



**Children's Health  
FOUNDATION**

Crumlin • Temple Street • Tallaght • Connolly

SUPPORTING CHILDREN'S HEALTH IRELAND

# 2023 Annual Report and Financial Statements



# Contents

## 1: Welcome and Overview

- 05 Chief Executive and Chair Welcome
- 07 About Us
- 09 2023 Facts and Figures at a glance

## 2: Impact Report

- 13 Plans for the Future
- 16 New and Emerging Services
- 19 Patient and Parental Supports
- 22 Vital and Life-Saving Equipment
- 26 Meet Our Frontline Heroes
- 30 Ground-breaking Research
- 38 Patient and Family Stories

## 3: Financial Review

- 44 Directors' Report
- 58 Directors' Responsibilities Statement
- 58 Independent Auditor's Report

## 4: Accounts

- 62 Statement of Financial Activities
- 63 Balance Sheet
- 64 Statement of Cash Flows
- 65 Notes to the Financial Statements

Section 1



# Welcome & Overview



## Chief Executive and Chair Welcome



Fionnuala O'Leary,  
Chief Executive Officer

The Board and team at Children's Health Foundation are committed to providing sick children and young people with the very best chance. To do this, we need a resilient organisation which can maximise impact and transformational improvements in children's health.



Mark Moran, Chair

The role of Children's Health Foundation is not to merely plug gaps in the Health Service where current resources do not stretch. Our role is to understand the potential of innovation within paediatric healthcare and to encourage our community of fundraisers, volunteers, employees and directors to support this accordingly. Through the generosity of donations, Children's Health Foundation can be a catalyst for change.

Through fundraising and philanthropy, we can support families, healthcare workers and researchers to ensure children who attend Children’s Health Ireland hospitals and urgent care centres get the best care possible. In 2023, €7.6m of fundraised income was disbursed across Children’s Health Ireland hospitals, urgent care centres, and research partnerships.

In 2023, Children’s Health Foundation continued in its evolution as an organisation which will support Children’s Health Ireland into the future. As we get closer to the opening of the new National Children’s Hospital, our focus has been split between supporting children and health care professionals in their current settings, whilst also planning and preparing for our role within the new hospital.

Sick children, young people and their families will need support, wherever they are, and Children’s Health Foundation will continue to fund unmet needs, while also investing in longer term solutions through research and innovation. To do this we have to focus on becoming a resilient organisation, able for change and ready to scale and increase support for sick children in Ireland.

Hugh Kane, who was our interim Chief Executive Officer (CEO), stepped down from his role on 31st January 2024 and was replaced by our CEO Fionnuala O’Leary. We thank Hugh for his great support during our transition to our new CEO.

In 2023, our executive developed an interim strategy for 2024, focusing on delivering an organisation fit for the future, which can deliver and grow in tandem with Children’s Health Ireland. We are now working on a new strategy which will run from 2025-2028. This includes how the organisation will work with the new National Children’s Hospital to ensure maximum impact for donor led funding. We are assessing how the brand will integrate with the new hospital, how the funding processes will work to ensure maximum support for sick children and how we can increase investment in research to ensure multi-generational impact.

Research will remain a key pillar of funding for Children’s Health Foundation, paving the way for cures, prevention and gentler treatments. Through our partnership with Science Foundation Ireland (SFI) we had the second joint call for innovative paediatric focused research projects in 2023, committing €2 million to this partnership, and a further €1 million committed to Research and Innovation projects directly in Children’s Health Ireland.

We would like to thank the dedicated teams across Children’s Health Ireland who work tirelessly day in, day out caring for sick children and young people. Their dedication and commitment to ensuring every sick and injured child has the very best chance is humbling. We feel privileged to be able to support them wherever we can.

Meanwhile, none of this would be possible without the experience and governance of our Board of Directors. Their expertise, which is volunteered, helps guide us as an organisation and ensure we are effectively run and governed.

We would also like to pay tribute to the team at Children’s Health Foundation who are constantly going above and beyond to do more for sick children. Their professionalism and dedication to the cause, in an ever-changing environment, is commendable.

Finally, we would like to thank our supporters, volunteers and young patients who inspire us every day. Without you, this organisation does not exist and the support across vital equipment, innovative new services, essential supports, and life-changing research simply would not be. Thank you for everything you do to give every sick child the best chance possible.

# 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 young 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 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.

## Respect:

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

## Integrity:

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

## Collaborative:

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

## 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.

## 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.

# 2023 Facts and Figures at a Glance



**82,380**

Emergency Dept Attendances

38,454 in CHI at Crumlin

43,926 in CHI at Temple Street



**56,581**

Urgent Care Centre Attendances

22,747 in CHI at Connolly

33,834 in CHI at Tallaght



**27,845**

Day Cases

19,331 in CHI at Crumlin

1,806 in CHI at Tallaght

6,708 in CHI at Temple Street



**24,746**

Inpatient Admissions

11,740 in CHI at Crumlin

4,854 in CHI at Tallaght

8,152 in CHI at Temple Street



**147,446**

Outpatient Appointments led by a consultant

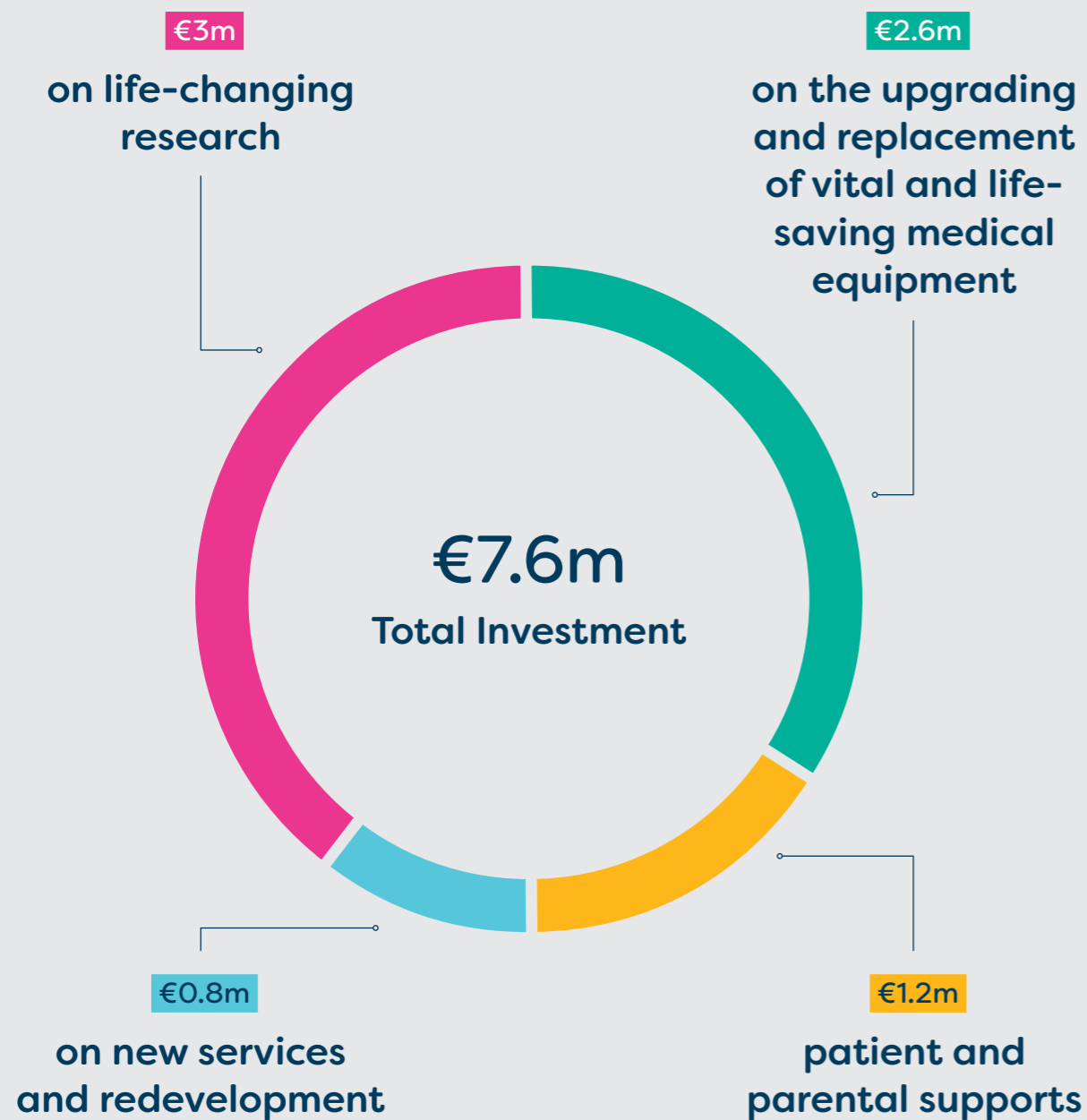
8,199 in CHI at Connolly

71,526 in CHI at Crumlin

18,086 in CHI at Tallaght

49,635 in CHI at Temple Street

In 2023, Children’s Health Foundation invested a total of €7.6m in Children’s Health Ireland hospitals, urgent care centres and the National Children’s Research Centre. This included:



## 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

### Current Company Secretary

Cara Secretaries Limited

### Chief Executive

Fionnuala O’Leary  
*(appointed 1 February 2024)*

### Registered Office and Business Address

14 -18 Drimnagh Road, Drimnagh,  
 D12 HX96

### Company Registration Number (CRO)

328920

### Revenue Commissioner Number (CHY)

13534

### Registered Charity Number (RCN)

20042462

### Registered Business Names

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

### Solicitors

Arthur Cox  
 Ten Earlsfort Centre,  
 Earlsfort Terrace, Dublin 2

### Bankers

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

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

### Auditors

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

### Investment Managers

Irish Life Investment Managers Limited, Beresford Court, Beresford Place, Dublin 1  
 Quilter Cheviot Investment Management, Hambleton House, 19-26 Lower Pembroke St, Dublin 2

## Section 2

# 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 2023 we continued to develop and grow as an organisation as we implemented our plan. 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.

Our strategic priorities are focused across five key pillars 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 the 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

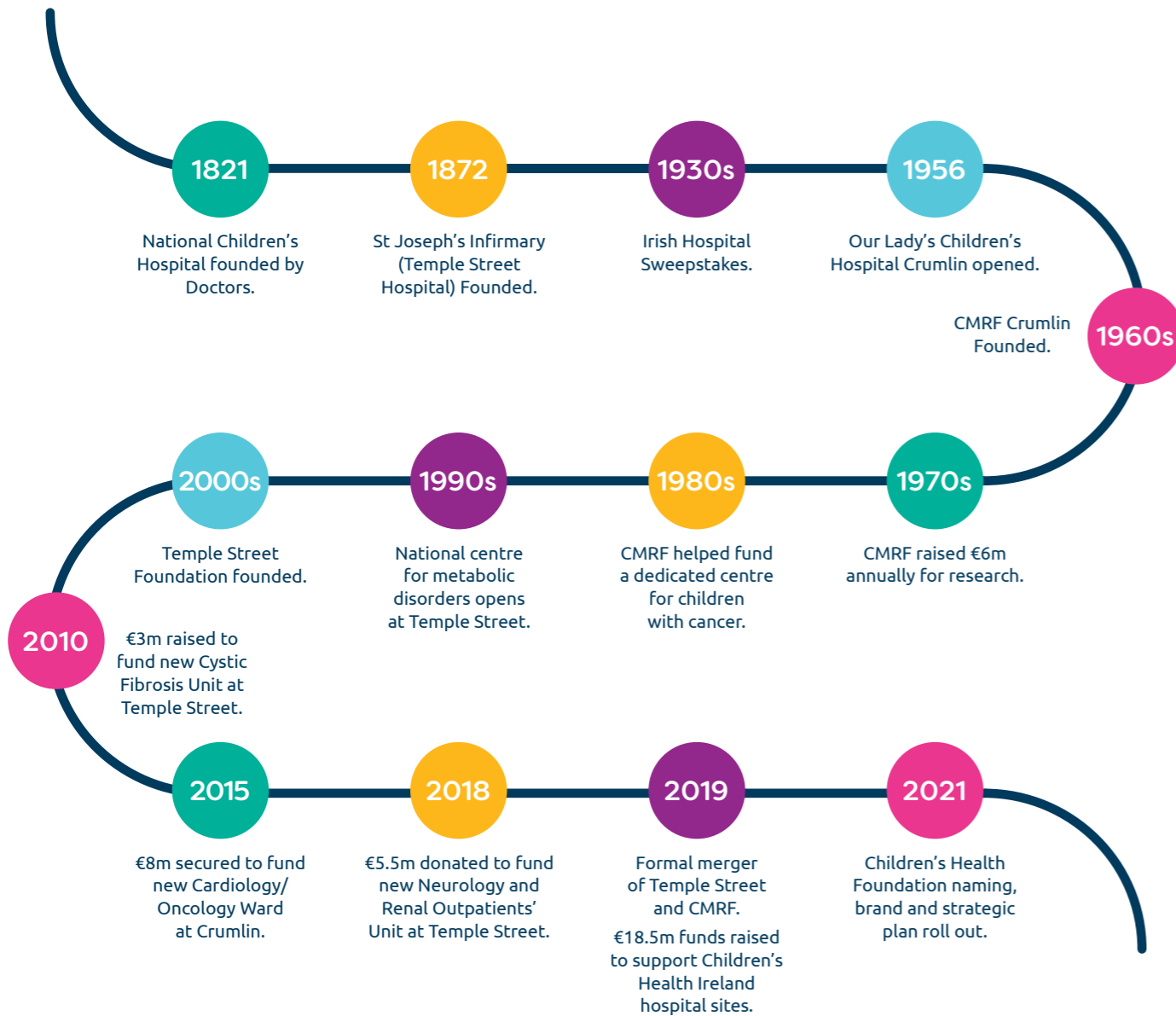
Children's Health Foundation will attract top talent and knowledge, with an emphasis on an innovative spirit and embedding a culture of transformation. We will deliver the best experience for all stakeholders, remaining committed to being a leader in accountability and governance in the nonprofit sector.

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 the 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, along with that of the medical teams, parents, and families.

## Solid foundations

Today Children’s Health Foundation is the leading charity for children, raising €15.7m in 2023. 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

## An Intensive Interdisciplinary Rehabilitation Programme (IRP) for children and families presenting with disabling complex/chronic pain

**Thanks to the outstanding support of our dedicated supporters, we were able to fund an Intensive Interdisciplinary Rehabilitation Programme (IRP) for children suffering from debilitating chronic pain.**

Children who experience debilitating daily chronic pain are amongst our most vulnerable. Chronic pain affects up to 20% of children. Of these a small proportion (approx. 3-5%) shall experience significant, disabling pain, impacting on education, peer and family relations, physical health and emotional wellbeing. Medical attempts to manage such pain are often unsuccessful. Such children are often reviewed by multiple specialties with no improvement in symptoms. Untreated, there is a significant association with the development of lifelong chronic pain. They are isolated physically and emotionally. Reduced school attendance limits educational achievement and peer group interaction. They are no longer able to engage in physical pursuits. There is a significant impact on family life and functioning. Disturbed sleep is the norm. A 'normal' childhood is lost.

Currently Children's Health Ireland provides a multi-disciplinary complex pain service, consisting of medical, nursing, physiotherapy, occupational therapy and psychology. The service offers assessment and an outpatient biopsychosocial therapeutic approach. Whilst such an approach offers benefit compared to standard biomedical intervention (e.g. medication), it is insufficient to deliver sustained benefit in children who are most debilitated by their symptoms. For such children,

evidence would support an intensive form of treatment, delivered by a specialist team, utilising a co-ordinated rehabilitative approach. Such an intensive Interdisciplinary Rehabilitation Programme (IRP) is underpinned by a psychological model (e.g. Cognitive Behavioural Therapy). The use of ACT (Acceptance and Commitment Therapy) as the cognitive model, will ensure children with debilitating pain can be expected to experience normal adult life without limitation imposed by the experience of pain.

Previously, such an intensive form of rehabilitation did not exist in Ireland. Such a service does exist in Bath, United Kingdom and patients previously were referred via the treatment abroad scheme. This treatment is expensive (circa €12,000 per patient) and also mandates travel and prolonged stays in Bath for both child and parent. Due to the nature of the condition, such travel is extremely difficult and significantly disruptive to family life.

An IRP offers an intensive delivery of multi-disciplinary therapy, undertaken in a co-ordinated programme, in a group format. The total therapeutic delivery is up to one hundred hours and includes interventions to both children and their parents/guardians. The approach favoured by the Complex Pain Service now delivers the programme on two consecutive days per week for a total of six weeks (12 days total) with guidance and mentorship.

Children and families across Ireland presenting with debilitating complex pain, will benefit as they will have, for the first time, access to accepted best international treatment practice in Ireland. Such treatment offers the potential that such children will have significant or complete pain remission and more so that they will be able to anticipate a normalised quality of life independent of the presence or absence of pain.

The benefits of the treatment:

- Improved Physical Functioning
- Improved Self Efficacy
- Improved Occupational Performance (Improved School Attendance)
- Reduced Fear Avoidance
- Improved Understanding of Complex Pain
- Reduced impact of pain
- Improved quality of life
- Improved peer and family relations

It is anticipated that this treatment process will benefit up to thirty children and families per annum. It should be understood that these children represent the most debilitated of children presenting with complex pain.

**Dr. Clodagh O' Sullivan**  
Complex Pain Service  
Children's Health Ireland at Connolly

## Introduction of Neonatal Resuscitation Programme (NRP) across Children's Health Ireland

**Thanks to the wonderful generosity from our supporters in 2023, Children's Health Foundation has funded the implementation of the Introduction of Neonatal Resuscitation Programme (NRP) across Children's Health Ireland.**

The Neonatal Resuscitation Programme is an educational programme in neonatal resuscitation that was developed by the American Academy of Paediatrics. For the past thirty years the NRP course has taught the cognitive, technical, and behavioural skills required to effectively resuscitate newborns. To remain relevant and effective, NRP continually evolves and embraces evidence-based educational strategies that facilitate effective team-based care proven to improve outcomes from resuscitation.

Currently, no intensive care within Children's Health Ireland falls under the governance of the neonatal service. This will change over the next year (2023-

2024) with the launch of neonatal intensive care (NICU) services at Children's Health Ireland, leading up to the opening of an 18-bed NICU at the New Children's Hospital (NCH) in 2025. The NCH will also include a 24-bed Neonatal Ward for lower acuity neonates, many of whom will require High Dependency Unit (HDU) level care. Training all staff, including simulation-based training, is crucial to the safe and successful delivery of this service.

Children's Health Ireland has a responsibility to care for many of Ireland's sickest babies, treating complex needs and surgical neonatal patients as the only location for neonatal surgery in the country. Advances in neonatal medicine now allow babies, who previously required ICU care or might not have survived, to be treated in higher acuity settings and discharged home. This progress relies on both clinical interventions and support for highly skilled, specialist staff. The funding has provided Children's Health Ireland with the opportunity to reshape its approach to neonatal care, creating an environment that continually improves outcomes for neonates while embracing new and innovative clinical methods. Funding for this project has ensured that babies are being cared for by highly skilled specialist neonatal staff who meet the highest standards of resuscitation.

Previously, there was no neonatal resuscitation training programme within Children's Health Ireland, representing a significant gap for the national centre for quaternary neonatal care. Each year, approximately 400 neonatal inpatients are treated across Children's Health Ireland. While not all of these patients require resuscitation, the availability of appropriate resuscitation measures is a critical aspect of patient safety for this vulnerable population. This project has established NRP training at Children's Health Ireland, delivered on-site to staff working with neonates. A successful educational programme requires simulation equipment, training resources, and online assessments to ensure that paediatric doctors and nurses acquire the necessary skills and competencies to deliver safe, high-quality resuscitation to neonates.

Funding for this project provides:

- NRP hardback and online books.
- NRP posters for the Crumlin and Temple Street neonatal units.
- NRP assessments and examinations.
- Simulation mannequins for basic resuscitation training using the Neo-puff (neonatal resuscitators).
- Advanced mannequins for intubation, umbilical line management, and advanced resuscitation management, including simulation scenarios.

Staff will undertake the NRP course at Children's Health Ireland, led by qualified instructors. After completing the course, staff will take an NRP assessment and online exam to obtain their credentials. The mannequins will be used for weekly neonatal simulation training for nursing staff and neonatal doctors, helping them develop and maintain practical skills.

This training will:

- Reduce the risk of clinical emergencies by minimising delays in care initiation and on-going management, thereby reducing injury or harm to infants.
- Promote an evidence-based and consistent approach to neonatal care, ensuring optimal care is provided promptly.
- Enhance staff training and development, addressing the current shortage of NRP-qualified staff in Crumlin and Temple Street.

**Jenny Dunne**

Neonatology Department  
Children's Health Ireland at Crumlin and Temple Street



# Patient and Parental Supports

## Children's Bereavement Books Project

Thanks to the extraordinary support we received from our supporters in 2023, Children's Health Foundation was able to fund the Children's Bereavement Books Project. These books are being provided to families who have experienced the devastating loss of a child or sibling, offering them essential comfort and support during such a difficult time. The overwhelmingly positive response to these books has inspired us to expand this crucial initiative.

The COVID-19 pandemic significantly challenged Children's Health Ireland's ability to offer face-to-face support to grieving families. In response, the Medical Social Work team developed a 'Care Package' to provide comfort from a distance, including grief support materials and other thoughtful items. However, a gap in resources, particularly in books for adolescents, young adults, and grieving parents, highlighted the need to expand our bereavement book collection.

With funding secured, we ordered 212 carefully selected books, covering a wide range of ages, including younger children, adolescents, and parents. Titles such as "The Invisible String" by Patrice Karst and "Tell Me the Truth About Loss" by Niamh Fitzpatrick have been distributed to approximately 200 bereaved families who experienced a loss between July 2022 and December 2023. These valuable resources reach the families who need them most as they navigate their grief.

This initiative offers vital support, particularly for adolescents and children who have lost a sibling. Providing these resources directly to grieving families is making a significant difference in their healing journey.

Jenny Buckley, Senior Medical Social Worker, shared, *"These bereavement books are a tremendous support to families. Being able to hand a book directly to a family who has tragically lost a child is making a profound impact on their grief journey."*

On-going support is crucial for sustaining and expanding such initiatives. This will be enormously helpful to our bereaved families and to adolescents and children who have sadly lost their brother or sister. Every contribution directly impacts families during their most vulnerable moments, offering the comfort and resources needed to begin healing.

**Emer Coyne,**  
Medical Social Worker  
Children's Health Ireland at Crumlin

## The Giggle Fund for the provision of patient and parental supports for clinical departments and ward areas

The primary function of the Giggle Fund is to bring smiles to the faces of many patients who attend Children's Health Ireland at Crumlin throughout the year. The Giggle Fund brings light-hearted relief to patients and their families during times that are often particularly stressful.

Thanks to the generosity of our supporters this fund provides huge benefits to children and families as it is dedicated to bringing a little joy into their lives. The patient experience can be positively improved with a surprise birthday gift that coincides with a hospital visit. Small gifts can provide excitement for children attending frequent appointments and can add a little joy to special milestone occasions. The Giggle Fund supports the patient journey through all departments across the hospital.

The fund has a practical side as it assists families with emergency admissions by providing necessities for an overnight stay.

Anecdotal feedback from both staff and families on the benefits of the Giggle Fund is very positive. Families and staff remark on the importance of little surprise gifts and how these simple gestures can give the patient a sense of normality during a difficult period. Additional touches such as decorations for Valentine's Day, Easter, and Christmas, bring these festive seasons into the hospital and enable all patients to enjoy these special occasions.

The Giggle Fund creates meaningful moments within the hospital for patients and families, it truly is a wonderful fund.

**Anne Rynne,**  
Assistant Director of Nursing,  
Children's Health Ireland at Crumlin

**Karen Mc Guire,**  
Director of Nursing,  
Children's Health Ireland at Crumlin

### Project to upskill Clinical Scientists in variant interpretation for the diagnosis of children with rare diseases

**With the help from our supporters, Children's Health Foundation have provided training to upskill Clinical Scientists in variant interpretation for the diagnosis of children with rare diseases.**

There are about 7,000-8,000 rare diseases, and most of them are genetic, often appearing in early childhood. To effectively diagnose these diseases, advanced technology called next-generation sequencing (NGS) is needed. Currently, Ireland is one of the few European countries that outsources these important tests to other countries, which makes the process expensive and communication between doctors and scientists difficult as testing is currently not done in-house.

Implementing NGS technology in Ireland is costly and requires a high level of expertise. Therefore, it is important to introduce it gradually, starting with training Clinical Scientists to interpret and report on genetic variants. This is a crucial step because understanding which genetic changes cause disease is very complex and requires skilled professionals. At the moment, the Department of Clinical Genetics in Ireland does not have NGS technology, so they have to send samples abroad for testing. This costs about €960,000 a year and makes it harder for doctors and scientists to discuss results quickly and efficiently.

Early diagnosis aids decision making for Children's Health Ireland clinicians. NGS testing is used routinely in neonatal care and has helped guide the clinician on next steps care for the infant. Diagnosis can be reached in up to 40% of infants, where previous testing was negative.

Thanks to supporter funding, it has allowed Children's Health Ireland to train six Clinical Scientists in variant interpretation and reporting. This will help the department build the necessary expertise to eventually offer NGS testing in-house. An external bioinformatics company provides basic training in NGS variant interpretation software to the Children's Health Ireland staff members. This move is expected to attract and retain skilled staff, as many want to work with the latest and most impactful diagnostic technologies.

The outcome of this training project will:

- offer rapid whole exome or whole genome sequencing to critically ill children, especially when the new Children's Hospital opens.
- ensure to reduce the diagnostic journey that patients and families experience trying to find a cause for their child's rare disease.
- also ensure that Children's Health Ireland is offering the genetic laboratory testing with highest diagnostic yield.
- reduce healthcare costs.
- improve medical management.

**Jennifer Mc Daid**  
Laboratory Manager  
Children's Health Ireland at Crumlin



### Workbook and Supplies for parents and children attending the Rheumatology strength and wellness group

Thanks to the outstanding support of Children's Health Foundation supporters, workbook and supplies for parents and Children attending the Rheumatology strength and wellness group have been provided.

The Health and Social Care Professionals (HSCP) team at the National Centre for Paediatric Rheumatology (NCP) at Children's Health Ireland has been running the "Strength and Wellness Group" since 2017. This group was established to reduce waiting times and hospital admissions for children with chronic pain and fatigue who are referred to the NCP. The evidence-based programme has been highly successful, essentially eliminating the need for lengthy pain rehabilitation admissions at Children's Health Ireland.

The six-week programme is designed to empower children and young people experiencing chronic pain and fatigue by teaching them how to self-manage their symptoms, improve their physical strength, and make positive lifestyle changes. As a result, participants are better equipped to live well alongside their symptoms. Additionally, parents receive education on how to best support their children throughout the programme.

The dedicated occupational therapists in Children's Health Ireland at Crumlin lead the patient education component of the Strength and Wellness Group. With the generous funding from our supporters, we have developed professionally designed workbooks for both patients and their parents, which will be used during the six-week programme. These resources are expected to significantly enhance the impact of the programme, improving collaboration between therapists, patients, and caregivers.

Until now, the Strength and Wellness Group has been operated with minimal physical resources, relying on paper handouts and limited funding for essential equipment. The introduction of these new patient and parent workbooks represents a major step forward in maximising engagement and enhancing the overall experience for participants.

This initiative has and will continue to enrich the experience of patients and their families over a one-year period, with patient satisfaction being recorded through routine questionnaires to measure the impact of these new resources. The on-going development of the group programme will have a direct positive impact on waiting times and management pathways at the National Centre for Paediatric Rheumatology, ultimately improving care for children with chronic pain and fatigue.

**Cathy White**  
Acting Clinical Specialist, Occupational Therapist  
Children's Health Ireland at Crumlin

# Vital and Life-Saving Equipment

## Improving Vascular Access for neonatology patients through the use of ultrasound

In 2023, thanks to the generosity of our supporters, we were able to purchase an ultrasound machine, significantly enhancing the care provided to the youngest and most vulnerable neonatology patients in Children's Health Ireland at Crumlin and Temple Street.

Ultrasound-guided vascular access is a widely adopted practice in leading hospitals globally. However, Children's Health Ireland previously lacked the necessary equipment to fully implement this technique. Despite having a highly skilled neonatology team trained in ultrasound techniques, the absence of this technology limited their ability to utilise these skills effectively.

Securing intravenous (IV) access in sick neonates is particularly challenging, even for experienced staff. Multiple attempts are often required, causing unnecessary pain and distress. In some cases, an IV line may last only a few hours, necessitating repeated procedures. For many babies facing extended hospital stays, this results in numerous painful interventions. With the introduction of the new ultrasound machines, staff can accurately locate veins, significantly reducing the number of attempts needed to secure IV access and minimising discomfort.

The lack of IV access can lead to complications such as hypoglycaemia or delayed antibiotic administration, increasing pressure on other hospital services like interventional radiology and anaesthesiology.

The project involved not only acquiring the ultrasound equipment but also providing comprehensive training and developing protocols to ensure optimal patient outcomes. By standardising

the use of ultrasound across their hospitals, Children's Health Ireland aims to enhance the longevity of IV lines, lower infection risks, and improve overall care.

This initiative benefits approximately 400 neonates admitted annually, significantly improving their care and comfort. As Children's Health Ireland prepares for the transition to the new Children's Hospital, this investment addresses current needs while positioning the organisation for future advancements in neonatal care. Thanks to our wonderful supporters, cutting-edge technology is now available to those who need it most, ensuring every baby receives the best possible start in life.

The reduction in needle pricks for IV access is a top priority for medical teams and parents alike, with the project designed for flexibility. The ultrasound equipment will seamlessly transfer to the new campus, and standardised procedures across current sites will ensure a smooth transition. Additionally, while primarily used for vascular access, the equipment holds potential for other critical applications within neonatology, further enhancing care.

### Dr. Adam Reynolds

Specialist Registrar, Department of Neonatology  
Children's Health Ireland at Temple Street  
and Crumlin

## Tandem mass Spectrometer (LC-MS/MS) analyser

With the help of our supporters, we have funded the purchase of a Backup Liquid Chromatography-Tandem Mass Spectrometer (LC-MS/MS) analyser. The metabolic service in Children's Health Ireland at Temple Street is the only tertiary referral laboratory service in Ireland for the diagnosis and monitoring of infants, children and adults with a variety of complex, inherited metabolic disorders. Metabolic testing

is still very time-consuming and requires a lot of work. Having a second Liquid-Chromatography-Mass Spectrometer (LC/MS-MS) has provided back-up to the current system.

Testing amino acids to diagnose and monitor patients with metabolic diseases has become increasingly important since the introduction of newborn screening. After diagnosing newborns who are very sick, infants with developmental issues, and adults, we continuously monitor their amino acid levels throughout their lives to ensure they receive proper treatment. This monitoring is crucial for patients with conditions like maple syrup urine disease and urea cycle defects. We also monitor pregnant women with metabolic conditions and require fast results to make quick dietary changes and prevent serious harm to the baby. However, metabolic testing remains time-consuming and requires substantial effort.

Having a second Liquid Chromatography-Mass Spectrometer (LC-MS/MS) now provides backup support to the current system. Our metabolic service is the only specialised lab in Ireland for diagnosing and monitoring infants, children, and adults with complex inherited metabolic disorders. Increased speed and flexibility allow medical staff to run multiple methods in one day that previously may have taken several days to complete. In addition to expanding our test repertoire and repatriating external expensive tests, the backup LC-MS/MS analyser, in particular, has the capability to use smaller plasma volumes, reducing bleeding for premature babies and neonates. As new disorders are discovered and the newborn screening programme expands, we have been able to keep up with the growing demand thanks to advanced lab technology.

Failure to have access to the existing LC-MS/MS during a breakdown would result in delays in sample processing and result reporting, which could have adverse outcomes for patients and compromise patient safety and quality of care. It is imperative that instrument failure and downtime are prevented.

A number of examples on how the back-up second Liquid Chromatography-Mass Spectrometer (LC-MS/MS) will enhance the quality of care for patients are:

- **Time Savings and Faster Results:** The new technology allows scientists to complete their work more quickly, which means doctors receive test results faster and can make decisions sooner.
- **Improved Quality of Life for Patients and Families:** For patients, especially babies identified with high methionine levels or those with genetic conditions like classical homocystinuria, cystinosis, and mucopolysaccharidosis, this advancement leads to better on-going care and monitoring, which directly improves their quality of life.
- **Comprehensive Testing Available Locally:** By having a wide range of metabolic tests available within Ireland, we reduce the need to send samples abroad to the UK or Europe for further analysis, ensuring faster and more reliable results.
- **Smooth Integration and Expanded Capabilities:** With adequate support from the equipment provider, the Metabolic Laboratory can smoothly incorporate this new technology into routine diagnostic work, allowing us to perform more tests in-house that were previously outsourced.

With the second LC-MS/MS machine in place, this now ensures that our critical metabolic service runs more efficient and effectively. Our equipment now fully supports our role as the only reference lab in the Republic of Ireland capable of providing rapid and accurate diagnoses. If the primary machine fails, we can avoid delays in processing and reporting results, protecting patients from potential harm and maintaining their safety and quality of care.

### Patricia Fitzsimons

Biochemistry – Metabolic Laboratory  
Children's Health Ireland at Temple Street

**Therakos EMEA Limited Cellex System Instrument for the provision of a new national paediatric extracorporeal photopheresis (ECP) service**

**Thanks to our generous supporters, in 2023 we funded a Therakos EMEA Limited Cellex System instrument. This piece of equipment facilitated the introduction of a new national paediatric extracorporeal photopheresis service.**



Image credit: therakos.eu

Extracorporeal photopheresis is a form of apheresis, it is a UVA light activated treatment performed on temporarily separated blood cells. Extracorporeal photopheresis involves collecting and separating a small fraction of blood cells which then undergo light activated treatment outside the body before being returned, it is a highly specialised treatment. This specialised treatment is used in a range of immune-mediated diseases.

Extracorporeal photopheresis has proven benefits and efficacy for:

- A specific type of blood cancer known as cutaneous T-cell lymphoma (CTCL)
- Organ transplant rejection (following transplantation of organs such as the heart or lungs)
- Autoimmune diseases such as systemic sclerosis and atopic dermatitis
- Graft-versus-host disease (GvHD).

Steroid refractory graft versus host disease (srGVHD) is one of the major complications of allogeneic stem cell transplantation, with mortality exceeding 50%. Extracorporeal photopheresis is one of the few second-line treatments with established efficacy. Extracorporeal photopheresis is currently accessible for adult patients in Ireland but not for paediatric patients who travel to UK centres for their treatment.

Extracorporeal photopheresis requires the patient to have two-day case treatment sessions every fortnight during which time they are attached to a specialised apheresis machine for 1-2 hours. The frequency of the treatment can be increased in acute GvHD and administered at the bedside for inpatients. Extracorporeal photopheresis treatment is often continued for 3-6 months. Extracorporeal photopheresis is available in all UK paediatric allogeneic transplant units. In Ireland, extracorporeal photopheresis is only available in St. James's Hospital for adults with srGVHD.

Every year a significant proportion of children undergoing bone marrow transplant in the Republic of Ireland are eligible for extracorporeal photopheresis which cannot be accessed in Ireland. They are generally unfit to travel abroad for treatment and as a result are treated with highly

immunosuppressive alternative therapies resulting in increased morbidity and hospital admissions.

For Irish patients transplanted in Manchester or Newcastle requiring extracorporeal photopheresis, lack of availability of the service in Children's Health Ireland at Crumlin has resulted in significant delays in returning home for on-going follow-up treatment, as patients must stay abroad to continue extracorporeal photopheresis. The financial burden, logistical difficulties and personal toll for families is significant.

When fully established there will be cross site and cross service benefits of extracorporeal photopheresis as patients with inborn errors of

metabolism (Metabolic Team, CHI TSH) and inborn errors of immunity (Immunology, CHI Crumlin) will also benefit from the availability of this service for their patients who must currently travel abroad for treatment. This service will prove invaluable in the future for many families, it will give families a chance to receive extracorporeal photopheresis in Ireland. Many thanks to our supporters for their continued dedication to these projects which allow us to improve and facilitate family centred care in Ireland.

**Noeleen Comey, Pamela Evans,**  
Apheresis Unit  
Children's Health Ireland at Crumlin



# Meet our Frontline Heroes

## Professor Damien Kenny



**Meet Professor Damien Kenny, a consultant in paediatric cardiology in Children's Health Ireland at Crumlin.**

Working with children, is a privilege. We meet children through some really difficult circumstances, and they face adversity with such courage. The strength and bravery we see within them is inspiring. As a paediatric cardiologist, we all have specialist interests. My interest is interventional cardiology, which means I spend a lot of time working in the catheter laboratory doing keyhole procedures on children. With the advancement of technology in recent years, more and more types of cardiac procedures can be completed in this less invasive manner.

Brody whose story is featured in the 'Meet Our Little Heros' section of this Annual Report, has a diagnosis of Hypoplastic Left Heart Syndrome. Brody had three open heart surgeries, and we were keen to explore other innovative options as opposed to exposing him to a fourth. Brody had a keyhole procedure which has only been done a handful of times worldwide. A 3D model of Brody's heart was instrumental in allowing us to plan for this procedure, and it is through charitable funding that we can generate these models. The recovery following this type of procedure is much quicker than an open-heart surgery, and within a matter of weeks Brody was running, playing and functioning as a child should be.

Another large part of my week is seeing patients in clinics, with many of these patients coming back after their procedures or surgeries, and they are now engaging with life, doing everything a child should do. This is very rewarding to see as often they have gone through difficult procedures which can be distressing for the children and their families. It is fulfilling to see them live full and rewarding lives. The continued need for research is vital to allow us to validate our interventions on children and it is an essential component of what we do.

The funding that Children's Health Foundation has provided for us has allowed us to push new therapies through, to trial new approaches. There is still a large amount of work to be done which is not possible with research or funding. We are extremely grateful for what the existing support has allowed us to do for sick children and their families and our aspirations to try and continue to make children's lives better.



## Deirdre Murphy



**My name is Deirdre Murphy, and I am a Health Play Specialist working in the Emergency Care Unit and the Outpatients Department in Children's Health Ireland at Tallaght.**

Health Play Specialists are Health and Social Care Professionals who specialise in providing play opportunities throughout a patient's medical journey. We aim to support a patient's development, ensuring a patient's understanding of hospitalisation, and enhancing a patient's coping skills. We use a variety of play-based interventions to provide procedure and treatment support to children and adolescents, whilst offering creative and social activities during hospitalisation.

*"Health play specialists empower children to learn about their ill-health and help them to understand the interventions that are required during their time in hospital. Play intervention can reduce feelings of anxiety and help children to feel happy whilst being in hospital."* (Starlight Children's Foundation, 2020)

Throughout my day I meet patients of all ages and their families. The patients may just be here for a visit or could be coming to the hospital for a longer stay. When children arrive to the Emergency Care Unit, they can often be afraid and upset not knowing what they may be facing, it is not only the child who worries but the parents too.

"Play is not a luxury; play is a necessity". Play is a great tool for communicating with patients and their families, it is non-threatening, and everyone knows how to play! My role is to help make the children and their parents feel more comfortable through Play.



There are many types of play we use:

#### Medical Play

is used as a teaching tool to rehearse medical procedures and diagnoses to identify misconceptions, promote mastery to help the child regain their sense of control, and allow expression of feelings.

#### Preparation Play

is used to prepare patients for treatments and procedures using equipment such as specialised dolls, books and a variety of age-related resources. Preparation allows children to become familiar with hospital equipment, staff and the environment, giving positive information and developing effective lines of communication between patients, families and staff.

#### Distraction Play

is used to help the patient cope with a painful or difficult procedure. Distraction can ease anxiety and help to build a child's coping skills! The aim is to redirect the child's focus away from the procedure and allow the child to concentrate on an activity that is pleasant and enjoyable such as playing a game, singing, or reading. Some examples include blowing bubbles, reading books, or playing a game.

#### Sensory Play

helps to stimulate senses touch, sight, hearing smell and taste. It helps children to learn and develop through sensory play and allows expression of feelings and emotions.

#### Normal Play

helps a child alleviate fears and form coping strategies which help manage anxiety. It also provides an opportunity to gain insight into a patient/family fears and an understanding relating to their illness or treatments.

In Emergency Care Unit, play is provided through lots of distraction and preparation, helping children prepare for bloods tests, X-rays and any other medical procedures that need to be completed. There is lots of distraction provided for children who need to get these procedures or may need to sit for a period on nebulizers. There are colouring easels, a play kitchen and a little playhouse in all waiting areas to keep the children busy while they wait to be seen.

In outpatients the Play Specialist is available for children that may need some support when attending a number of clinics which include Cystic Fibrosis, Prader Willie Syndrome, Cpap/Bipap, respiratory, neurodiversity and general paediatrics clinics. Play can be provided to help support patients



with distraction and preparation for the procedures that may need to happen through their day. Some patients require more support which is provided through one-to-one sessions over a period of time where the child and their parents are informed of the procedures. During these sessions we practice using medical equipment through play and the use of social stories of what will need to happen on the day. We build a good relationship with both the child and the parents and make the experience as fun as we can.

From the bottom of our hearts, we all here in Children's Health Ireland at Tallaght Play Department would like to say a huge thank you to Children's Health Foundation supporters for their continued support throughout the years, without this support the important work that we do would not be able to be completed at such a high standard. Our service would be greatly reduced, and the

patients would not experience the positives effect of normalised play with little or no distraction, which is essential to all patients for normal development.

The play department relies on the funding from Children's Health Foundation. This funding has had a significant impact on the patients and their families who have used the services in all department across Children's Health Ireland at Tallaght. It has provided toys, daily activities, special gifts for achievements and supported specialised play and preparation for the patients who required it. It has also supported the purchasing of specialised play materials to use in my daily role with patients and their families. I love my role especially when I get to see happy children coming back to see me again and again. Your funding helps support this and without it I would not be able to do as good as job as I do! Thank you.

# Ground-breaking Research in Children’s Health Ireland

## Supporting ground-breaking research into childhood illnesses, health and wellbeing

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 wellbeing, 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 2023.

## Children’s Health Foundation Grant Statistics

Number of Research and Innovation Grants supported by Children’s Health Foundation in 2023

Grant Type	Number of Grants
National Children’s Research Centre Grants	19
Temple Street Foundation Grants	12
Children’s Health Foundation Seed Funding Research and Innovation Grants	37
Precision Oncology Ireland	2
Children’s Health Foundation/Science Foundation Ireland Frontiers for the Future Programme	4

### Areas being investigated across grants in 2023 include;

22q11.2 Deletion syndrome	Join Hypermobility
Adverse effects of vaping/e-cigarettes	Leukaemia
Anaphylaxis	Medulloblastoma
Atopic Dermatitis	Metabolic Disorders
Asthma	Needle procedures
Childhood obesity	Neonatal brain injury
Cleft lip and palate	Neuroblastoma
Coeliac disease	Neuromuscular Disorders
Congenital Heart Disease	Non-syndromic craniosynostosis
COVID-19	Prematurity
Cystic Fibrosis	Renal Transplant
Diabetes	Scoliosis
Epilepsy	Severe Neurological Impairment
Fatty Liver Disease	Sickle Cell Disease
Inclusion Health/Social Adversity	Subglottic stenosis
Inflammatory Bowel Disease	Traumatic brain injury
Invasive Fungal Disease	

## Number of Supported Researchers/Innovators

The below figures relate to grants managed by Children’s Health Ireland Research and Innovation.

Staff Type	Number of Staff
Principal Investigators and co-investigators, academic and clinical supervisors	140
Postgraduate Students and Clinical Research Fellows	22
Postdoctoral Researchers	13
Research Assistants	5
Research Nurse	4
Data Manager/Coordinator	2
Project Manager	1
Innovation Projects Coordinator	1
Biostatistician	1



## Research Stories

### The Lynn Clinic - Equitable healthcare provision for vulnerable children



**Principal Investigator:**  
**Dr. Aoibhinn Walsh (Consultant Paediatrician with a special interest in Inclusion Health, Children's Health Ireland)**

**Co-Investigators: Prof. Eleanor Molloy (Consultant in Neonatology, Children's Health Ireland), Prof. Cliona Ni Cheallaigh (Consultant in Infectious Diseases and General Medicine, Clinical Lead in Inclusion Health, St. James' Hospital), Dr. Siobhan Connor (Consultant Paediatrician Children's Health Ireland), Dr. Emer Ryan (Consultant in General Paediatrics, Children's Health Ireland), Ms. Birgitta Joyce (Community Liaison Nurse, Children's Health Ireland).**

**Associated Hospitals/Healthcare Centre: Children's Health Ireland at Temple Street, Lynn Clinic at the Summerhill Primary Care Centre, Dublin.**

In Ireland, 10% of children grow up in consistent poverty and 23% of children experience deprivation. Recent figures show approximately 4,500 children in Ireland are registered as homeless, however these figures do not include children living in Direct Provision. Childhood adversity due to factors such as socioeconomic deprivation, insecure housing and social exclusion (reduced access to opportunities and services such as healthcare), has been shown to impact lifetime incidence of physical and mental ill-health. Children from marginalised communities also experience higher rates of illness, poorer educational opportunities and increased barriers to accessing healthcare and supports and there is evidence that low childhood socioeconomic position is associated with a greater number of adverse childhood events.

The need to provide an inclusive model of healthcare to vulnerable members of our society is becoming ever more appreciated on a national and international scale. Inclusion health, as a concept, aims to develop care pathways that are patient-centred and focused on overcoming visible and invisible obstacles to engagement with healthcare services. In recent years, two Dublin hospitals have established Inclusion Health teams to care for adult patients experiencing social adversity and this initiative has had an overwhelmingly positive effect on both patient outcomes and the utilisation of hospital resources.

With support from Children's Health Foundation, Dr. Aoibhinn Walsh established the Lynn Clinic, a paediatric inclusion health outpatient clinic based at the Summerhill Primary Care Centre in Dublin. It is named after Dr. Kathleen Lynn, a pioneer of social inclusion in Ireland. Through the clinic, Aoibhinn wanted to demonstrate that the establishment of a paediatric inclusion health clinic specifically designed to accommodate the needs of vulnerable children experiencing social adversity, could significantly improve healthcare engagement and outcomes.

To ensure that the clinic met the needs of the target groups, Aoibhinn and the clinic team established collaborations with a wide range of local social service agencies, community organisations, non-governmental organisations, educational support offices, other government departments and other health care agencies. Data on patient demographics, social circumstances, language and literacy barriers, healthcare contacts, hospital and emergency department attendances, and previous non-attendance at scheduled appointments was collected from attendees to the clinic.

In operation since 2020, the clinic has been a major success and led to a significant increase in service engagement within communities facing social adversity. In many cases, Aoibhinn and the clinical team have been able to arrange clinical tests for attendees and expedite necessary referrals



to paediatric subspecialties, facilitating earlier diagnoses and treatments. Data collected through the clinic has also shed light on the important health and social metrics for these vulnerable groups. Single parent families were overrepresented among clinic attendees compared to the 2022 census results. The majority of attendees did not have an established primary care physician and vaccination statuses were significantly lower than population norms. Faltering growth, poor weight, obesity, and macronutrient deficiency were common in children attending the clinic. This data highlighted the myriad of health issues that children facing social adversity face and the need for a paediatric inclusion health service that can address them.

The Lynn Clinic is shining a light on children who historically have not successfully engaged with hospital services and is helping both Children's

Health Ireland and the Health Service Executive (HSE) adjust how the substantial needs of these families and children are met. Owing to its success, the HSE is now providing funding for the Lynn Clinic on a fixed term basis and has supported the expansion of the clinical team. Aoibhinn hopes to obtain permanent funding for the clinic and to continue to spearhead National Inclusion Health service development, as well as expanding the service currently available through Children's Health Ireland. In light of the current challenges of increasing homelessness and difficulties supporting marginalised migrant families, the need for continued service development and expansion is critical to meet the rising unmet clinical need.

### Developing a decision-making tool for paediatric hypermobility



**Lead Investigator: Susan Ward**  
**Co-investigators:**  
**Dr. Sara Dockrell,**  
**Dr. Emma Jane MacDermott**  
**Host Institute:**  
**Trinity College Dublin**  
**Associated Hospital(s):**  
**Children's Health Ireland at Crumlin**

Joint Hypermobility is a term used to define the capability that a joint has to move beyond typical limits. It can sometimes be referred to as "loose joints" or "double-jointedness" and is relatively common in children. For many children, joint hypermobility causes them no problems and can be thought of as an advantage in sports and activities. For others, joint hypermobility can be associated with symptoms such as pain and fatigue and can be referred to as symptomatic hypermobility.

Children with symptomatic hypermobility can have a wide range of symptoms, including joint pain, tiredness and difficulties with motor skill such as ball skills or handwriting. Symptoms can vary markedly between different children and across age groups and as a result, it can often be challenging to recognise and manage.

There is a real need for a better understanding of what symptomatic hypermobility represents in children and adolescents. Earlier recognition, better classification and more targeted management could mitigate the burden of this condition and improve quality of life.

As a Clinical Specialist Physiotherapist in the National Centre for Paediatric Rheumatology in Children's Health Ireland at Crumlin, Susan Ward is involved in the management of children and adolescents with symptomatic hypermobility. Supported by the National Children's Research Centre and Children's Health Foundation, Susan recently completed a PhD project to improve our understanding of symptomatic hypermobility and

develop a decision-making tool that could be used to aid recognition and guide treatment.

Following a detailed study of the scientific literature on joint hypermobility, Susan performed an in-depth study of the clinical characteristics of children and adolescents with symptomatic hypermobility who attend Children's Health Ireland. The study found that children and adolescents with symptomatic hypermobility have worse strength, endurance, motor skills, quality of life, fatigue and function, than healthy paediatric populations. Higher levels of joint hypermobility were not associated with greater pain severity, worse quality of life, or higher levels of fatigue. Additional diagnoses were common, significantly, a high level of neurodevelopmental diagnoses. Almost half of all participants had below or well below average motor skills compared to age and sex referenced data.

Susan was able to use cluster analysis to identify distinct subgroups of symptomatic hypermobility. Children and adolescents with symptomatic hypermobility could be separated into three clinical subgroups using valid and reliable clinical measures that are feasible to collect in the clinical environment. Differences in pain, fatigue and motor skill proficiency, function, motor control, quality of life, and multi-systemic involvement were found across the three subgroups.

Having defined the key characteristics of symptomatic hypermobility, Susan has used this data to develop a decision-making tool which could be used to guide physiotherapists to carry out more specific assessments and to be able to target the treatment of children and young people with symptomatic hypermobility in the future. Targeting this group in childhood and adolescence has the potential to reduce the impact of symptoms into adulthood.



### Exploring research together; Identifying research priorities for adolescents and young adults with cancer in Ireland

**Lead Investigator: Niamh O'Sullivan (Assistant Director of Nursing for AYA Cancer)**

**Co-investigators: Dr. Aifric O'Kane (Senior Clinical Psychologist) and Dr. Scheryll Alken (Consultant in AYA Cancer), Shannon Sinnott (Research assistant, Children's Health Ireland) with support from Eileen Furlong (Prof. of Nursing, UCD)**

**Associated Hospitals: Children's Health Ireland at Crumlin**

Adolescent and young adult (AYA) cancer is rare with about 160 cases per year in Ireland. In Ireland, those aged 13 years and above at diagnosis in the paediatric setting and those aged 16-24 years in the adult setting are considered AYAs. Emerging evidence shows that AYAs with cancer have unique needs and perspectives that need to be addressed when establishing and delivering an AYA cancer programme.

The research team, work within a national network aiming to provide developmentally focused care for AYAs, that focuses on their unique needs and unique healthcare experiences. They wanted to empower AYAs and put their views and needs at the heart of both the AYA cancer service at Children's Health Ireland and AYA cancer research conducted at Children's Health Ireland.

With support from Children's Health Foundation, they actively engaged with AYAs with lived experience of cancer to better understand their views and perspectives on AYA cancer research. They created an online survey and asked AYAs to vote on what they think AYA cancer research priorities at Children's Health Ireland should be. They then conducted online workshops, one for those aged under 18 years and another for those aged over 18 years. Survey results were used to generate discussion and guide groups to select the top research priorities.

The project identified 13 research priority areas with the top priority being "What psychological support package improves psychological well-being, social functioning and mental health during and after treatment?". Four research priorities specific to the Irish AYA cancer population were identified. These were "Centralising Healthcare Records for Easier Access to Information", "Encouraging & Supporting Peer Support", "What are the barriers to early diagnosis including community and GP awareness of cancer in AYAs" and "What education programme would help AYAs to understand the signs and symptoms of cancer?".

Results highlight the areas for future research that are most important to AYAs in Ireland and demonstrate the value in understanding the local and domestic wishes of healthcare cohorts. The team are now working with AYAs to co-design projects to address these specific research priority areas.



**Patient Passport for young people with 22q11**

**Lead Investigator: Wesley Mulcahy (Clinical Specialist Occupational Therapist and 22q11 Co-ordinator)**

**Co-investigator: Dr. Suzanne Kelleher (Consultant Paediatrician)**

**Associated Hospital: Children’s Health Ireland at Crumlin**

22q11.2 Deletion syndrome, often called ‘the most common syndrome you have never heard about,’ affects one in 2,000 births globally, making it one of the most prevalent genetic disorders. It can cause lifelong issues such as heart defects and learning difficulties. Due to its varied presentation, diagnosis can be challenging, and even health professionals may have limited understanding. Participatory research in Ireland highlighted significant mental health distress among young people with 22q11.2ds due to navigating multiple health providers. Wesley Mulcahy, Dr. Suzanne Kelleher, and Anne Lawlor from 22qIreland identified a need for better communication tools to assist in managing care.

The project team conducted focus groups with young people and parents. Young people reported stress from constantly recalling their medical history. They had poor understanding of specialist care, and a lack of printed feedback and information. They felt their care often ‘lacked humanity.’ These insights were echoed by families. In response, a communication passport was developed with input from the young people involved in the focus groups.



The passport includes tabs to individualise each journey and information leaflets, from diagnosis to adulthood.

The 22q Passport was launched in February 2024, along with educational videos.

In the seven months since launch, 80 families are using the Passport, and this figure is growing by 12-15% each month.

Parents have provided positive feedback on the passport’s impact:

*“Congratulations on the passport. It’s a super piece of work. When I think of all the copy books and folders, I used to keep which I could never keep track of when I needed them.”*

*“Thank you so much for the work you put into the passport. We’re so grateful to have had it on Friday to make the appointment so successful and less stressful.”*



**Exercise training in children and adolescents with a Fontan circulation**

**Lead Investigator: Dr. Li Yen Ng (Cardiology Research Fellow)**

**Co-investigators: Dr. Adam James (Consultant in Cardiology), Prof. Colin McMahon (Consultant in Cardiology)**

**Associated Hospitals: Children’s Health Ireland at Crumlin**

The normal heart has two pumping chambers, the left and right ventricles. The right ventricle is responsible for pumping oxygen-poor blood to the lungs. After picking up oxygen in the lungs, the blood returns to the heart where the left ventricle pumps the oxygen-rich blood to the body. Children can be born with a range of congenital heart diseases, varying from a simple defect such as a small hole in the heart to more complex lesions resulting in a single functioning ventricle heart, also called a univentricular heart. This circulation is not compatible with life without intervention.

The Fontan procedure is a 3-staged heart surgery used to palliate the univentricular heart. The surgery creates a circulation in series, supported by a single functioning ventricle. The oxygen-rich blood is pumped to the major organs around the body by the single ventricle within the Fontan circulation. The oxygen-poor blood returns from the body and head and neck and passes through the lung arteries and back to the heart in a series.

With the improvement in medical and surgical care provided in this group of patients, increasing numbers of children with a Fontan circulation now survive childhood, into adolescence and young adulthood. At present, there are about 250 children under the age of 18 years with a Fontan circulation living in Ireland.

By default, these individuals will have lower physical fitness than their peers. Physical activity is known to improve heart function but very little is known about the impact of exercise on heart function in children with a Fontan circulation. Dr. Li Yen Ng and the research team at Children’s Health Ireland aimed to study the effect of exercise on heart function, exercise performance, body composition and self-perceived quality of life in children and adolescents with a Fontan circulation.

Compared to baseline, the introduction of a home-based moderate intensity exercise programme significantly improved exercise performance and was associated with improvements in heart function measured using state-of-the-art echocardiography. Self-reported quality of life scores were higher in children and adolescents with a Fontan circulation who were physically active. The study shows that exercise is a clinically important component for the promotion of continued wellbeing and improving quality of life in children and adolescents with a Fontan circulation.

# Patient and Family Stories



**Brody**

**Brody was born with Hypoplastic Left Heart Syndrome, a condition where the left side of the heart is underdeveloped. From when he was a few hours old, Brody was cared for by the Children's Heart Centre team in Children's Health Ireland at Crumlin. Brody's Mum, Georgina, shares their story with us:**

When I was 20 weeks pregnant at my anomaly scan, our journey with Children's Health Ireland began. We learned that Brody's left ventricle in his heart was significantly smaller than the right side. After investigations, he was diagnosed with Hypoplastic Left Heart Syndrome. I found it difficult to enjoy the rest of my pregnancy as I worried about what the outcome would be when Brody was born. The same day I met with the cardiology team in Children's Health Ireland at Crumlin, to put a plan in place for when Brody arrived, they showed me around the Children's Heart Centre and ICU. The team truly thought of everything to keep us as much at ease as possible.

Brody was born on the 29th of January 2019, and that night was rushed straight from Holles Street to Children's Health Ireland at Crumlin. I got to hold

Brody for less than a minute before he was whisked away for urgent care. As a first-time mum, this was extremely difficult as I was not well myself after the birth. It is so hard to mind yourself while also being there for your sick baby, but I knew Brody was in the best possible place. It was 24 hours before I got to see Brody again. From the minute we walked through the doors of Children's Health Ireland at Crumlin to visit Brody, our lives changed forever. It was such an overwhelming time, but once we met with the team looking after him, they offered us positivity and reassurance.

The staff were incredibly honest and open about how things could go. They thought of every small thing to make us as a family feel at ease, even having a wheelchair waiting for me when I arrived since I had just given birth. Brody's cardiologist Professor Damien Kenny accompanied us when we went to see Brody for the first time and explained our treatment options to us. Professor Kenny informed us as Brody was quite unwell, that without surgery within the first five days of his life he would not survive. This surgery would be the first of three surgeries recommended for children with Brody's condition.



Brody was three-days-old when he had his first open-heart surgery. His heart was only the size of a walnut at the time, and the surgery lasted for six hours. Brody was brought straight from theatre to ICU and put on a ventilator for two days. Afterwards, Brody unfortunately developed a serious infection in his wound and became very unwell again. It was six weeks before he was deemed well enough to be brought home. I was terrified when Brody first came home as he was on so many medications, we were constantly keeping an eye out for many different signs and symptoms to ensure he wasn't becoming unwell. Brody was brought back to Children's Health Ireland at Crumlin every week for a check-up with the cardiology team, and this regular contact provided us with so much comfort and reassurance.

Up until he was six-months-old, Brody was in and out of the hospital. We were informed at this point, that Brody would need his second cardiac surgery. Brody initially thrived after this surgery and came home eight days later. However, once at home, I noticed that Brody was pale, not feeding well, and vomiting often. We took him back to Children's Health Ireland at Crumlin and learned that at six-months-old he was going through massive heart failure. Even through it was such a scary and uncertain time, Brody was still smiling as he was brought into the emergency department. This night was a massive blur, Brody's oxygen levels were dangerously low, and all I can recall is alarms going off all night long. He was brought straight down to the cardiac ICU, and his heart had to be shocked three times throughout that night. Professor Kenny came from home that night to be with Brody, we will truthfully never forget him for it. Brody was put on a ventilator for a week to give his body a rest as his heart was so weak.

While this was going on, Brody's Dad and I had to travel to London to be assessed for suitability for a heart transplant. Leaving Brody at such a vulnerable time was heartbreaking, but thankfully his Nanny stepped in and stayed by his side for the day and a half we were gone. Brody stayed in the hospital for three months, but being the stubborn boy that he is, he hung in there. Professor Kenny and all the staff advocated for Brody throughout this time, and we learned that Brody would not require a heart transplant after all.

Brody came home at nine-months-old and was hitting all his milestones, he was generally well and a normal happy baby. He still attended Children's Health Ireland at Crumlin every couple of weeks, which assured us that we could call them at any time. Brody continued to thrive, and when he was five-years-old, he needed to get valves repaired in his heart, and at the same time, they completed the third stage surgery.

In December 2023, Brody had a keyhole surgery to improve his heart function further, he was the first person in Ireland to have this procedure. They used a 3D model of Brody's heart to assist with the surgery. The creation of these models would not be possible without funding from Children's Health Foundation. Within a couple of hours post-surgery, Brody was sitting up, eating, and drinking. He was able to go home after five days, which I still cannot comprehend, had it been an open-heart surgery, the recovery would have been so much longer.

Brody is a brand-new child, he can run and play, he is now swimming every week. He is brilliant in school and has become a very active child. His body is trying to catch up with the new energy he has, and I for one cannot keep up with him!

The entire team at Children's Health Ireland have been nothing short of amazing throughout our journey. Everyone has a lovely sense of camaraderie in there. There are so many staff that I could mention that didn't feel like staff, they were more like friends. We were so blessed with the facilities in the Children's Heart Centre, we could not imagine the old conditions and not being able to stay in Brody's room every night. We know that the Children's Heart Centre would not exist without Children's Health Foundation. The days are long, so having supports like the kitchen and parents' accommodation nearby was so important, without fundraising, we would not have these important facilities.

We always understood that Brody was in the best place, even though of course you still don't want your child to be there. But the support we had from the staff got us through some very dark days, and we are eternally grateful.



**Sophie**

**Sophie was only six-months-old when she was taken to Children's Health Ireland from the maternity hospital in Limerick. Sophie arrived in Children's Health Ireland at Crumlin on 16th August 2022 where she remained until 16th January 2024. Her mum Melissa shares their long and emotional journey.**

When I was pregnant with Sophie my waters broke at 27 weeks. I was kept in the maternity hospital until Sophie was born nine weeks later. As cardiac issues had been picked up on my scans the paediatric team were on hand, and it was all go from the minute Sophie was born. She spent her first two weeks of life in the Neonatal Intensive Care Unit in Limerick before being transferred to Children's Health Ireland at Crumlin. On arrival Sophie was diagnosed with Pierre Robin Syndrome, a congenital condition characterised by airway abnormalities. What started out as an airway abnormality, as Sophie began to grow and develop, became apparent that she had a number of other medical complexities. Sophie spent four weeks in intensive care before being transferred to the Transitional Care Unit (TCU) where she was initially expected to remain for three to six months. This ward became our home for seventeen months.

We were informed that Sophie's airway was very unstable, due to its small size. Her medical team were extremely concerned that should there be an emergency, they would have major difficulties

intubating Sophie. Due to the severity of Sophie's airway abnormalities, she needed a tracheostomy, a tube in the trachea which acts as an alternative airway for breathing. Sophie was only five weeks old when she underwent this procedure. Up until this point, Sophie was very unstable and struggling, but once she had the surgery, she became a different child entirely. The first thing we did post-surgery was look at Sophie's face, as we had never seen her face free of wires and tubes.

A couple of months later in March 2023, Sophie had to have open heart surgery to repair a large hole in her heart, and an additional surgery in August 2023 to repair her cleft palette. These are major surgeries made even more complicated by Sophie having an artificial airway. Thankfully Sophie recovered well from them.

During one of the most difficult times in our lives, we also have so many happy memories to look back on which we look forward to telling Sophie about when she is older. Sophie celebrated her first birthday in the hospital, we found that pretty difficult and emotional as her family could not attend due to the risk of Sophie getting a virus. The team on TCU made Sophie feel so special, she honestly would not have had such a big birthday at home. She had her first trip to the zoo while on the ward too which allowed for some normality during this time. Sophie also spent her first two Christmases in the hospital, we did find it hard being away from family, but we had such a lovely Christmas in the hospital. It was so special spending it with Sophie, and Santa came and spoiled her. Sophie also helped to launch the Tesco teddy Monty the Monkey in aid of Children's Health Foundation and took part in Children's Health Foundation Christmas Wishes video while she in Children's Health Ireland at Crumlin.

As well as looking after Sophie, we as parents were also so well looked after and supported. They had arranged gifts for us for Mother's Day, Father's Day, Valentines Day, both Christmases, and for our birthdays. They had a cake and a little party for us. TCU love a good party! It was moments like these that helped put a smile on our faces and pulled us through the long, hard days and gave us the strength and energy to keep going.



### Section 3

# Financial Review

Sophie had regular play therapy and music therapy while in the hospital. This was Sophie's time to have fun, and she absolutely loved it. Seeing the girls coming in, her face would light up the room and seeing the benefits this had on Sophie was amazing. These therapies are so crucial in the hospital, just to allow kids to be kids for a little while.

After seventeen long months, Sophie was finally discharged from hospital on 16th January 2024. Sophie will always have hypermobility of her joints, low muscle tone, and feeding difficulties. Sophie is currently PEG fed meaning she receives food via a tube directly to the stomach. She has suffered a lot of setbacks along the way, but we got through them. Sophie requires 24-hour supervision and care, and we have nurses at home with us. Since Sophie has been at home it is like a light has switched on, she is thriving and has more time for exploring and developing.

Sophie will continue to need regular monitoring, by the hospital until she is a young adult. Since being discharged home, we have been back for follow up appointments and we love going back to see everyone. Sophie is like a celebrity around

the hospital and gets so excited when she meets everyone, which is so heartwarming to see. The minute we go in she has her hands out and goes around to all the staff. That is a testament to how well looked after she was.

Sophie is the happiest, most affectionate little girl with such a personality. We believe this is from all the love and care she received while being in the hospital for so long. She continues to thrive every day since we got home. She has been so brave in all that she has gone through and overcome, and we are so very proud of her. Nothing phases her she is constantly smiling up at us.

We can't thank everyone who has been involved in Sophie's journey enough. From the cleaners, the staff emptying the bins, the doctors, nurses, physios, occupational therapists, speech and language therapists, play specialists, music therapists, and most of all our TCU family, you are incredible.

Your generous donations are so important to help support both patients like Sophie and us their families during such worrying and difficult times, while in the hospital, so for that we say thank you.



# Directors' Report

The Directors of Children's Health Foundation present this report, together with the audited financial statements, for the year-end 31 December 2023.

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, 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.

## Principal Activities

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

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

## Objectives and Outcomes

A review of the objectives and corresponding outcomes for Children's Health Foundation for 2023 follows under four headings:

### 1. Fundraising and Philanthropy

Objectives and Priorities	Performance and Outcomes
Raise a total gross income of €14.5m from fundraising activities and other income.	Raised over €15.7m in fundraising, despite the impact of external factors including, the global impact of conflicts in Gaza and Ukraine, and the cost-of-living crisis.
Recruit 4,000 new direct debit supporters.	3,132 new supporters joined us in 2023.
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 €9.9 million was generated in 2023.

### 2. Supporting Sick Children - Charitable Activities

Objectives and Priorities	Performance and Outcomes
Continue to support ground-breaking research studies within Children's Health Ireland.	Assigned funding of €3.0 million for research within Children's Health Ireland.
Ensure that Children's Health Ireland patients have access to the latest advances in medical treatment and critical care equipment.	Assigned funding of €2.6 million for upgrading and replacing of medical equipment within Children's Health Ireland.
Create a caring environment and provide patient and parental support to families when they need it most.	Assigned funding of €1.2 million for support services within Children's Health Ireland.

### 3. Governance and Excellence

Objectives and Priorities	Performance and Outcomes
Policies reviewed to ensure adherence to governance standards.	A centralised repository was established for all controlled documents, on-going review of our policies to ensure continued compliance with relevant standards and legislation.
Board management to meet governance requirements.	Implemented the BoardX platform to streamline the governance of board and committee meetings. The Board member skills matrix is embedded in the platform. Board effectiveness review has been completed.
Instil excellence within our organisation through training and education.	Invested in an e-learning platform to easily create training modules to upskill and develop our team, with a focus on training to meet the legislative requirements.

### 4. Strategy

Objectives and Priorities	Performance and Outcomes
Development of an Interim Strategic Plan 2024.	As the Children's Health Foundation strategy was planned to be implemented between 2021-2023, the requirement for an Interim Strategic Plan to guide us in 2024 became a priority. The focus being: <ul style="list-style-type: none"> <li>• Deliver sustainable income growth,</li> <li>• Nurture all stakeholder relationships,</li> <li>• Maximise our impact,</li> <li>• Enhance our organisational health.</li> </ul>
Systems Integration.	On-going enhancement of our CRM system, Salesforce, engaging with all staff to ensure that the information is easily accessible, and that there is optimal functionality available.

## Achievements and Performance

### Charitable Activities

In partnership with Children’s Health Ireland the Foundation continues to place priority on investments that would have the greatest impact and meet the immediate needs for sick children in Ireland.

Children’s Health Foundation raises funds to support four key strategic pillars;

- Life changing research,
- Vital life-saving equipment,
- Patient and parental support services,
- Ward and service development.

In 2023, the foundation disbursed €7.6m across Children’s Health Ireland hospitals and urgent care centres and the Foundation’s research partners Science Foundation Ireland (SFI) and National Children’s Research Centre (NCRC) now known as the Research and Innovation Office (RIO) in Children’s Health Ireland.

Some highlights on the impact these funds have had over the last year included:

#### €3m on life-changing research

- 20 newly awarded seed funding grants through RIO to support and facilitate novel child health research and innovation activities across all Children’s Health Ireland sites. Accelerator grant for ‘Adeno-associated virus 2 (AAV2) induced autoimmunity in children with severe acute hepatitis’.
- Four research projects supported by Children’s Health Foundation through a co-funding partnership with SFI on the SFI Frontiers of the Future project stream, two co-funded and two fully funded by Children’s Health Foundation. SFI and Children’s Health Foundation funded research into ‘The Impact of E-cigarettes on Childhood Health Outcomes ECHO Study’.

#### €2.6M on vital life-saving equipment

- €200k for patient monitoring and medical equipment for the new MRI and CT suite.
- €70k for ECHO monitoring system for the paediatric intensive care unit.
- €50k for Enteral Syringe Pumps for use across all Children’s Health Ireland sites.
- €37k for an ultrasound machine for vascular access for use in Neonatology.

#### €1.2m on patient and parental support services

- €260k in funding disbursed across Children’s Health Ireland to support time spent in hospital for the patient and their families such as access to the Giggle Fund, birthday and reward funds, sensory equipment, sensory areas, play equipment, summer and seasonal events for patients and their families, vip days, pet therapy and sibling camp.
- The Foundation also funded many supports for families including parent accommodation, medical social work fund to support families, palliative care grants, hardship fund and Children’s Health Foundation Liver patient travel bursary for families.

#### €0.8m on ward and service development including

- €85k disbursed on education, training and conferences for staff members across Children’s Health Ireland.
- €350k for new services across Children’s Health Ireland such as Neuropsychology Assessment Service for Neurosurgery Neurorehabilitation.



### Fundraising Activities

**2023 saw an increase in fundraised income on the previous year through the continued commitment and dedication of supporters across Ireland and abroad with €15.7m raised to support sick children in Ireland. Considering the impact of worldwide humanitarian appeals and the increasing cost of living, this was a great achievement. Inflation also impacted costs across printing, merchandise, delivery and staff.**

New and innovative ways of engaging with our supporters emerged particularly in the digital space where we trialed and triumphed with different ways of giving, from online donation pages to handheld digital donation machines.

Each year our supporters are consistently finding new ways to amaze, surprise and humble us with their incredible efforts to raise funds. From abseils to motorcycle challenges, tractor runs, head shaves, fitness challenges and so much more. 2023 was no different with Children’s health Foundation supporters running marathons in Dublin, Cork, Vancouver, and Tokyo, to name a few. Each one of them dedicated to raising funds for sick children in Ireland.

Over 1,200 bakers took part in our Great Irish Bake, inspired by the story of Saoibh from Waterford, who featured on The Late Late Toy Show with her song “Raining Rainbows”.

Clash of the Companies saw over 500 people across 60 teams take part in the annual challenge event.

Little Kate from Wexford led over 1,500 supporters, with the help of our long-term sponsor MiWadi in another hugely successful Trick or Treat campaign, while over 500 supporters took part in our Christmas Jumper Day.

The Foundation’s supporter mailings continued, delivering 96% of income target. A massive achievement considering a slight downward trend felt across the sector last year.

Our corporate supporters and partners remained strong in 2023. Tesco continues to be one of the Foundation’s most dedicated supporters, having raised over €1m in 2023.

New key partnerships included Aurthur Cox, IQEQ, RSM Ireland, PRL/Custodian, AIB Merchant Services, Fiserv and Aerogen. Meanwhile, there was continued steadfast support from existing partners such as One4All, Johnson & Johnson, DHL and Penneys.

Across Major Giving and Trusts and Foundations there were some significant gifts including those from Starvos Niarchos Foundation, the PCM Foundation, the Oak Foundation and the Toy Show Fund.



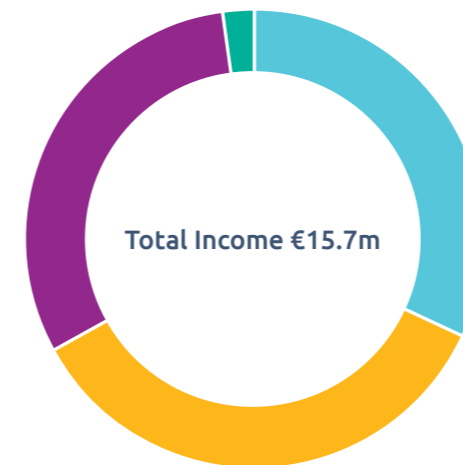


## Financial Review

**Fundraising income for the year of €15.7m plus €0.6m from investments, after expenditure of €14.0m, resulting in a net income of €2.3m being available to carry forward for future commitments. A detailed commentary on the financial results are set out below.**

### Income

Fundraising income for the year of €15.7m was an increase on the previous year of €1.5m. The split of our fundraising income was as follows:



- Individual Giving **32%**
- Strategic Giving **35%**
- Campaigns and Community Engagement **31%**
- Other **2%**

### Expenditure

Expenditure is classified between expenditure on raising funds, charitable activities and governance costs that are further explained in note 1. Expenditure on raising funds was €5.7m for the period compared to €5.1m for the previous year. The result was overall costs of the Foundation at 30% of income.

### Investments, Investment Policy and Governance

The Finance, Audit & Risk Committee of the Board regularly reviewed the financial performance of the Foundation including the performance of its investments. It was the policy of the Board that all funds not immediately required for operational purposes should be appropriately invested - either in deposit accounts with reputable financial institutions, for funds that may be required in the shorter term; or, with major Irish investment managers, for those funds not required in the short term.

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 €36.6m. Of this total €11.6m was designated for projects approved by the Board and not paid by the year end to the hospitals and €11.4m was held in Restricted Funds to support specific projects and activities as decided by supporters. The balance of reserves of €13.6m 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 €12.0m at year end available for commitments for 2024 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 (2024)

In the year ahead, in keeping with our interim strategy for 2024, we look forward to continuing to plan for the opening of the new National Children's Hospital whilst remaining dedicated to supporting staff and children across the current hospitals and urgent care centres.

We will be working on a new Strategic Plan to enable the Foundation to grow and support more sick children and their families, more healthcare workers and more paediatric research. We will deepen our working relationship with our Children's Health Ireland colleagues and identify new areas of unmet need for our supporters to fund. Our supporters and volunteers are the only reason we can exist as an organisation and we will be focused on engaging with them as we transition into new ways of working across a new hospital site and across new ways of driving support for sick children.

### Long Term Plans

Children's Health Foundation will, in line with the opening of a new National Children's Hospital, develop a new strategic plan for 2025-2028. The move to the hospital will transform paediatric care in Ireland but will also transform how Children's Health Foundation operates and what areas will need investment most. In the meantime, urgent and life-saving work is continuing around the clock in Children's Health Ireland at Crumlin, Temple Street, Tallaght and Connolly.

As a charity we are committed to the highest levels of governance, transparency and fundraising best-practice. We will continue to operate at the very highest levels of governance into the future, communicating with our supporters and reporting back on the impact of their generous donations.

Our brand, and the public's awareness of our organisation, will be a key area of focus over the next few years. We will become an instantly

recognisable and trusted children's charity despite no longer having Temple Street and Crumlin hospitals to leverage from a brand point of view. The public will be aware that if they support Children's Health Foundation, they are supporting care and research at the new National Children's Hospital

Funding needs will change as we move ahead, and we will remain agile and open-minded in terms of our policies and procedures around these. We will work closely with our Children's Health Ireland colleagues to ensure that support is applied to the appropriate areas, creating as much impact as possible for sick and injured children. Enabling research will be a key focus of Children's Health Foundation going forward. We will not only support the infrastructure of paediatric research in Ireland but also, through our partnership with SFI will aim to fund breakthroughs and life-changing discoveries with significant research investments.

## Events After the Reporting Date

There were no significant events since the balance sheet date.

## Going Concern

Based on our assessment of current trends and forecast activities and taking into account our 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, we 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 of 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 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 wellbeing, to save and improve young lives.

### Board of Directors, Officers, and Management

The Foundation is governed by a Board of Directors who serve in a voluntary capacity. The Board consists of a Chair and up to eleven Directors. The Foundation-approved policy on Board tenure is as follows:

1. The term of office of a director is three (3) years.
2. A Director may be reappointed for up to a further two successive terms of three (3) years (being a maximum consecutive period of nine (9) years).
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 12.

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

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

### Company Secretary

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 two 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 & Risk Committee
2. Governance and Remuneration Committee

The Finance, Audit & 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 and Remuneration 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, and adequate Board 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

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.

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

To actively demonstrate openness, transparency and integrity to our beneficiaries and 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.

- Good Governance**  
 The Board signed off on the Children’s Health Foundation, Charities Governance Code (issued by the Charities Regulator in November 2018) during the year for 2023 and has all records on file as required by the Charities Regulator.
- Ethical Fundraising**  
 The Foundation implemented all the requirements for the Statement of Guiding Principles of Fundraising in 2011 and continually reviews its performance against these principles.

The Board met six times during the year (the quorum for Board meetings is four Directors); the Finance Committee met 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 & Risk Committee	The Governance Committee
Mark Moran	6(6)	4(4)	3(4)
John Chase	3(6)	4(4)	n/a
Julia Davenport	3(6)	n/a	3(4)
Eilish Hardiman	5(6)	n/a	n/a
Owen Hensey	5(6)	n/a	n/a
David McCann	5(6)	4(4)	n/a
Sinead McSweeney	5(6)	n/a	n/a
David Phelan	6(6)	n/a	4(4)
Brendan Jennings	6(6)	4(4)	n/a
Onnah McCrann	5(6)	n/a	4(4)



**Management, setting pay and remuneration**

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

The Foundation sets remuneration for all staff based on averages within the not-for-profit sector and a benchmarking exercise was conducted by an external stakeholder in 2023.

**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 2023 (2022: Nil).

**Risk Management and Internal Control**

The Finance, Audit & 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 for maximum impact for sick children.	Governance & 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, 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.

Category	Appetite	Description	Mitigation (Actions to treat the risk)
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.	Focus on retention of team members, beginning with our organisation values and expected behaviours.
Financial	Averse and balanced	Children’s Health Foundation’s approach to investments is balanced. Children’s Health Foundation approach to all other financial risk is averse. Rigorous financial controls and strong reporting systems are in place with high integrity of results to ensure appropriate management of our portfolio of funds.	Grants Approval Process. Development in alignment with Children’s Health Ireland. Continuous improvement of all finance processes including month end close, budgeting and forecasting, with detailed analysis. Updating the approval matrix, improved segregation of duties, bank reconciliation processes.
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	Balanced	External factors can influence the progress of Children’s Health Foundation. These are divided into two categories: Children’s Health Ireland hospitals and general environmental factors.	Ensure compliance with governance standards and a focus on the labour market. Ensure a strong case of support regarding sick children to protect our brand, and income generation, whilst ensuring management of costs.

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

## 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 regarding 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 have confirmed that:

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

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

## Auditors

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

Approved by the Board and signed on its behalf by:

**Mark Moran**, Chair  
**Brendan Jennings**, Director

*Dated 30th September 2024*



## Directors' Responsibilities Statement

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

Irish company law requires the Directors to prepare financial statements for each financial year. Under the law, the Directors have elected to prepare the financial statements in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council ("relevant financial reporting framework"). Under company law, the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities, and financial position of the Foundation as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

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

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

The Directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position

and profit or loss of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors' report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

## 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 2023 and of the net income 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 21, 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.

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 agree 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 & Touché House, Earlsfort Terrace, Dublin 2*

# Accounts



## STATEMENT OF FINANCIAL ACTIVITIES

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

		2023 Unrestricted Funds	2023 Restricted Funds	2023 Total	2022 Unrestricted Funds	2022 Restricted Funds	2022 Total
	NOTES	€'000	€'000	€'000	€'000	€'000	€'000
<b>INCOME FROM:</b>							
Donations and fundraising activities	5	11,701	3,682	15,383	12,635	1,517	14,152
Grant Income		-	-	-	13	-	13
Other Income	6	353	14	367	70	-	70
<b>Total Income</b>		<b>12,054</b>	<b>3,696</b>	<b>15,750</b>	<b>12,718</b>	<b>1,517</b>	<b>14,235</b>
<b>EXPENDITURE ON:</b>							
Fundraising activities	7	(5,688)	-	(5,688)	(5,137)	-	(5,137)
Governance costs	7A	(97)	-	(97)	(92)	-	(92)
Charitable activities	8	(6,482)	(1,758)	(8,240)	(6,032)	(3,136)	(9,168)
<b>Total Expenditure</b>		<b>(12,267)</b>	<b>(1,758)</b>	<b>(14,025)</b>	<b>(11,261)</b>	<b>(3,136)</b>	<b>(14,397)</b>
Net gain/(loss) on investments		611	-	611	(778)	-	(778)
<b>Net income/ (expenditure) for the year</b>	10	<b>398</b>	<b>1,938</b>	<b>2,336</b>	679	(1,619)	(940)
Taxation	12	-	-	-	-	-	-
<b>Net movement in funds</b>		<b>398</b>	<b>1,938</b>	<b>2,336</b>	679	(1,619)	(940)
<b>RECONCILIATION OF FUNDS</b>							
Total funds brought forward		25,873	8,439	34,312	25,563	9,689	35,252
Transfers		(1,011)	1,011	-	(369)	369	-
<b>Total funds carried forward</b>		<b>25,260</b>	<b>11,388</b>	<b>36,648</b>	25,873	8,439	34,312

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 derive from continuing activities.

## BALANCE SHEET

AS AT 31 DECEMBER 2023

	NOTES	2023 €'000	2022 €'000
<b>FIXED ASSETS</b>			
Tangible assets	13	1,662	1,786
<b>CURRENT ASSETS</b>			
Investments	14	4,060	3,434
Debtors	15	81	250
Cash at bank and in hand		31,571	29,473
		<b>35,712</b>	<b>33,157</b>
<b>CURRENT LIABILITIES</b>			
Creditors	16	726	(629)
<b>Net Current Assets</b>		<b>34,986</b>	<b>32,528</b>
<b>NET ASSETS</b>		<b>36,648</b>	<b>34,314</b>
<b>FUNDS OF THE CHARITY:</b>			
Unrestricted funds	19	13,597	10,773
Designated funds	19	11,663	15,100
Restricted fund	19	11,388	8,441
	20	<b>36,648</b>	<b>34,314</b>

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



## STATEMENT OF CASH FLOWS

AS AT 31 DECEMBER 2023

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

	NOTES	2023	2022
		€'000	€'000
<b>NET INCOME/(EXPENSE) FOR THE FINANCIAL YEAR</b>		<b>2,336</b>	(940)
<b>CASH FLOWS (USED IN)/FROM OPERATING ACTIVITIES</b>			
Depreciation charge		191	96
Interest receivable		(6)	-
Increase in debtors		166	373
Increase/(decrease) in creditors		98	(2,062)
Income from receipt of equity instrument		(17)	-
Fair value movements on investments		(611)	778
<b>NET CASH FLOW FROM/(USED IN) OPERATING ACTIVITIES</b>		<b>2,157</b>	<b>(1,755)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Deposit interest received		6	-
Proceeds from sale of investment in equity instrument		2	-
Purchase of fixed assets	13	(67)	(468)
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>		<b>(59)</b>	<b>(468)</b>
<b>INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>		<b>2,098</b>	<b>(2,223)</b>
Cash and cash equivalent at the beginning of the year		29,473	31,696
<b>CASH AND CASH EQUIVALENT AT THE END OF THE YEAR</b>		<b>31,571</b>	<b>29,473</b>

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 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, D12 HX96. The nature of Children's Health Foundation's operations and its principal activities are set out in the Directors' Report. 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.

#### Income

Income is recognised in the SOFA in accordance with SORP rules which are 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.

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.

Bequests/Legacies 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.

#### Expenditure

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

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

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 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 the furtherance of the objectives of the charity.

#### Designated Funds

Designated funds are unrestricted funds which have been ring-fenced by the Directors for major projects committed for funding for Children's Health Ireland as detailed in note 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 supporters 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 €1.6m 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%

#### 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 €35.0m (2022: €32.5m), including €31.5m (2022: €29.5m) in cash at bank at the year end and had €13.6m (2022: €10.7m) 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 and Gaza conflicts on the fundraising sector. Given the Foundation's main sources of income are currently from voluntary sources and fundraising activities, there is a clear possibility that the Foundation's operations could be affected in 2024/2025, 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, and consider that the projections, together with the reserves held indicate, 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.

### Critical judgements in applying the Foundation's accounting policies

There were no critical judgements made by the Board of Directors during the financial period.

### Key sources of estimation uncertainty

Tangible Fixed Assets:

In note 13 to the financial statements, tangible assets are stated at cost less depreciation. In order to calculate the depreciation of tangible assets, the Directors of the Foundation estimate the useful lives of a specific asset class considering the type of assets, past experience, estimated residual value and the expected useful life.

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

## 4. COMPANY STATUS

The Company is a company limited by guarantee. Every member of the company undertakes to contribute to the assets of the company in the event of the company wound up while they are 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 €1.27m.

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 5. DONATIONS AND LEGACIES

	2023 Unrestricted €'000	2023 Restricted €'000	2023 Total €'000	2022 Total €'000
Individual Giving & Legacies	4,702	361	5,063	4,453
Communities & Campaigns	3,324	1,545	4,869	5,324
Corporate, Trusts & Major Gifts	3,668	1,777	5,445	3,902
Other	7	(1)	6	486
	<u>11,701</u>	<u>3,682</u>	<u>15,383</u>	<u>14,165</u>

### 6. OTHER INCOME

	2023 Unrestricted €'000	2023 Restricted €'000	2023 Total €'000	2022 Total €'000
Deposit Interest	6	-	6	-
Dividend Income	1	-	1	-
Equity Instruments	17	-	17	-
Debra Ireland	-	14	14	-
VAT - charity compensation scheme	329	-	329	70
	<u>353</u>	<u>14</u>	<u>367</u>	<u>70</u>

### 7. EXPENDITURE ON RAISING FUNDS

	2023 Unrestricted €'000	2023 Restricted €'000	2023 Total €'000	2022 Total €'000
Individual Giving & Legacies	1,474	-	1,474	1,313
Communities & Campaigns	1,582	-	1,582	1,728
Corporates, Trusts & Major Gifts	1,488	-	1,488	938
Other	240	-	240	217
Support Costs (note 9)	904	-	904	941
	<u>5,688</u>	<u>-</u>	<u>5,688</u>	<u>5,137</u>

### 7(a). Governance costs

	2023 Unrestricted €'000	2023 Restricted €'000	2023 Total €'000	2022 Total €'000
Payroll	90	-	90	83
Privacy Engine	4	-	4	4
Associated Costs	3	-	3	5
	<u>97</u>	<u>-</u>	<u>97</u>	<u>92</u>

### 8. EXPENDITURE ON CHARITABLE ACTIVITIES

Activity	Grants Unrestricted 2023 €'000	Direct & Support Costs Unrestricted 2023 €'000	Total Unrestricted 2023 €'000	Grants Restricted 2023 €'000	Total 2023 €'000
Research	2,319	248	2,567	696	3,263
Medical Equipment	2,002	214	2,216	601	2,817
Patient & Parental Support Services	953	102	1,055	286	1,341
Redevelopment & New Service Development	582	62	644	175	819
	<u>5,856</u>	<u>626</u>	<u>6,482</u>	<u>1,758</u>	<u>8,240</u>

The Foundation had designated funds of €11.6m at 31 December 2023, awaiting disbursement (See note 19).

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>

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 8(a). DIRECT AND SUPPORT COSTS UNRESTRICTED ANALYSIS

	Direct Costs 2023 €'000	Support Costs 2023 €'000	Total Costs 2023 €'000
Research	152	96	248
Medical Equipment	131	83	214
Patient & Parental Support Services	62	39	101
Redevelopment & New Service Development	38	24	62
	383	242	625

### 8(b). DIRECT AND SUPPORT COSTS UNRESTRICTED ANALYSIS PRIOR YEAR

	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
	402	168	570

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 2023 €'000	Charitable Activities 2023 €'000	Total Support Costs 2023 €'000
Salaries	459	161	620
Travel and accommodation costs	3	1	4
Administration & Communications	131	40	171
Premises costs	19	3	22
Professional & Governance costs	38	11	49
Depreciation	165	26	191
Banking & Finance costs	88	-	88
<b>Total</b>	903	242	1,145

*Analysis of support costs – prior year:*

	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
<b>Total</b>	941	168	1,109

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 10. NET INCOME/(EXPENDITURE)

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

	2023 €'000	2022 €'000
Depreciation of tangible fixed assets (note 13)	<u>191</u>	<u>94</u>

### 11. EMPLOYEES AND REMUNERATION

The average number of persons employed by the company during the financial year was 41 (2022: 41) and is analysed into the following categories:

	2023	2022
Fundraising	21	25
Charitable Activities	6	4
Support & Management	14	12
	<u>41</u>	<u>41</u>

	€'000	€'000
The staff costs amounted to:		
Salaries	2,333	1,953
Social welfare costs	232	227
Pension costs (note 18)	51	72
Severance payments	-	23
	<u>2,616</u>	<u>2,275</u>

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

	2023	2022
Salary Band €70,001-€80,000	5	1
Salary Band €80,001 - €90,000	1	1
Salary Band €90,001 - € 100,000	-	1
Salary Band €100,001- €110,000	-	-
Salary Band €110,001- €120,000	1	-
Salary Band €120,001- €130,000	1	1
Salary Band €130,001 - €140,000	1	-
Salary Band €140,001 - €150,000	-	1

Total key management compensation (salary, PRSI, pension contribution, allowances, and other benefits) for the financial year was €507,949 (2022: €484,749).

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 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 2023	1,676	104	68	761	2,609
Additions	-	67	-	-	67
Disposals	-	-	(28)	(14)	(42)
<b>At 31 December 2023</b>	<b>1,676</b>	<b>171</b>	<b>40</b>	<b>747</b>	<b>2,634</b>
<b>Accumulated Depreciation</b>					
At 1 January 2023	642	24	43	114	823
Disposals	-	-	(28)	(14)	(42)
Charge for financial year	25	11	5	150	191
<b>At 31 December 2023</b>	<b>667</b>	<b>35</b>	<b>20</b>	<b>250</b>	<b>972</b>
<b>Net book amounts</b>					
<b>At 31 December 2023</b>	<b>1,009</b>	<b>136</b>	<b>20</b>	<b>497</b>	<b>1,662</b>
At 31 December 2022	1,034	80	25	647	1,786

### 14. INVESTMENTS (AT FAIR VALUE)

	2023 €'000	2022 €'000
<b>A. Investment Funds</b>		
At 1 January 2023	3,434	4,212
Additions	-	-
Disposals	-	-
Movement in fair value	611	(778)
<b>At 31 December 2023</b>	<b>4,045</b>	<b>3,434</b>
<b>B. Investment in Equity Instrument</b>		
At 1 January 2023	-	-
Additions	17	-
Disposals	(2)	-
Movement in fair value	-	-
<b>At 31 December 2023</b>	<b>15</b>	<b>-</b>

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:

	2023 €'000	2022 €'000
Irish Life Investment Managers Limited: <i>MAPS Scheme</i>	1,107	1,020
Quilter Cheviot Investment Management: <i>Diversified Portfolio</i>	2,938	2,414
	<b>4,045</b>	<b>3,434</b>

### 15. DEBTORS

	2023 €'000	2022 €'000
Debtors and prepayments	51	38
<b>Deferred Expense</b>	<b>30</b>	<b>-</b>
Amounts owed by: Children's Health Ireland at Temple Street	-	212
	<b>81</b>	<b>250</b>

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 16. CREDITORS: Amounts falling due within one-year

	2023	2022
	€'000	€'000
Trade creditors	159	377
General Accruals	237	127
Other creditors	8	57
PAYE/PRSI	68	68
Deferred income (note 16a)	254	-
	<u>726</u>	<u>629</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.

	2023	2022
	€'000	€'000
Balance at start of year	-	13
Receipt of deferred income during the year	254	-
Amount released to income earned from charitable activities	-	(13)
	<u>254</u>	<u>-</u>

### 17. FINANCIAL INSTRUMENTS

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

	2023	2022
	€'000	€'000
<b>Financial assets</b>		
<i>Measured at amortised cost</i>		
- Cash at bank and in hand	31,571	29,473
<i>Measured at fair value through SOFA</i>		
- Current asset listed investments	4,060	3,434
<i>Measured at undiscounted amount receivable</i>		
- Amounts owed by: Children's Health Ireland at Temple Street	-	212
<b>Financial liabilities</b>		
<i>Measured at undiscounted amount payable</i>		
- Trade creditors	159	377
- Other creditors	8	57

### 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 €51k (2022: €72k). An accrual of €8k is included in the financial statements with respect to outstanding contributions at 31 December 2023 (2022: €57k).

#### LEASE COMMITMENTS

No new lease contract was entered into during the year and that rent expense was incurred only until 2022.

## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 19. FUNDS OF THE CHARITY

	Opening Balance Jan 2023 €'000	Income 2023 €'000	Expenditure 2023 €'000	Grants 2023 €'000	Transfers 2023 €'000	Closing Balance Dec 2023 €'000
<b>Unrestricted Funds</b>	<b>10,773</b>	<b>12,665</b>	<b>(5,785)</b>	<b>(626)</b>	<b>(3,430)</b>	<b>13,597</b>
<b>Designated Funds</b>						
- Research	5,391	-	-	(2,907)	2,708	<b>5,192</b>
- Medical Equipment	6,855	-	-	(2,283)	(800)	<b>3,772</b>
- Patient & Parental Support	857	-	-	(282)	762	<b>1,337</b>
- Redevelopment & New Services	1,997	-	-	(384)	(251)	<b>1,362</b>
<b>Total Designated Funds</b>	<b>15,100</b>	<b>-</b>	<b>-</b>	<b>(5,856)</b>	<b>2,419</b>	<b>11,663</b>
<b>Total Unrestricted Funds</b>	<b>25,873</b>	<b>12,665</b>	<b>(5,785)</b>	<b>(6,482)</b>	<b>(1,011)</b>	<b>26,260</b>
<b>Restricted Funds</b>						
CCR&D	1,518	504	-	(296)	(9)	<b>1,717</b>
Nazareth's Ward	402	8	-	(1)	1	<b>410</b>
Research Funds	155	398	-	(92)	(3)	<b>458</b>
Cardiac Fund	695	368	-	(75)	447	<b>1,435</b>
Katie Nugent Fund	715	2	-	(274)	-	<b>443</b>
Straight Ahead Fund	338	260	-	(27)	(1)	<b>570</b>
Diabetes Fund	139	73	-	(122)	-	<b>90</b>
Marfan Fund	247	-	-	(4)	-	<b>243</b>
Other Restricted Funds	4,232	2,083	-	(869)	576	<b>6,022</b>
Total Restricted Funds	8,441	3,696	-	(1,760)	1,011	<b>11,388</b>
<b>Total Funds of the Charity</b>	<b>34,314</b>	<b>16,361</b>	<b>(5,785)</b>	<b>(8,242)</b>	<b>-</b>	<b>36,648</b>

The Foundation's designated funds are in respect of commitments approved by the Board of Directors and at year end the commitments totalled €11.6m (2022: €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 2022 €'000	Income 2022 €'000	Expenditure 2022 €'000	Grants 2022 €'000	Transfers 2022 €'000	Closing Balance Dec 2022 €'000
<b>Unrestricted Funds</b>	10,465	11,936	(5,224)	(570)	(5,834)	10,773
<b>Designated Funds</b>						
- 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
<b>Total Designated Funds</b>	15,097	-	-	(5,462)	5,465	15,100
<b>Total Unrestricted Funds</b>	25,562	11,936	(5,224)	(6,032)	(369)	25,873
<b>Restricted Funds</b>						
<b>A</b> CCR&D	1,140	412	-	(408)	374	1,518
<b>B</b> Nazareth's Ward	393	9	-	-	-	402
<b>C</b> Research Funds	213	236	-	(182)	(112)	155
<b>D</b> Cardiac Fund	919	160	-	(398)	14	695
<b>E</b> Katie Nugent Fund	623	216	-	(124)	-	715
<b>F</b> Straight Ahead Fund	348	24	-	(12)	(22)	338
<b>G</b> Diabetes Fund	190	8	-	(68)	9	139
<b>H</b> Marfan Fund	248	-	-	(1)	-	247
<b>I</b> Orthopaedic Fund	-	-	-	-	-	-
<b>J</b> Other Restricted Funds	5,618	452	-	(1,944)	106	4,232
<b>Total Restricted Funds</b>	9,692	1,517	-	(3,137)	369	8,441
<b>Total Funds of the Charity</b>	<b>35,254</b>	<b>13,453</b>	<b>(5,224)</b>	<b>(9,169)</b>	<b>-</b>	<b>34,314</b>



## NOTES TO THE FINANCIAL STATEMENTS (Cont'd.)

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2023

### 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
Cardiac Fund	To fund capital improvements, cutting edge technology, equipment, research and patient and family experiences in the cardiac unit in Children's Health Ireland at Crumlin.
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.
Diabetes Fund	To support the needs of the children and young adolescents with diabetes.
Katie Nugent Fund	To support the needs of oncology particularly psychosocial supports and projects to improve care for children and their families.
Marfan Fund	To fund research into Marfan's Disease.
Nazareth's Ward	To fund the redevelopment of the baby ward in Children's Health Ireland at Crumlin.
Orthopaedic Fund	To fund the redevelopment of the Out-Patients Department in Children's Health Ireland at Crumlin.
Other Restricted Funds	Funds with a balance of less than €200k each at 31 December 2023 and which are to finance specific items of equipment, services or projects in Children's Health Ireland at Crumlin and Temple Street.
Research Funds	To support all research projects and grants.
Straight Ahead Fund	To fund surgery, support and medical equipment for children with orthopaedic conditions particularly scoliosis.

### 19. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Funds €'000	Designated Funds €'000	Restricted Funds €'000	Closing Funds Balance €'000
Tangible Fixed Assets	1,662	-	-	1,662
Current Assets	12,661	11,663	11,388	35,712
Liabilities	(726)	-	-	(726)
<b>Total funds</b>	<b>13,597</b>	<b>11,663</b>	<b>11,388</b>	<b>36,648</b>

*In respect of prior year:*

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

### 20. 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 2023 (2022) Including amounts owed at and accrued at year end €'000	Amounts due from 2023-year end (2022) Paid subsequent to the balance sheet date (Invoiced) €'000	Amounts owed at 2023-year end (2022) Paid subsequent to the balance sheet date (Invoiced) €'000	Amounts accrued at 2023 year end (2022) (Not Invoiced) €'000
<b>Children's Health Ireland at Crumlin</b>	€4,747 (€2,599)	€Nil (€Nil)	€Nil (€Nil)	€Nil (€Nil)
<b>Children's Health Ireland at Temple Street</b>	€2,007 (€4,472)	€ Nil (€212)	€Nil (€Nil)	€Nil (€Nil)
<b>National Children's Research Centre</b>	€860 (€1,527)	€Nil (€Nil)	€Nil (€Nil)	€Nil (€Nil)

Eilish Hardiman and David McCann were Children's Health Ireland's nominees to the Board of Children's Health Foundation in 2023.

### 21. SUBSEQUENT EVENTS

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



“Through the generosity of donations, Children’s Health Foundation can be a catalyst for change.”



**Children's Health**  
**FOUNDATION**

**Crumlin • Temple Street • Tallaght • Connolly**

SUPPORTING CHILDREN'S HEALTH IRELAND

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

T: +353 (1) 709 1700  
E: [info@childrenshealth.ie](mailto:info@childrenshealth.ie)

CRO No: 328920  
Charity No: CHY 13534  
RCN: 20042462  
Company limited by guarantee

Registered Address:  
Children's Health Foundation,  
14-18 Drimnagh Road, Crumlin,  
Dublin, D12 HX96