	-	35,254

NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2022

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 supporters 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 at Children's Health Ireland at Crumlin
B Nazareth's Ward	To fund the redevelopment of the Baby Ward in Children's Health Ireland at Crumlin
C Research Funds	To support all research projects and grants
D Cardiac Fund	To fund capital improvements, cuttingedge technology, equipment, research and patient and family experiences in the Cardiac unit in Children's Health Ireland 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 Outpatients Department in Children's Health Ireland at Crumlin
J Other Restricted Funds	Funds with a balance of less than €200k each at 31 December 2022 and which are to finance specific items of equipment, services or projects in Children's Health Ireland at Crumlin and at Temple Street

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Balance €'000
Tangible Fixed Assets	1,786	-	-	1,786
Current Assets	9,616	15,100	8,441	33,157
Liabilities	(629)	-	-	(629)
Total funds	10,773	15,100	8,441	34,314

In respect of prior year:

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Balance €'000
Tangible Fixed Assets	1,414	-	-	1,414
Current Assets	11,517	15,098	9,705	36,320
Liabilities	(2,466)	-	(13)	(2,479)
Total funds	10,465	15,098	9,692	35,255

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 2022 (2021) Including amounts owed at and accrued at year end	Amounts due from 2022-year end (2021) Paid subsequent to the balance sheet date (Invoiced)	Amounts owed at 2022-year end (2021) Paid subsequent to the balance sheet date (Invoiced)	Amounts accrued at 2022 year end (2021) (Not Invoiced)
Children's Health Ireland at Crumlin	€2,599 (€1,829)	€Nil (€Nil)	€Nil (€633)	€Nil (€481)
Children's Health Ireland at Temple Street	€4,472 (€2,231)	€212(€Nil)	€Nil (€172)	€Nil (€Nil)

Eilish Hardiman and David McCann were Children's Health Ireland's nominees to the Board of Children's Health Foundation in 2022.

22. SUBSEQUENT EVENTS

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



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