



FAMILY • LIFE • CARE

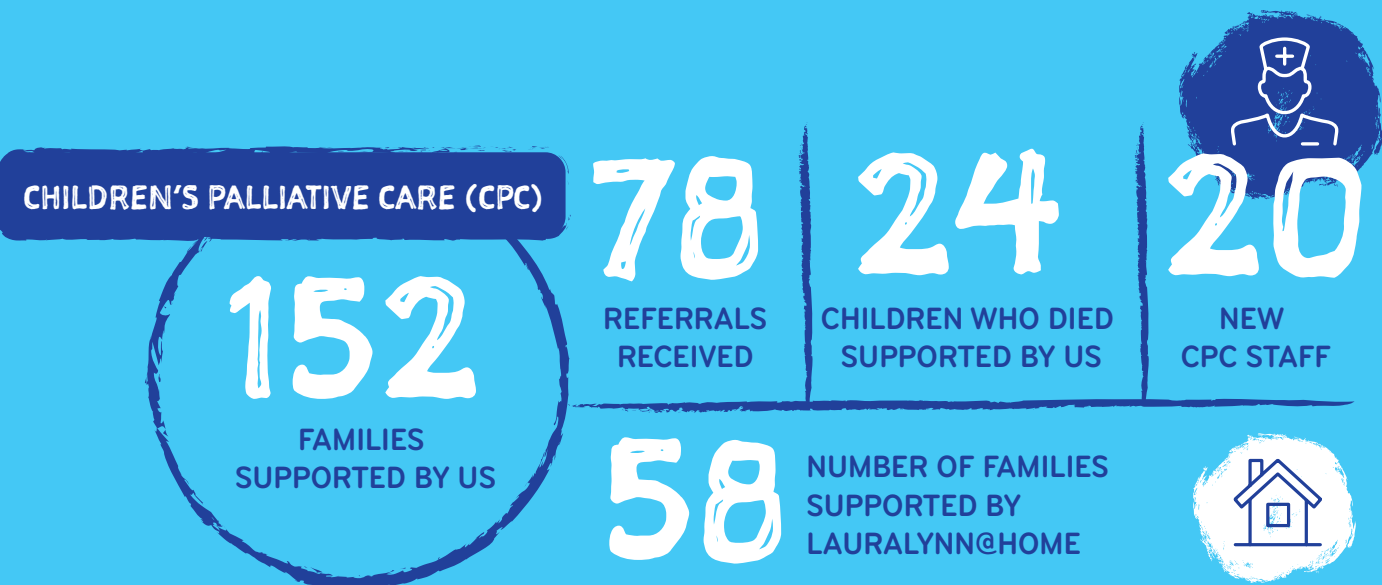


LauraLynn
IRELAND'S CHILDREN'S HOSPICE

OUR ANNUAL REPORT &
FINANCIAL STATEMENTS

2015

OUR YEAR IN
NUMBERS 2015



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David Andrews
Chairman

MESSAGE FROM THE CHAIRMAN & CEO

At LauraLynn we are constantly striving to enhance the quality of care offered to the children, adults and families that we support. Our aim is to ensure that the care and support we provide is responsive to individual needs and our hospice services currently include care at end of life, short breaks in and out of home, symptom management, play, occupational, physiotherapy and music therapies, emotional and wellbeing support including counselling, family events, support groups and spiritual care. We also continue to provide a disability residential service for the adults and children who remain in our care and a disability respite service for children.

We continue to actively engage service users in the work of the hospice and disability service. 2015 saw the establishment of the Family Engagement Committee, a forum which enables us to receive feedback and test service developments and proposed changes to the ways of working.

Our registered volunteers continue to grow:- individuals who give generously of their time to help in our hospice service, disability service, at fundraising events, or by representing the charity at cheque presentations. We are very grateful to all our staff volunteers and all who support us.

During the year we have had the opportunity to share knowledge and expertise with a number of childrens' hospices in the UK and Canada and we are very grateful for their time and support.

The year 2015 also saw the successful completion of the LauraLynn@HOME pilot programme, and a positive evaluation by the UCD Medical School in October has ensured that this programme will continue to provide hospice care to even more families in 2016. On a very sad note, we experienced the sudden and tragic loss of our colleague, Jacqui Ellis, who was the Team Lead for the LauraLynn@HOME programme and who we miss greatly.

During June, we had a visit from the Minister for Health, Dr Leo Varadkar. June saw the implementation of our electronic health record, making the move away from paper records to a more safe, secure and flexible system.

As an organisation we are fully compliant with the HSE Code of Governance and the Governance Code for Community and Voluntary Organisations. 2015 saw us actively implement the recommendations from the 2014 HIQA Inspection of our disability service as we wait our registration approval. The Board of Directors was further strengthened in 2015 with the addition of Mary Ainscough and Tony McPoland. We would also like to pay tribute to Eugene Mitchell and Andrew Paul who retired from the Board in 2015.

As well as raising funds to develop the LauraLynn@HOME programme, we have to ensure that our current services continue to operate. Children's Hospice Week 2015 saw us partner with TV3 in a week-long series of events which raised over €100,000 for LauraLynn. We would like to acknowledge the tireless efforts of our many supporters, volunteers, partners, and donors who give so generously to help us deliver such an incredible and unique service, our heartfelt thanks to each of you.

2015 was a year of great progress in LauraLynn, our annual report highlights the key moments during the year and offers us the opportunity for you to meet some of our wonderful and committed team and the families whose lives have been positively impacted by our work. We look forward to the coming years in LauraLynn as we move closer to realising our vision of Hospice care for every child and family that needs it.

David Andrews Chairman

Sharon Morrow CEO

OUR VALUES
Family Life Care

OUR VISION
All children who need us can access us

OUR MISSION
To provide the highest level of children's palliative and disability residential and respite service to the children and adults in our care



ABOUT US

LauraLynn, Ireland's Children's Hospice provides hospice care to children with life-limiting conditions and their families. We focus on enhancing quality of life, which includes physical comfort and wellbeing, as well as the emotional, social and spiritual aspects of care. We offer an exclusive service that embraces all the family and all faiths, beliefs and cultures. We provide support from diagnosis to end of life, and throughout bereavement, with a range of nursing, practical, emotional and medical care. Care can be delivered in our hospice, at hospital, in the community, or in the family home, depending on the child and family's preference.

Our holistic approach to care enables our interdisciplinary team to support the whole family, and allows parents to be 'Mum and Dad' again rather than full-time carers. We offer support for children from birth to age 18. Children can be referred from anywhere in Ireland.

Our team of healthcare professionals, staff and volunteers work together to provide better care for children with life-limiting conditions. The services we currently provide include:

Planned Short Breaks (Respite)
Unplanned Crisis/End of Life Care
Symptom Management
Family Support
Bereavement Care
LauraLynn@HOME

In addition to hospice care, we also provide residential and respite care and support to our young adults and children in our disability service. In keeping with the national policy for disability care we no longer accept new referrals to the disability service but will continue to provide care to the adults and children for as long as LauraLynn remains their home.

Thank you!

Whether you climbed a mountain, ran, walked, baked a cake, held a golf classic, a bridge or quiz night. If you got your work colleagues to dress up or cycle for us. If you danced, sang, told jokes, gave up swearing, whatever you did to raise money for us – thank you! We are so incredibly grateful to you for choosing to make a difference to the lives of very sick children. It's because of you that we can continue to help families at the worst times in their lives. You are all heroes to us, thank you!



OUR JOURNEY

1925

Short term convalescence for children with rickets at Children's Sunshine Home (CSH)

1970's

Long term residential care of profoundly disabled children

2001

Jane McKenna starts fundraising to build a children's hospice

2006

Jane McKenna merges fundraising efforts with CSH

2005

CSH Hospice Project begins raising funds for a paediatric palliative care unit

2009

Hazel House opens to extend respite care services

2011

LauraLynn House opens - a purpose built children's palliative care unit

2012

Children's Sunshine Home & LauraLynn House rebrand as



2013

Clinical Education & Research Dept set up to lead the way in Children's Palliative Care

2014

LauraLynn@HOME pilot programme commenced

2015

Introduced centralised Sláinte Healthcare Vitro computer system

HOSPICE CARE...

LauraLynn, Ireland's Children's Hospice aims to support families throughout their experience of caring for children with life-limiting conditions, and those with complex and palliative care needs. We do this by providing a range of physical, emotional, social and spiritual support services, right from the time of referral through to end of life and bereavement.

We want to ensure that all our services are delivered wherever they are needed. In 2015 we have further reviewed our admission process and referral criteria for our children's palliative care services, and following an external evaluation of our pilot LauraLynn@HOME project, this programme has been made a permanent, additional element of the supports we provide to families.

In 2015 we continued to see an increase in demand for our hospital services and received 78 referrals from a range of professionals and regions. In addition we started to collect more detailed data – as provided below, on the children referred.

In order to ensure that we are delivering the right care at the right time, and to the right child and family, we

commenced a review of our model of care by looking at the core services that may be delivered by LLH to children and their families; the appropriate stage for when this care may be delivered and the range of locations for where the care may be delivered. In addition, we sought to appraise both national and international best practice and evidence for children's hospice service delivery. Numerous site visits were carried out to children's hospices in the UK, by various members of the board, executive management and nursing teams.

We plan to have our new and revised children's hospice model of care fully developed and published in 2016.

Source of Referrals (Accepted)

44% Clinical Nurse Specialist
13% Children's Outreach Nurse
16% Paediatrician
4% Parent
7% PHN
7% Social Worker
9% Other



TFDL/ACT Category

20% Category 1
16% Category 2
20% Category 3
44% Category 4



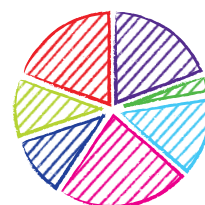
HSE Location's

33% Dublin Mid Leinster
40% Dublin North East
16% South
11% West



Diagnostic Category

25% Congenital
2% Haematology
18% Metabolic
29% Neurology
13% Oncology
13% Perinatal



Age at Referral

1 Antenatal
5 < 1 year
16 1-4 years
16 5-11 years
6 12-15 years
1 16-18 years



Categories of Referral – ACT 4

Category 1

- Life-threatening conditions for which curative treatment may be feasible but can fail.
- Where access to palliative care services may be necessary when treatment fails.

Category 2

- Conditions where premature death is inevitable, where there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities.

Category 3

- Progressive conditions without curative treatment options, where treatment is exclusively palliative and may commonly extend over many years.

Category 4

- Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death.

Source: Association for Children's Palliative Care UK (ACT)



Dr Joanne Balfe
Consultant Paediatrician

Dr Joanne Balfe has a special interest in Community Child Health, working at **LauraLynn** and **National Children's Hospital, Tallaght**. Joanne has an MSc in Healthcare Law and Ethics from RCSI and her MSc dissertation was titled: "

"Children with Exceptional Healthcare Needs: Ethical and Legal Considerations in Providing Life-Sustaining Care".

She has participated in the establishment of a transitional care and respite programme supporting children with life-limiting conditions (palliative care needs) in LauraLynn.

A day in the life in LauraLynn

0900: I meet with my nursing/multidisciplinary colleagues to discuss children currently staying in LauraLynn. An important component of children's palliative care is symptom assessment and management; a stay in LauraLynn can help to assess a child's most problematic symptoms, including pain. The multidisciplinary team works with the family to identify possible interventions, including medication changes, to improve the child's quality of life.

1100: I give a lecture to medical students from Trinity College Dublin. I am passionate about educating healthcare professionals in Children's Palliative Care.

1400: I attend the weekly Child and Family review meeting, this is a valuable weekly forum where the multidisciplinary team discuss new referrals, the outcome of symptom assessment admissions and liaison with colleagues from other agencies. The team in LauraLynn work very closely with colleagues in paediatric hospitals, disability agencies and community palliative care teams.



LauraLynn@Home

In 2015 the LauraLynn@HOME service celebrated the end of the pilot phase. The evaluation that was carried out identified that there was an overall positive response from the parents and families of the children who received care from the LauraLynn@HOME team. The LauraLynn@HOME team have since expanded the delivery of care to additional families and it is evident that there are more families who can avail of the service throughout the country. LauraLynn@HOME delivers care by using a child and family centred model. There is a focus on holistic care integrating music and play therapy along with psychological support. There are numerous family stories to share however what has been most evident is the family feedback to the LauraLynn@HOME team of the immense benefit that the visits have brought to their family life whether it be a trip to somewhere special, a piece of art work from their child or the listening ear on a difficult day.



LauraLynn@HOME have also provided in hospital support for our families to enable parents to take a break whilst their child was in hospital. This has also enhanced our relationship with hospital services and staff.

We look forward to the challenges ahead and hope to see the service grow and reach even more families in 2016. We strive to continue to provide this unique child focused approach to supporting children with palliative care needs in their own homes.

Total Kms driven

150,000

58

Number of families supported

Total Visits

1,635

Total Direct Care Hours

5984

LauraLynn@HOME Family Story

Diana born on the 17th of December 2003. A very cheerful and happy girl full of life. She liked the spot light. She was not shy, she enjoyed catwalks and dancing. She competed in many shows and participated very well in school activities. No matter what was happening good or bad she had a smile on her face. Diana was a performer and our perfect little princess.

She had a seizure suddenly one Sunday afternoon in November 2012 which changed our lives forever. Diana was diagnosed with brain tumour. She received chemotherapy and radiation. She fought so hard, she never complained and would always say to me "don't cry mummy". She made a bad situation seem better. Her strength was incredible.

We were referred to LauraLynn Ireland's Children's Hospice and we had the home care team coming to our home two or three times a week to look after Diana and the whole family.

Words cannot express our sincere gratitude and appreciation for the support and kindness we received from this wonderful team. Diana was very much loved by every staff member who came to our home. They minded us so well and had our best interests at heart.

They did many activities with Diana for example, art and crafts (which we now cherish so dearly), nail painting, foot scrub, games, baking, flower planting, take her out for fresh air, etc. They even took her to attend some of her appointments outside the home and collected prescriptions just to give me a break.

LauraLynn did much more than our expectations. They would go the extra mile to provide a solution to every of our need. I remember when we were so desperate to visit Knock Shrine in Co Mayo they organised a volunteer driving and a van, to and fro, accompanied by one of their staff to help mind Diana.

Diana passed away sadly at home on the 1st of August 2015. Jacqui the Manager at the time was the first person I could think of calling. She had just left our home after staying nearly 9 hours that same day. She came straight back with Muireann another staff who had volunteered to stay the previous night with us.

The team are still in touch with us visiting and calling. We just want to say a special thank you to everyone at LauraLynn.



Clinical Services

The multidisciplinary team of Health and Social Care Professionals provides a holistic approach to meet the needs of the children and families in our service through focusing on the physical, psychosocial and spiritual aspects of care. Emphasis is placed on achieving positive outcomes for children and families with regard to comfort, wellbeing and quality of life.

In addition to individual therapeutic inputs, a complimentary range of family and bereavement support services are delivered through interdisciplinary working in close collaboration with the nursing and care team.

In 2015 we provided...

3 Family Camps catering to 11 families in total which included facilitating family engagement and memory making, as well as mindfulness sessions, sensory activities, music and play. The camps also facilitate a safe space for shared acknowledgement of the challenges of caring for a child with life limiting conditions through sessions led by our resident psychologist and social worker. Family camps present an opportunity for child, parents and siblings to experience a true family holiday together with the backup and support of our dedicated nursing and multidisciplinary teams.



Pictured: Aidan McKiernan, Senior Clinical Psychologist and Michelle Hartnett, Play Specialist taken at Summer Family Camp

A multisensory room in LauraLynn House complete with heated vibro-acoustic waterbed, fibreoptic lights, bubble tube and soft play space along with a range of projection and interactive devices.

Our Play Specialist began a legacy and memory-making Film Project with 6 participating families. This involved scriptwriting, acting and directing as a means of facilitating whole family engagement.



The Digital Film School also joined us for two sibling days in 2015. As the film school team have years of experience of producing top quality TV shows, they expertly guided our group of siblings through developing movie concepts, scriptwriting, auditioning actors, techniques behind cameras, sound and shots. Throughout the project, the siblings had to work together to bring a movie from its beginnings to a completed product which was shot, edited and launched for a private screening here in LauraLynn.



In 2016 we will...

Extend the play therapy-led film project and host an inaugural LauraLynn Oscars Ceremony to recognise the works of the families. This will then be an annual project offered to families.

Explore the use of technology-based interventions with Double Robotics as a means to maximise resources and increase availability of therapeutic services to families living remotely. This technology will offer the opportunity for families to link in remotely via PC, tablet or smartphone to access services or events on site without the hassle of

travelling to Dublin. Through its remote driving capability, it will also facilitate children being able to access to certain sites and places (museums, zoo, concerts etc.) that they might otherwise be unable to access if too medically fragile.

Commence a new Saturday Club initiative, offering more regular opportunity for families to access family support activities. The current proposal includes scope for a Youth Group to focus more specifically on identifying and addressing the needs of adolescents living with palliative conditions and their siblings, and also to offer them an opportunity for developing peer relationships and social networks.

STATISTICS: THE YEAR IN NUMBERS:

1051 physiotherapy sessions & assessments

244 occupational therapy sessions & assessments

226 nutritional reviews & assessments

5 Child Protection Training sessions delivered by Social Worker to over 60 staff

495 play therapy sessions (individual & group)

Over **180** hours of Psychological support to 37 families

159 music therapy sessions (individual, group & multidisciplinary)

39 joint Occupational Therapy & Music Therapy Community Outreach Sessions

BEREAVEMENT EVENTS:

(LED BY PSYCHOLOGY, CHAPLAINCY & SOCIAL WORK DEPARTMENTS)

2 Memorial Services attended by **150** families in total

Women's Wellness Morning attended by **12** bereaved mothers & grandmothers

Bereaved Grandparent's Morning attended by **6** grandparents

Time to Grieve Programme attended by **17** bereaved families

12 community outreach sessions to bereaved families

Disability Service

Our Disability Service provides a residential setting that is homely and promotes the privacy, dignity and safety of each child and adult.

Our Children's Service located in Hazel House provides residential care and support to three children and respite care/crisis care to children with complex care needs with a maximum occupancy of four children at any time. Our Adult Service provides high support residential care to 7 adult residents.

All adults and children supported in the disability service have intellectual and physical disabilities and require a maximum or high level of support. All are totally dependent for all their care needs

Each child and adult has clearly defined needs including:

- Physical;
- Medical/Nursing;
- Social Interaction;
- Communication;
- Emotional;
- Recreational;

All children and adults require regular monitoring and review in respect of meeting these needs.

During 2015 the service evolved to enhance the children and adults quality of life

Summer was a busy season with our Family Fun Day and Summer Camp. We also visited Tayto Park and went for lunch in the Snail Box where we swapped hats - we gave them LauraLynn hats and they are now in the Guinness Book of Records for the most hats.

Activities during the autumn were:

- Visit to Wicklow Gap;
- Swimming;
- Training for Bowling with Special Olympics Ireland;
- Two of our adult residents went to Scouts in Sandyford for a little fire camp which they really enjoyed.
- Trip to Airfield House and Farm.
- Weekly shopping continues.
- We went to The Script concert.
- We went to Belfast to the Titanic Museum.

In Hazel House one of the children had the opportunity to be a "Zoo Keeper" for the day, handling snakes, lizards and other reptiles.

Multi Sensory Room Development

The sensory space in Hazel House was installed complete with accessories such as aromatherapy, massage mats and projectors, the space is actively being used and offers free floor space and visual, tactile and auditory stimulus. This has been a great addition to Hazel House and is enjoyed by all!

There are a variety of organised social activities available to the children and adults. On-site individual and/or group sessions are held in residential houses and general playrooms. Active community-based participation is also promoted through social outings, visiting community groups and volunteer involvement. Activities and therapies are creatively developed and informed by individual preferences, needs and goals as identified in care plans. Examples of activities are

Onsite – Reading, musical recitals, massage, pet therapy, therapeutic play, bowling, cinema evenings, painting, cooking/baking.

Offsite – Attendance at sporting fixtures, museums, concerts, national parks, petting farms, zoo, Airfield Nature Farm/gardens, swimming, miscellaneous (e.g. trip to circus).



In 2015 we:-

- implemented a New Care Planning and Assessment Process that guides our team in providing individualised care for each resident child and adult
- were successful in our application to register with HIQA
- installed a sensory room in the adult's accommodation
- increased activities for the adults and children including
 - Horse riding
 - Ice skating
 - Swimming
 - Holidays
 - Sporting events
- updated the small sitting room in the adult's accommodation for visitors

In 2016 we will:-

- continue to enhance the living accommodation for the children and adults service
- review the model of service in both adults and children's disability services to ensure services/supports are delivered in the best possible way into the future for both the adults and children.
- continue to work with HIQA to ensure standards are maintained and a high quality of life for the children and adults
- continue to expand on increasing opportunities for children and adults for leisure and social activities.





MICHELLE HARTNETT PLAY SPECIALIST

My days vary greatly in LauraLynn, but the essence of all my work is centred on therapeutic play and facilitating family engagement. A family-based approach is used when participating in memory making activities such as creating family canvases. Painting together increases positive interactions between parents and children, encouraging their involvement together as a family.

Children with life-limiting and palliative conditions and their families have fewer opportunities for social and play experiences. The daily routine can be consumed by care-based tasks that can detract from family time, play and interaction, minimising time for memory making. LauraLynn acknowledges that play is a natural part of childhood which gives both the children that attend the hospice and their siblings a space to explore the world they live in.

"You make us do things we wouldn't have dreamed of doing before; you help us to have fun and bring laughter back into our lives and help us to make wonderful precious memories of our little family... we will always have these precious memories."

Rhona Knowles

OUR PEOPLE

New Team Members

During 2015 we recruited 20 new staff. These included eight Staff Nurses, one Health Care Assistant, four Physiotherapists and four administrators, a Volunteer Co-Ordinator, Quality Safety & Risk Manager and HR Manager. These new appointments will strengthen and develop key areas of our service.

Have Your Say - Staff Survey

In March of 2015, we invited employees to participate in the service-wide staff survey. The Have Your Say staff survey achieved an impressive 70% response rate, which is very high for a first-time survey of this kind. One of the main objectives of the survey was to provide data to help inform the organisation where change or further development is required.

Learning and Development

Throughout the year, staff and volunteers took part in a wide variety of in-house and external learning activities covering professional training needs as well as personal skills development. These activities included formal qualifications, training courses, conferences, seminars, and statutory and mandatory training. We welcome the increasing numbers of staff who have embarked on third level and further education in the area of children's palliative care.



"LauraLynn is a fantastic place to work. It has a friendly environment where you feel relaxed and confident in your own skills and strengths. The most distinct difference is our holistic approach to care. Simply put, we care for the whole family as one. The other recognisable difference is that all staff are supported by a range of educational programmes which allows me to continually build on my clinical knowledge and develop my skills. Since I joined LauraLynn in 2006, I have been amazed by the progression of my career. The Clinical Education Department support and encourage me to develop by resourcing and funding various educational courses. I have completed Level A and Level B in Children's Palliative Care. In 2011 I also completed 3 standalone modules (Level 9) in Children's Palliative Care in Trinity College. Currently I am studying for a Master's Degree in Palliative Care in Trinity College. As part of a dynamic Multidisciplinary Team there are many opportunities for advancement and continued professional development."

Divya Smitha Mathew is a Clinical Nurse Manager studying for a Master's Degree in Palliative Care in Trinity College.

Clinical Education

In 2015 we:-

- hosted five Masterclasses, 147 attended these sessions, these included sessions with leading Palliative Care professionals - Prof Philip Larkin on Compassionate Care and Alex Mancini on Neonatal Palliative Care
- provided Clinical Education for 128 staff, both internal and external, on a range of topics; Bereavement, Epilepsy and Pain Management, documentation and team resource management and others
- facilitated an off-site education session in Waterford - Caring for the Child with Life-Limiting Condition in the Community, 15 health professionals attended
- as part of the Children's Palliative Care Foundation Programme for Staff Nurses, developed
 - 4 x Clinical Education Workshops on Palliative Care for Children in line with key domains in the Palliative Care Competence Framework
 - facilitated education sessions for undergrad and post grad member of the MDT teams, including; PHNs, Undergrad and post grad nursing, MSc Social Work

In 2016, we will:-

- support and organise the 2nd International Children's Palliative Care Conference in Farmleigh in April 2016, as one of the partner organisations
- develop e-learning programmes to support mandatory and clinical education
- continue to forge links with partner organisations such as the AIHPC and IAPC, and children's hospitals, and adult hospices in Ireland and develop links with Children's Hospices in UK and NI



Hi my name is Sheila and I work as a Volunteer in the LauraLynn Ireland's Children's Hospice.

My experience in volunteering within the hospice has far exceeded my aspirations. When I started on the first day I was so nervous that I would be just a hindrance to the staff, fumbling around not knowing where anything was and who the children were and more importantly what were their needs. But then I stepped through the doors and like someone waved a wand, my anxieties just disappeared. The staff made me feel so so welcome that I knew it was the right decision and that LauraLynn was the correct choice for me.

I have volunteered both in LauraLynn House and Hazel House and both places are certainly a haven for the children that are there at any time. It is such a child centred environment and so suitably equipped for the child's special needs. I find that for the couple of hours a week that I am there, I can't stop smiling, it is such a happy place. I leave all other thoughts outside the door and try to embrace the time I spend there. I adore the Circle Time with the children and I am completely in awe of the staff and their energy in finding new ways to stimulate and interact with the children. I learn something new every single time.

I am extremely humbled to be able to sit with a child and share those precious moments with them whether it is to read a story, paint nails or just whisper or sing into their ear. I wish I could do lots more. I find the parents, children and indeed the staff such an inspiration. I hope by volunteering that it makes even the tiniest of difference in the lives of these extremely cherished children.



Volunteer Programme

2015 saw the launch of the new LauraLynn Volunteer Programme. With the appointment of a Volunteer Coordinator in February, we now have a dedicated staff member driving the programme forward. With renewed focus and a revised structure, LauraLynn reopened our doors to new applicants in April 2015.

The Volunteer Team has increased from 30 to 117 within the space of 8 months. Over 90 of these volunteers were active with us on site during that period, taking on 11 different roles, active 7 days a week from morning to late evening.

Our Volunteer Team are working directly with children and young adults supporting activities, they are assisting with administration; they are supporting our fundraising initiatives, driving children and young adults to appointments and supporting our LauraLynn Events.

The programme continues to go from strength to strength with continued growth planned for 2016. Three new volunteer roles have been targeted for 2016, LauraLynn Ambassadors to support the Fundraising Team, LauraLynn Buddy Programme providing 1:1 support for our residents and we are hoping to introduce a new Community Volunteer Role to support our LauraLynn@HOME service.

The Volunteer Team is full of enthusiasm and bring with them experience, skills and most of all fun. Their continued support has enabled us to develop our services and enhance the experience for all our families and supporters.

VOLUNTEER PROGRAMME 2015

117 Registered Volunteers
74 New faces in 2015
92 Active this year

4,500km
 Travelled by volunteers.
 1 ½ times the Irish Coastline

957
 The number of hours corporate volunteers have donated in 2015



7,000+
 Hours completed by LauraLynn volunteers

€140,000

Cost if LauraLynn paid volunteers the average industrial wage

CLINICAL RESEARCH

The evidence to support the health & well-being of our children and families is our priority

Research activity is actively managed to ensure that any research taking place has minimal impact on families/children and the day-to-day running of the organisation.

Our research projects illustrate the:

- broad range of areas studied
- range of research methods utilised
- partnerships that we have with universities and palliative care organisations in Ireland.

LauraLynn actively participates in collaborative research with clinical and academic colleagues in a number of national and international studies, all of which are aimed at improving knowledge and understanding around key issues in children's palliative care in Ireland.

We are keen to share our findings with the wider healthcare community and aim to have publications across a broad range of journals in the clinical education, intellectual disability, and children's palliative care disciplines. We also present our research work at national and international conferences.



Orla and Eric Redden
who feature in training DVD



Research and Project Work

Currently underway in LauraLynn:

- 'Parental decisions around end-of-life care locations for their child'. This is a Grounded Theory Study conducted by Claire Quinn for her doctoral study through Lancaster University, UK.
- A set of training resource DVD's developed by Claire Quinn and Dr Joanne Balfe for staff working in paediatric palliative/complex care or community care.

Completed in 2015:

- Development of a first of a kind nursing competency assessment tool for children's palliative care
- LauraLynn Children's Hospice: Respite, family functioning & parental coping – McKiernan, A., O'Keeffe, L., Quinn, C., Butler, E., Guerin, S. & Carr, A
- LauraLynn Ireland Children's Hospice Service Review. Sandra McCarthy, Claire Quinn.
- Findings from a Children's Palliative Care Learning Needs Survey: LauraLynn, Ireland's Children's Hospice - C. Quinn, R. Hillis and C. Tracey. published in the International Journal of Palliative Nursing December 2015
- Development of National Proposal: The Education and Professional Development requirements for the role of Children's Outreach Nurse and Children's Palliative Care Nurse. Developed by Claire Quinn LauraLynn/NUIG and Sharon Foley IHF for the National Development Committee for Children's Palliative Care
- In 2015 LauraLynn became an official training site for trainee clinical psychologists attached to the UCD and Trinity College doctoral training programmes and has forged stronger research links with UCD and DCU.

Collaborative Research

LauraLynn is contributing to various research projects through several universities and other organisations including TCD, UCD, RCPI, DCU and Lancaster University, UK.

- Children's Palliative Care Programme Evaluation Steering Group- LauraLynn, HSE, NDC and IHF – 2014 – 2016
- National Delphi Study to identify Research priorities in Irish Children's Palliative Care – Claire Quinn, Sandra Mc Carthy, Dr. Mary Devins, Dr. Maeve O'Reilly, Dr. Marie Twomey, Dr. Julie Ling. For publication 2016
- An Evaluation of LauraLynn@HOME: Pilot hospice at home programme. Dr Maria Brenner, UCD Research team
- A review of incidence of hospital child death - Claire Quinn, Dr. Mary Devins, Dr. Joanne Balfe, Irish Hospice Foundation, Dymphna Cawley, Dr. Maeve O'Reilly, Jack & Jill Foundation Start date of Discussion Group: May 2015



Claire Quinn & Joanne Balfe

LAURALYNN GOES PAPERLESS

One of the most significant developments of 2015 at LauraLynn involved the implementation of an Electronic Health Record (EHR). In line with the HSE strategy on eHealth, LauraLynn saw an opportunity to use technological advances to address certain risks and inefficiencies that had been recognised in the existing paper-based documentation and data processing systems. Improving efficiency and mitigating risk will ultimately improve service quality and allow clinicians to spend more time with the children and families.

The Challenges:

- Handwriting legibility
- Language inconsistency
- Lack of standardisation of forms: upwards of 90 forms in use across the various teams
- Duplication of data
- Inconsistencies in methods of data collection
- Time constraints associated with paper-based recording and processing of data
- Security and data protection risks
- Storage of paper files & cost of storage
- Lack of data analytics
- Onerous processes for scheduling and bed management
- Delayed referrals and postage of sensitive information

The Solution:

Careful planning and consideration of the service needs resulted in the development of the new medical record system using Sláinte Healthcare's clinician centric EHR, called Vitro.

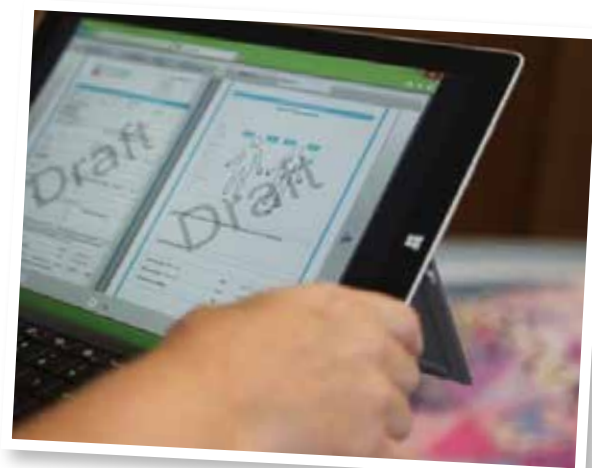
Vitro allowed digitisation of existing forms, rather than development of new ones staff were not familiar with. This helped staff transition seamlessly to the new system. Given the enormity of the project, it was divided into phases.

Phase 1: System Design & Implementation

- Consolidating the number of paper forms (90 down to 26)
- Application specifications completed for each form
- All care forms covering pathway of care were digitised in Vitro
- Direct care staff were trained in using the system and were involved in roll out of the system
- Upgrades to Wi-Fi network and hardware resources

Launch Day:

The official launch date on 9th June 2015 was marked by a "Saying Goodbye to Paper" themed event, where staff and a range of external delegates were invited to attend a demonstration and information session on the rollout of the project.



Next Steps

Future development is planned for 2016 with Phase 2 of the project involving:

- Roll out with the LauraLynn@HOME team
- Exploring integration/interoperability with other community-based care providers
- Electronic referrals
- Respite planning and scheduling
- Bed management
- Data analytics and reporting mechanisms
- E-Prescribing

Benefits for All:

While still in developmental stages, the system has already facilitated some important benefits and key quality improvements

Service Users:

- Improved safety - All of the outlined risks, from handwriting legibility to recording inconsistencies are now addressed within Vitro. Forms also have mandatory fields meaning important information cannot be left out

Clinicians:

- Less time spent on administrative tasks means more time spent providing direct care to the children.
- Having standardised care plans that are clear and easy to read mean that the care can be provided more effectively and with fewer errors.
- Care plans in Vitro will always be clearly outlined and current and therefore patients will not be subject to out of date practices
- Mandatory information fields and signature requirements improve security when it comes to amending medication or care plans for a patient
- Amendments to records or post-dating records must now be accounted for and removal or loss of pages from a record is now avoided. This improves accountability, governance and data protection.





FAMILY FRIENDLY HOSPICE WORKING GROUP

The Family Friendly Hospice Working group was formed in 2015 following site visits to children's hospices in the UK and feedback from families using our service. The ultimate goal to provide a sense of peace, tranquility and fun in the hospice building and garden with space for support, retreat and relaxation. It has been acknowledged that LauraLynn House may benefit from some environmental changes, to enhance the accessibility, and physical setting as well as promoting a more family friendly hospice atmosphere.

In 2015 a number of changes were implemented

- Created a quiet area off the main day room which includes candles, soft furnishings, DVD player and bean bag
 - Dedicated activity corners in living room (Gardening; Baking; Reading; Technology)
 - Dedicated Arts and Crafts room
 - Coffee machine in kitchen
 - Family Information Booklet
 - Ongoing improvements to Family Accommodation
 - Wish list created in collaboration with Fundraising Dept
 - Soft furnishings to create a more homely atmosphere
 - Actively linking in with an artist to improve the environment (murals)
 - Provision of selection of toiletries for families and children attending the service
- With further improvements planned in 2016

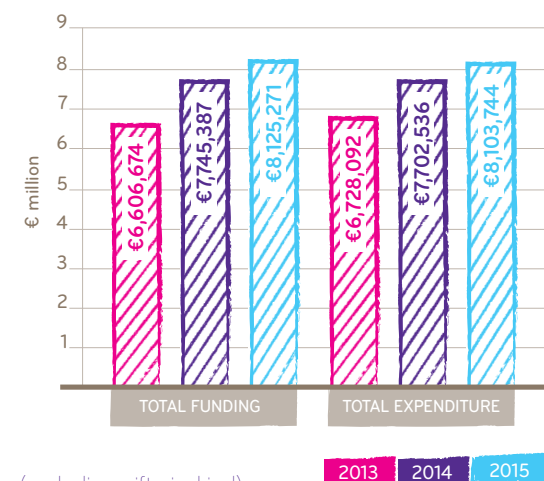


HOW WE MANAGE OUR FINANCES...

Financial Overview

LauraLynn, Ireland's Children's Hospice is financed by our Trustees and the Health Service Executive (HSE). The Trustees, through general public donations, support the funding of our children's palliative care service, while the HSE continues to fund the disability service.

Where the money came from



Our Fundraising

We are hugely grateful for the generosity and goodwill of both the public and business communities who support the funding of our palliative care service. Together they donated €2,898,979 in addition to gifts-in-kind that all helped to ensure that we could retain and develop our palliative care services. Compared to 2014 there was a reduction of 16.6% in fundraised income for the year. Our challenge in the years ahead is to increase our sustainable income

to ensure we can adequately and consistently resource our hospice care services into the future. This will require us to diversify our fundraising programmes.

To this end, we are rolling out Face2Face Fundraising for the first time to significantly increase our regular giving and boost our sustainable revenue. In addition, we hope to continue to promote our Children's Hospice week campaign to raise revenue and awareness of what we are doing.

FUNDRAISING HIGHLIGHTS

Children's Hospice Week **€105,844**

Women's Mini Marathon **€87,793**

Dublin Marathon **€57,106**

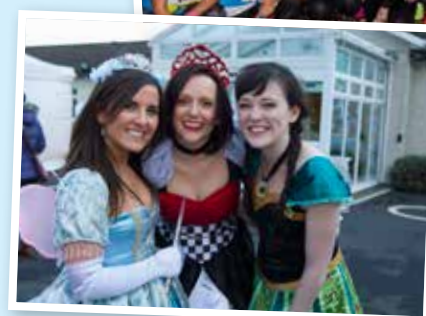
Paris2Nice Cycle **€103,044**

Microsoft Mizen to Malin Cycle **€40,357**

Sporting Proud **€33,556**

Rapunzel Fundraisers **€13,052**

WEEE Ireland recycling battery **€50,000**



"You must be the change you wish to see in the world"

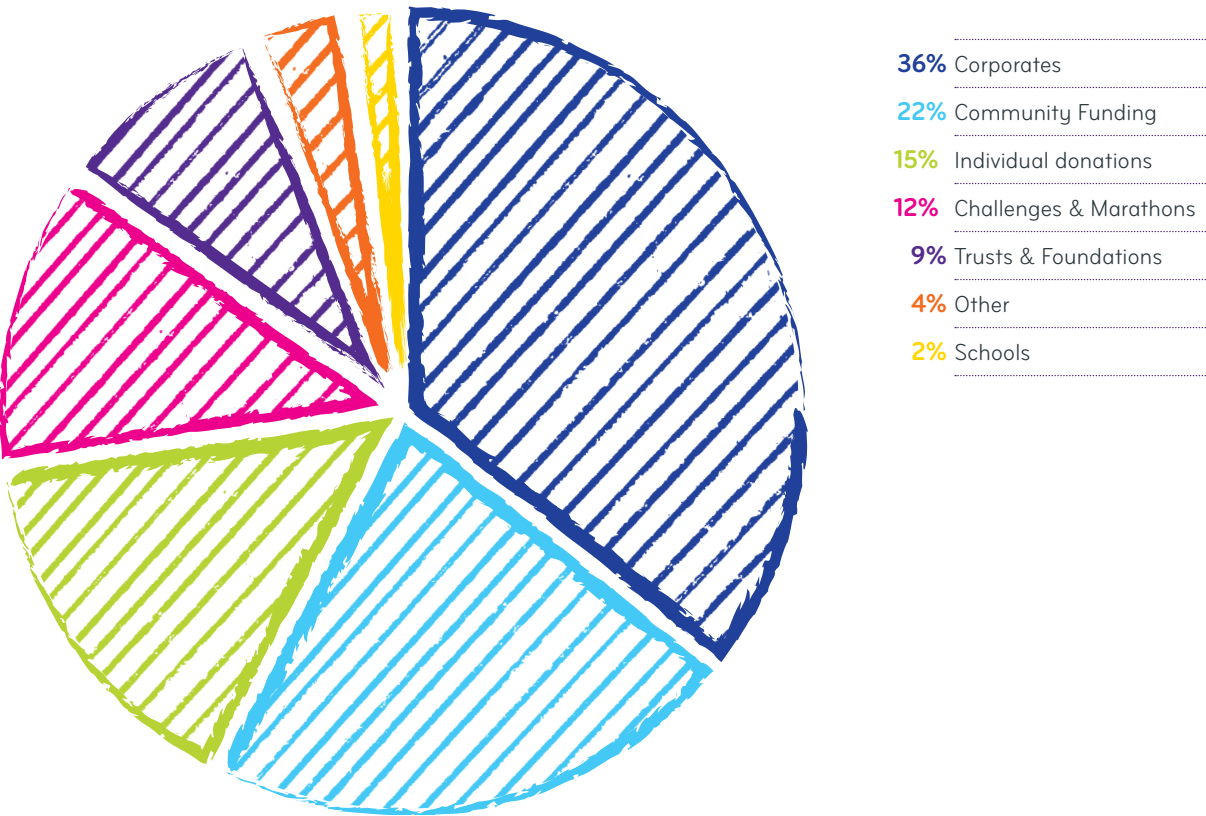
Mahatma Gandhi



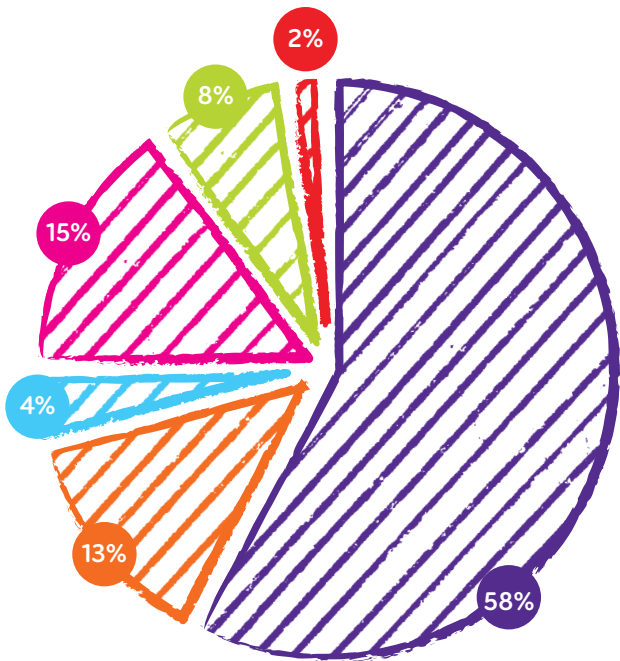
SUPERHEROES HELPING OUR LITTLE HEROES...

This year, we celebrated our 2nd Children's Hospice Week in May and TV3 came on Board as our Media Partner. Central to this was the 17 storey abseil in Croke Park by TV3 presenters and Alan Hughes, Glenda Gilson, Martin King, Elaine Crowley and a host of celebs. Between them they raised a staggering €105K and generated huge awareness through the appearance on their shows by LauraLynn families and staff. Based on rate card advertising, this exposure would have cost us over €200K. We are delighted to announce that TV3 have signed up as our media partner again for 2016. A huge thanks to everyone in TV3 and our celebs for helping to make this a reality for us.

Where the money came from...



...and how we spent it



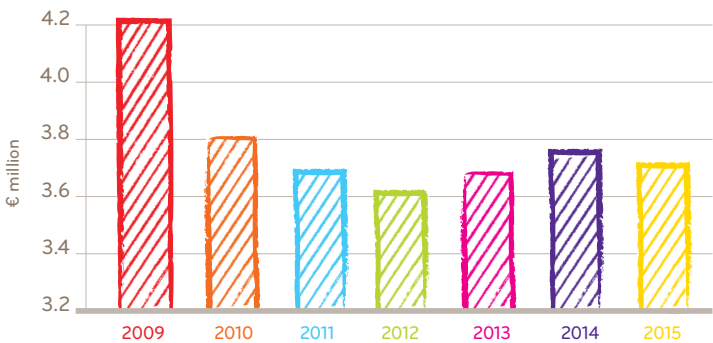
How we spent our income

Clinical & Nursing Care	€4,943,561
Equipment, Gardens & Household	€1,138,288
Clinical Education, Training & Research	€369,565
Governance, Administration, IT	€1,284,982
Generating Funds	€646,147
Pensions for Retirees	€138,125
Total Costs	€8,520,668
Income Generated (Non Pay Costs in Trustee)	– €240,216
Wish List (Non Pay Costs in Trustee)	– €176,706
Total Costs as per consolidated accounts	€8,103,746

Funding of our Disability Care Service

We are grateful to the HSE for their continuing support of our Disability Service. Since 2009 our funding allocation from the HSE has reduced by €522,323 (12.3%). This is a reflection of the economic climate that currently prevails.

HSE Funding



New Services

Our funding from supporters was used to provide a number of significant new services for children with life-limiting conditions and their families during 2015:

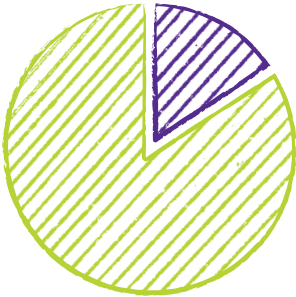
- Full year provision of services by LauraLynn@HOME Care Programme.
- Appointment of Music Therapist.
- Increase in clinical staff following successful recruitment campaign.
- Recruitment of HR Manager, Quality, Risk and Safety Manager and full time Volunteer co-ordinator.
- Implementation of new Client Record Management system (Vitro).

The Trustees are the guardians of all funds raised and ensure that they are used in the provision of our children's palliative care service.

Cost of Generating Funds

In 2015 our Fundraising Team raised €2,898,979. In order to achieve this expenditure incurred was €646,147 with the balance of €2,252,832 (84%) expended on delivering care and support to our children and their families.

- 16% Generating Funds
- 84% Delivering Care and Support

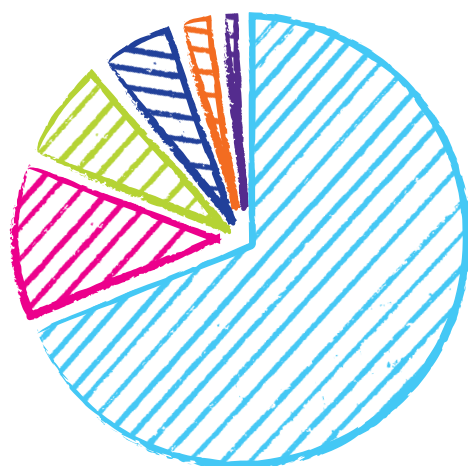


Pay Costs

Pay costs accounted for 78.9% of our total expenditure in 2015. We increased the number of professional

posts again during 2015 to support the expansion of our palliative care service.

Payroll Costs



69% Clinical Pay Costs

12% Admin/Governance

8% Support Services

6% Fundraising

3% Education & Training

2% Pensioners

Non-Payroll Costs



28% Office/IT expenses

22% Facilities/Cleaning

13% Fundraising Costs

11% Drugs, Medicines, Med Supplies

9% Education & Training

6% Catering

6% Professional Fees

5% Travel/Vehicles

Reserves

In accordance with best practice, the Trustees' policy aims to have sufficient reserves to ensure that we can react and adapt to challenging times. As a dynamic organisation, that is committed to continuing to expanding its palliative care provision,

we also need to hold adequate reserves to develop our services as we work towards giving families real choice in terms of their place of care for their child; in their home or at a respite and end-of-life hospice care centre.

DIRECTORS' REPORT

Structure

The Children's Sunshine Home (Disability Services) was founded in 1925 and its principal objective set out in the Memorandum of Association is to provide care for sick children. Following a strategic review in 2002-2004 it was decided to address the needs of children requiring palliative care and the Children's Sunshine Home Hospice Project was established to fundraise for a children's hospice building. In 2006 it joined forces with The LauraLynn Foundation which had been established by Jane and Brendan McKenna, who also saw the need for respite and specialist care for children with life-limiting conditions following their own personal experience with the deaths of their two daughters, Laura and Lynn.

CSH Childcare Services (Palliative Care Services) was established in 2011 and LauraLynn House was opened in September of that year on the grounds of the Children's Sunshine Home and provides respite, transitional, end of life and crisis care to children with life-limiting conditions and their families.

Both The Children's Sunshine Home and CSH Childcare Services are both limited by guarantee and are registered charities operating under **LauraLynn Ireland's Children's Hospice.**

Governance

Our voluntary Board of Directors and Trustees are ultimately responsible for our governance, strategic direction, ethos and values. Additionally, The Board are responsible for ensuring that the organisation operates an appropriate system of financial control and complies with relevant laws and regulations.

We are registered with the Charities Regulatory Authority. The Trustees and Board are committed to maintaining the highest standards of corporate governance and have determined that, where applicable, LauraLynn is in compliance with the HSE Annual Compliance Statement and The Governance Code for Community, Voluntary and Charitable Organisations. We are signed up to the ICTR regulations and adhere to the data protection laws.

Public Benefit

LauraLynn is Ireland's only Children's Hospice. We provide palliative care to children with life-limiting conditions and their families. With a focus on enhancing quality of life, providing support from diagnosis, to end of life, and throughout bereavement with a range of practical, emotional and medical care for the whole family.

LauraLynn Hospice takes a holistic approach to palliative care for children and young persons with life-limiting conditions and their families. Care is provided by our interdisciplinary team in partnership with other healthcare providers and specialists. It includes a range of services to meet the child and family needs – physical, emotional, social and spiritual.

Additionally of public benefit is our commitment to provide a 'home' for children and young adults with profound intellectual disabilities. We no longer accept new referrals for our residential care service, but we are committed to caring for those in our care and supporting them to realise their ambitions and have dignity in their lives.



Our Board

Both the Children's Sunshine Home and CSH Childcare Services are governed by the same Board of Directors. The board members are all non-executive and are drawn from diverse backgrounds and possess a wide range of skills and experience. Each Director is appointed for a period of three years having been recommended by the Nominations Committee and is eligible for re-appointment for two further consecutive three year periods.

Board Members

	# Meetings Attended
Mary Ainscough (Appointed June)	4/4
David Andrews	7/7
Frances Fletcher	7/7
Angie Kinane	7/7
Prof Philip Larkin	4/7
Niall McHugh	6/7
Tony McPoland (Appointed September)	2/2
Eugene Mitchell (Retired June)	3/3
Hugh Monaghan	1/7
Michael O'Donoghue	7/7
Ann O'Driscoll	6/7
Andrew Paul (Retired September)	2/5
Nicholas Quigley	5/7

All new Board Members and Trustees are inducted into the organisation. The board delegates the day-to-day management of the organisation to the Executive Management Team, which comprises of the Chief Executive and Executive management team. The Board does not receive any remuneration in respect of their services to the organisations.

Our Trustees

Our Trustees act as guardians of the organisation's assets and are entrusted with the land and buildings at Leopardstown Road from where LauraLynn operates. The Trustees are responsible for the cash, investments, donations, grants and overall spend and meets three times a year. All Trustees are non-executive.

Trustee Name	# Meetings Attended
David Andrews	3/3
George Balmer (Resigned March)	1/1
Michael O'Donoghue	3/3
Andrew Paul (Resigned July)	2/2
Nick Quigley (Appointed December)	1/1

Chief Executive Officer

Sharon Morrow

Company Secretary

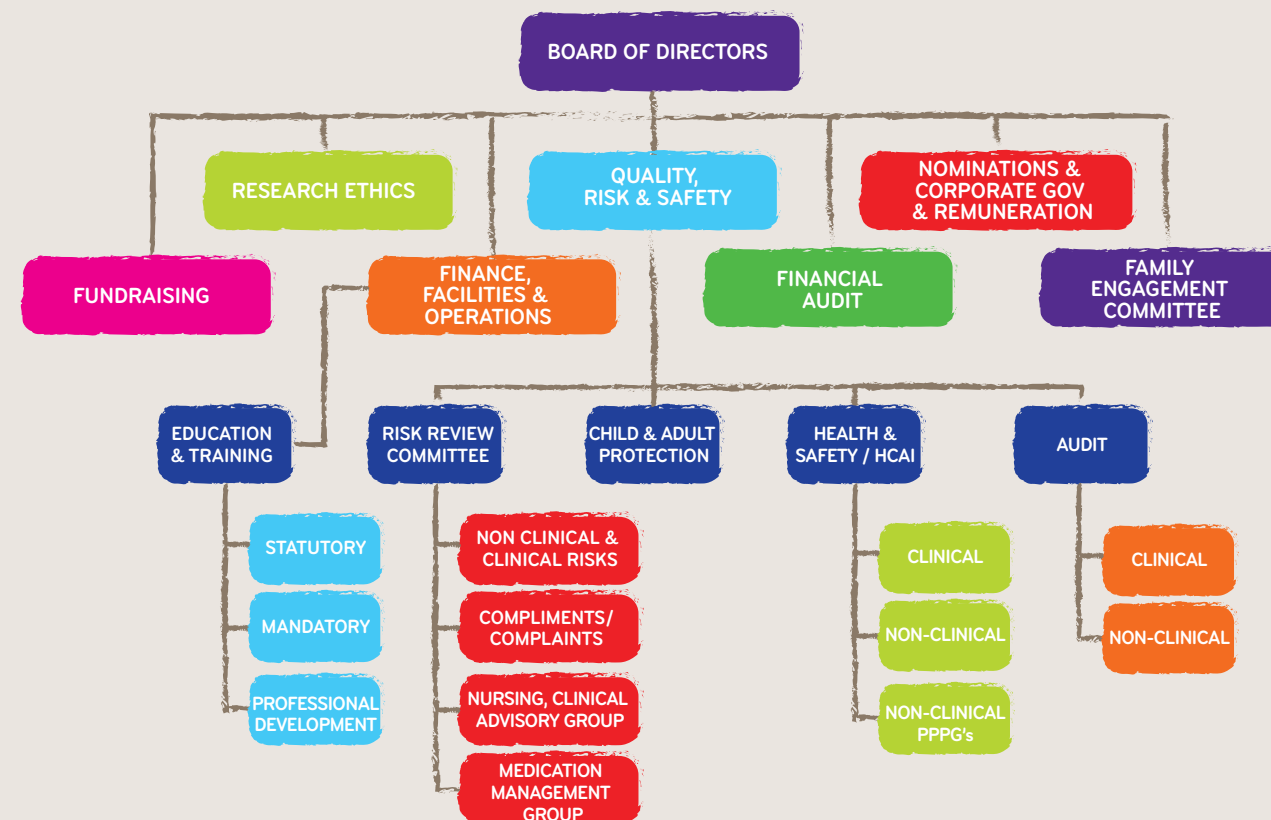
Michael Higgins

The Trustees and Board of Directors each have an annual work plan which ensures they have full oversight of their governing responsibilities. Matters such as strategy, policy, quality of care, clinical and corporate governance, finance, investments, facilities and risk are monitored and reviewed at regular meetings throughout the year.

Financial Audit

Financial Audit has a remit to assist the Board in discharging its responsibility in ensuring the organisation adopts, maintains and applies appropriate and accurate accounting and financial reporting processes and procedures. The sub-Committee facilitates an independent audit process and addresses issues arising. It ensures LauraLynn maintains effective risk management processes relating to the organisation's management of financial risks, prevention of corruption and waste and the system of internal control. It meets three times a year.

Committee Structure



...together we are making the most of short & precious lives

Quality, Safety and Risk Manager

Ailie Moseley was appointed in June 2015 to undertake the newly established role of Quality, Safety and Risk Manager. As part of the role, Ailie is tasked with the following responsibilities: develop and implement a comprehensive Quality, Safety and Risk Management (QRSM) Programme for the organisation which includes: Structured Audit Programme, Risk Management Framework and related programmes including risk registers, Incident Reporting and Response Programme. A Critical Incident Response Programme, Complaints Programme, Development and implementation of all QRSM policies and Procedures, QRSM Key Performance Indicators, Safety and Health at work (in conjunction with HR and Facilities) and a Protected Disclosure Programme.

Other responsibilities include, to head, be responsible and accountable for the clinical governance function of the organisation, to ensure all that all mandatory licensing, credentialing and accreditation requirements are fully secured and maintained for the organisation and to promote and advance Continuous Quality Improvement culture in LauraLynn



Ailie Moseley
Quality, Safety and Risk Manager

In 2015 the Quality, Safety and Risk Manager accomplished the following:

- The development and implementation of a new risk management framework (organisational and service user specific) including a risk management policy and procedure, risk registers, risk assessment and the HSE impact and likelihood tables.
- Introduced a new incident reporting framework, which includes a new policy and procedure, refined roles and responsibilities, a new database to capture any arising trends. Introduction of the Systems Analysis Review, incident de-briefing and Root Cause Analysis process to learn from when incident occur.
- Working in conjunction with the Facilities Manager to establish effective processes and procedures in relation to emergencies including fire. This includes Fire Training, fire wardens, fire drills
- Developed and Implemented a new procedure for the Escalation Process in the event of an Internal Emergency/Major Incident
- Audit process reviewed including updating the templates, introducing a process to ensure any actions or follow up required are implemented
- Reviewed the committee structure and updated the terms of reference to ensure the committee are fit for purpose.

In 2016, the Quality, Risk and Safety Manager aims to achieve the following:

- All staff within the organisation to attend the internal Risk Management Training which will provide staff with the knowledge and skills to effectively manage risk and carry out risk assessments.
- Introduce the Quality and Safety Walk-round initiative for the Executive Management Team and Board of Directors
- Introduce a Quality, Risk and Safety Monitoring report, detailing any trends which occur from incidents and risks, and put effective controls in place to prevent them reoccurring.
- Become a train the trainer in Human Factors in Safety Critical Organisations, and implement the concept throughout the organisation.
- Attend training to become a facilitator to enable Implementation of the Schwartz Rounds throughout the organisation, which all staff will be able to attend.



In 2015 we:-

- 1 reviewed our Health and Safety policies in 2015.
- 2 implemented the recommendations in the HIQA report to achieve registration, including a new Global Assessment & Care Planning system for residential disability service providers.
- 3 updated our Complaints & Feedback process and made it more accessible to families.
- 4 developed and implemented an electronic information management system for our healthcare records.
- 5 appointed a Quality & Safety Risk Manager.
- 6 established a family friendly hospice group to help improve our facilities.

In 2016 we will:-

- 1 develop & implement a new model of care for children's hospice services.
- 2 continue to innovate, develop and enhance our services including the use of technology where appropriate.
- 3 ensure that we have a robust Continuous Improvement & Risk Management Programme in place.
- 4 ensure that all nursing staff working in the hospice service have undergone a skills assessment in children's palliative care using our newly developed tool.
- 5 continue the work of the family friendly hospice group in improving our facilities.
- 6 continue to recruit the very best people to join our team in LauraLynn.



REPORTS AND CONSOLIDATED FINANCIAL STATEMENTS

for the year ended
31 December 2015

"What I love most about my job is being able to care for sick children and their families in such a wonderful and happy environment."

Sarah (Children's Hospice Nurse)

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DIRECTORS AND OTHER INFORMATION

DIRECTORS

David Andrews (Chairman)
Frances Fletcher
Hugh Monaghan
Michael O'Donoghue
Niall McHugh
Philip Larkin
Nicholas Quigley
Eugene Mitchell (resigned 23/06/2015)
Andrew Paul (resigned 01/09/2015)
Angie Kinane (appointed 20/1/2015)
Ann O'Driscoll (appointed 20/1/2015)
Mary Ainscough (appointed 23/6/2015)
Tony McPoland (appointed 01/09/2015)

SECRETARY

Michael Higgins

REGISTERED OFFICE

Leopardstown Road
Foxrock
Dublin 18

REGISTRATION NUMBER

Charity Tax Number: **CHY2633**
Charity Registration Number: **20003289**
Company Registration Number: **107248**

SOLICITORS

Hayes Solicitors
Lavery House
Earlsfort Terrace
Dublin 2

BANKERS

Allied Irish Bank plc
Sandyford
Dublin 18

Rabo Direct
Rabobank International Dublin Branch
Charlemont Place
Dublin 2

AUDITORS

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

DIRECTORS' REPORT

The directors present herewith their annual report together with the audited consolidated financial statements for the financial year ended 31 December 2015.

PRINCIPAL ACTIVITIES

The Children's Sunshine Home (including LauraLynn Ireland's Children's Hospice) provides appropriate high quality home support, respite, transitional care and residential services to children and families of children, with life limiting and life threatening conditions.

The service's philosophy of care is to treat each child as an individual with dignity and respect to enable them to enjoy an appropriate quality of life. Each family is central to the care of their child.

The service is in operation since 1925 and has adapted to meet the needs of the times. In recent years that need has changed to support children who have life limiting conditions – in other words, children who will have a shortened lifespan because of the high level of nursing and medical needs that they require. We work closely in partnership with families and health professionals to support children in all aspects of their care.

Today we have children as young as one week old accessing our services. This has resulted in us re-developing our facilities, many of which had become out-dated for the purposes for which they are used.

The Children's Sunshine Home is committed to extending our services to more children who need our specialised care and support. The building of LauraLynn House, the Republic of Ireland's first children's community based palliative care unit to meet the needs of children with life limiting conditions was completed and opened in September 2011. The facility required extensive capital support which was raised fully through fundraising on behalf of the Trustees of the Children's Sunshine Home.

On 19 June 2014 the service launched the hospice at home pilot project – LauraLynn@home.

This involves two teams of clinical and care staff providing care at home to the children and their families. The teams are based in the Dublin Mid Leinster and Dublin North East HSE regions and complements the service being provided by LauraLynn house.

RESULTS FOR THE FINANCIAL YEAR AND STATE OF AFFAIRS AT 31 DECEMBER 2015

The consolidated statement of income and retained earnings for the financial year ended 31 December 2015 and the consolidated balance sheet at that date are set out on pages 45 and 46. The surplus for the financial year amounted to €21,527 (2014: €42,851). The service is exempt from taxation.

SUBSIDIARY

CSH Childcare Services, a company limited by guarantee and not having a share capital, was incorporated on 13 October 2011. The company was incorporated to provide nursing and other services to the Laura Lynn Children's Hospice and to seek additional funding from the Health Service Executive (HSE). CSH Childcare Services is accounted for as a subsidiary of The Children's Sunshine Home who controls the composition of its board of directors.

The information required by Section 158 (4) of the Companies Act, 1963 is provided in Note 11 to the financial statements

GOING CONCERN

In assessing that the financial statements are prepared on a going concern basis, the directors have given due consideration to further cost savings and fund raising initiatives. In addition, there are on-going discussions with the Health Service Executive regarding funding for CSH Childcare Services and the level of funding being provided to The Children's Sunshine Home.

DIRECTORS' REPORT

(CONTINUED)

FUTURE DEVELOPMENTS

The service will continue to provide home support, respite and residential services to children with life limiting and life threatening conditions.

SUSBSEQUENT EVENTS

There have been no significant events affecting the company since the financial year end.

DIRECTORS AND SECRETARY

The directors and secretary, who served at any time during the financial year except as noted, were as follows:

Directors:

David Andrews (Chairman)
Frances Fletcher
Hugh Monaghan
Michael O'Donoghue
Niall McHugh
Philip Larkin
Nicholas Quigley
Eugene Mitchell (resigned 23/06/2015)
Andrew Paul (resigned 01/09/2015)
Angie Kinane (appointed 20/1/2015)
Ann O'Driscoll (appointed 20/1/2015)
Mary Ainscough (appointed 23/6/2015)
Tony McPoland (appointed 01/09/2015)

Secretary:

Michael Higgins

The current directors and secretary are set out on page 38.

RISK ANALYSIS

The directors consider that the following are the principal risk factors that could materially and adversely affect the company's future surplus or financial position:

- There is a dependence on the Health Services Executive for short, medium and long term funding. There is a reasonable expectation that such funding will continue.
- The company is also dependent on voluntary contributions for the continued funding of CSH Childcare Services.

The company has controls in place to limit potential exposures and management and the directors regularly review, reassess and proactively limit the associated risks.

We comply with the Governance Code for community, voluntary and charitable organisations in Ireland. We confirm that a review of our organisation's compliance with the principles in the Code was conducted on 15th June 2015. This review was based on our assessment of our organisational practice against the recommended actions for each principle. The review sets out actions and completion dates for any issues that the assessment identifies need to be addressed.

DIRECTORS' REPORT

(CONTINUED)

FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Company's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. These are disclosed in Note 16 to the financial statements.

INFORMATION RELEVANT TO ENVIRONMENTAL MATTERS

The company is committed to protecting the environment and has an active programme in place to minimise adverse environmental impacts.

INFORMATION RELEVANT TO EMPLOYEE MATTERS

The company complies with employment legislation.

The company complies with health and safety legislation.

Human Resource policies ensure that:

- Staff receive induction and training in relation to safe work practices, infection control, bullying and harassment (Dignity at Work), child protection, medication storage and administration, reporting of incidents, accidents and near misses.
- A system is in place to ensure that personnel carrying out home visits have mobile phone contact with the service and that they log visits to families in advance. The manager on duty knows where staff are on any given day.
- External Occupational Health supports are engaged as required and a Staff Support Person is appointed as part of their wider brief.
- Staff are debriefed following a traumatic incident or where staff are exposed to a stressful situation.
- Staff are paid in accordance with HSE pay scales.

DIRECTORS' RESPONSIBILITIES STATEMENT

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

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 ("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 company 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.

DIRECTORS' REPORT

(CONTINUED)

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

- select suitable accounting policies for the Parent Company and the group 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 surplus or deficit 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.

ACCOUNTING RECORDS

The measures that the directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The company's accounting records are maintained at the company's registered office at Leopardstown Road, Foxrock, Dublin 18.

AUDITORS

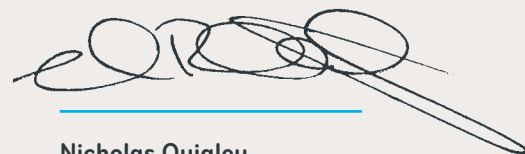
The auditors, Deloitte, Chartered Accountants and Statutory Audit Firm, continue in office in accordance with Section 383(2) of the Companies Act 2014.

Approved by the Board and signed on its behalf by:



David Andrews
Director

12 May 2016



Nicholas Quigley
Director

12 May 2016

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE CHILDREN'S SUNSHINE HOME

We have audited the consolidated financial statements of the Children's Sunshine Home for the financial year ended 31 December 2015 which comprise the Consolidated Statement of Income and Retained Earnings, the Consolidated Balance Sheet, the Company Balance Sheet, the Consolidated Statement of Cash Flows and the related notes 1 to 21. 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 ("relevant financial reporting framework").

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 auditors' 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.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

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. Our responsibility is to audit and express an opinion on the financial statements in accordance with the Companies Act 2014 and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Reports and Financial Statement for the financial year ended 31 December 2015 to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

OPINION ON FINANCIAL STATEMENTS

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 2015 and of the surplus 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE CHILDREN'S SUNSHINE HOME (CONTINUED)

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY THE COMPANIES ACT 2014

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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.

Margarita Martin

Margarita Martin

For and on behalf of Deloitte & Touche
Chartered Accountants and Statutory Audit Firm
Dublin

12 May 2016

CONSOLIDATED STATEMENT OF INCOME AND RETAINED EARNINGS FOR THE YEAR ENDED 31 DECEMBER 2015

	NOTES	2015 €	2014 €
INCOME			
Health Service Executive revenue grants	4	3,703,445	3,765,995
Other income	5	4,415,227	3,979,392
Gifts in Kind		387,780	252,498
Amortisation	14	6,599	—
		8,513,051	7,997,885
EXPENDITURE			
Staff costs	6	6,722,385	6,402,775
Non-pay costs		1,381,359	1,299,761
Value of Gifts in Kind expended		387,780	252,498
		8,491,524	7,955,034
SURPLUS BEFORE TAXATION			
	7	21,527	42,851
Taxation	8	—	—
SURPLUS AFTER TAXATION		21,527	42,851
RETAINED EARNINGS AT THE BEGINNING OF THE REPORTING YEAR			
		(46,247)	(89,098)
RETAINED EARNINGS AT THE END OF THE REPORTING YEAR			
		(24,720)	(46,247)

CONSOLIDATED BALANCE SHEET

AS AT 31 DECEMBER 2015

	NOTES	2015 €	2014 €
FIXED ASSETS			
Motor Vehicles	10	37,392	—
		37,392	—
CURRENT ASSETS			
Debtors	11	610,517	545,747
Cash at bank and in hand		38,521	30,535
		649,038	576,282
CURRENT LIABILITIES			
CREDITORS:			
Amounts falling due within one year	12	(682,556)	(622,529)
NET CURRENT LIABILITIES		(33,518)	(46,247)
TOTAL ASSETS LESS CURRENT LIABILITIES		3,874	(46,247)
CREDITORS: Amounts falling due after more than one financial year			
	13	(28,594)	—
NET LIABILITIES		(24,720)	(46,247)
FINANCED BY			
Retained earnings		(24,720)	(46,247)
		(24,720)	(46,247)

The financial statements were approved and authorised for issue by the Board of Directors on 19 April 2016 and signed on its behalf by:



David Andrews
Director



Nicholas Quigley
Director

COMPANY BALANCE SHEET

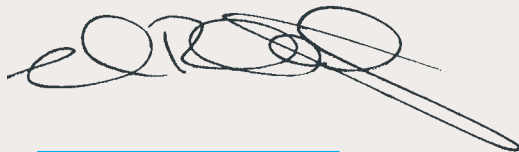
AS AT 31 DECEMBER 2015

	NOTES	2015 €	2014 €
CURRENT ASSETS			
Debtors	11	516,875	423,351
Cash at bank and in hand		19,270	5,739
		536,145	429,090
CREDITORS: (Amounts falling due within one year)			
	12	(560,865)	(475,337)
NET CURRENT LIABILITIES		(24,720)	(46,247)
NET LIABILITIES		(24,720)	(46,247)
FINANCED BY			
Retained earnings		(24,720)	(46,247)
		(24,720)	(46,247)

The financial statements were approved and authorised for issue by the Board of Directors on 19 April 2016 and signed on its behalf by:



David Andrews
Director



Nicholas Quigley
Director

CONSOLIDATED CASH FLOW STATEMENT

FOR THE YEAR ENDED 31 DECEMBER 2015

	NOTES	2015 €	2014 €
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	15	7,986	(667,993)
NET INCREASE / (DECREASE) IN CASH		7,986	(667,993)
Net Cash At 1 January		30,535	698,528
Increase / (decrease) in cash		7,986	(667,993)
NET CASH AT BANK AT 31 DECEMBER		38,521	30,535

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

1 ACCOUNTING POLICIES

Basis of Preparation

The financial statements have been prepared in accordance with the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Basis of Accounting

The financial statements have been prepared under the historical cost convention, and in accordance with Financial Reporting Standard 102 (FRS 102) issued by the Financial Reporting Council, and promulgated for use in Ireland by Chartered Accountants Ireland. The prior financial year financial statements were not restated as no material adjustments arose on adoption of FRS 102 in the current financial year. For more information see note 21.

The functional and presentational currency of the company is considered to be the Euro (€) as that is the currency of the primary economic environment in which the company operates.

Basis of Consolidation

The consolidated financial statements incorporate the financial statements of the company and its subsidiary undertaking for the financial year ended 31 December 2015.

As permitted by Section 304 of the Companies Act 2014 the statement of income of the holding company is not presented as part of these financial statements.

Income

Revenue grants and other income

Revenue grants from the Health Service Executive (HSE) and in-patient maintenance income are accounted for on a receivable basis.

Other sources of income are accounted for on a cash receipts basis.

Gifts in kind

Gifts in kind which are deemed material are included in the financial statements in the period in which they are received.

Hospital services maintenance

Hospital services maintenance comprises income from patients directly and from the H.S.E. and is recognised on a receivable basis.

Capital grants

Capital grants received from the Health Service Executive are credited directly to deferred capital grants until the related capital expenditure has occurred. Similarly, all other capital grants are credited to income in the same financial year as the related expense is incurred.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

Pension Costs

The company operates a defined benefit pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme and Spouses and Children's Pension Scheme (VHSS). The scheme is administered, funded and underwritten by the Department of Health and Children.

The company acts as an agent in the operation of the scheme and does not contribute financially to the scheme. Contributions are received from eligible employees only. By agreement with the HSE and the Department of Health and Children, pension contributions received may be offset against pension payments made and the surplus or deficit each financial year forms part of the funding for the company. Costs arising from the payment of entitlements under the scheme as well as refunds to former employees are treated as expenses in the financial statements. The directors are advised that the company has no responsibility for any liability that falls due as a result of any potential under-funding of the scheme.

Refunds of contributions paid are charged to the income and expenditure account when notification is received from the Department of Health and Children to make a payment to an employee who is leaving the scheme.

The subsidiary company has established a defined contribution pension scheme and the assets of the scheme are held separately from those of the company in an independently administered fund.

In respect of new eligible entrants to the public service on or after the 1st January, 2013 the new Single Public Service Pension Scheme (SPSPS) is applicable. Benefits are calculated by reference to "referable amounts" for each financial year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform. The directors are advised that the Department of Public Expenditure and Reform ("DPER") is responsible for the Single Scheme and payments arising under this scheme to retiring employees and payable by the state.

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 finance 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 as the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

Taxation

The company has been granted Charitable tax exempt status by the Revenue Commissioners under CHY number 2633 and therefore no provision for Corporation tax is required.

Comparative figures

Comparative figures for capital grants have been reclassified on the same basis as current year.

2 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Company's accounting policies, which are described in note 1, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying the Company's accounting policies

The following are the critical judgements, apart from those involving estimations (which are dealt with separately below), that the directors have made in the process of applying the company's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

(i) Pensions

Certain employees participate in the VHSS operated by the HSE. The VHSS is an unfunded scheme underwritten by the Minister for Health and Children. In the judgement of the directors the funds required to pay current pension liabilities, under the VHSS, as they arise will continue to be provided by the Department of Health and Children. Therefore, they believe that it is not necessary for the financial statements to make provision for the net assets/liabilities at the balance sheet date in respect of pension entitlements accrued to that date by the employees of the company, nor the disclosure requirements of FRS102. See note 17 for further details.

The VHSS closed to new members with effect from 31 December 2012. With effect from 1 January 2013 a new scheme – the Single Public Service Pension Scheme (SPSPS) commenced. Pension contributions under this scheme are remitted to the Department of Public Expenditure and Reform. The directors are advised that the Department of Public Expenditure and Reform ("DPER") is responsible for this Single Scheme and payments arising under this scheme to retiring employees are payable by the state. They also believe that it is not necessary for the financial statements to make provision for the net assets/liabilities at the balance sheet date in respect of pension entitlements accrued to that date by the employees of the company nor the disclosure requirements of FRS102.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

3 GOING CONCERN

The financial statements have been prepared on the going concern basis. The company is dependent on the Health Services Executive (HSE) to provide adequate funding to enable it to fund its services. Due to the economic climate no HSE funding was received in 2014 and 2015 for its subsidiary, CSH Childcare Services. The HSE had committed to seek resolution to this with the intention of providing some future funding. The Board will continue to seek funding.

The HSE has not given any indication that it will withdraw its financial support from The Children's Sunshine Home in the foreseeable future. Its subsidiary, CSH Childcare Services, is currently dependent on voluntary donations to the Trustees of The Children's Sunshine Home, who in turn fund the activities of CSH Childcare Services. The Trustees have not given any indication that they will withdraw financial support from CSH childcare Services in the foreseeable future.

Management has reviewed the level of activity and related costs to include certain cost saving and fund raising initiatives in conjunction with the Trustees of The Children's Sunshine Home.

The on-going support of the HSE and the continued support of the general public with fundraising is fundamental to the continuation of the level of service provided by the group.

4 HEALTH SERVICE EXECUTIVE GRANTS

	2015 €	2014 €
Approved allocation	3,703,445	3,765,995

5 OTHER INCOME

	2015 €	2014 €
Hospital services maintenance	948,188	852,921
Superannuation deductions	272,701	287,674
Revenue grants	—	66,076
Miscellaneous and other income	158,889	65,529
Contribution from Trustees	3,035,449	2,707,192
	4,415,227	3,979,392

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

6 STAFF NUMBERS AND COSTS

The average number of persons employed by the group during the financial year was 142 (2014: 113).

	2015 €	2014 €
The aggregate payroll costs of these employees were as follows:		
Wages and salaries	6,075,774	5,674,104
Social welfare costs	529,319	526,502
	6,605,093	6,200,606
Pensions paid for the year	117,292	202,169
	6,722,385	6,402,775

KEY MANAGEMENT COMPENSATION

The total remuneration for key management personnel for the financial year amounted to €723,306 (2014: €762,358).

7 SURPLUS FOR FINANCIAL YEAR

	2015 €	2014 €
The operating surplus for financial year is stated after charging the following:		
Auditors' Remuneration	15,171	19,000
Other assurance services	—	—
Tax advisory services	—	—
Other non-audit services	—	—
Directors' remuneration	—	—

Expenditure on buildings is written off in the financial year it is incurred as the company does not own land or buildings. The land and buildings remain outside of the company in the ownership of the Trustees of The Children's Sunshine Home ("the Trustees").

8 TAXATION

There is no taxation arising on the result for the financial year as a result of the company's charitable status.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

9 FINANCIAL ASSET

COMPANY

The company's financial asset comprises its investment in CSH Childcare Services, a company limited by guarantee not having a share capital, incorporated on 13 October 2011. CSH Childcare Services is accounted for as a subsidiary undertaking as the Board of The Children's Sunshine Home has the power to appoint and control the Board of CSH Childcare Services.

Details in respect of CSH Childcare Services are set out below:

Name of registered office	Country of Incorporation	Principal Activity
CSH Childcare Services	Ireland	Operation of a Children's Hospice

10 FIXED ASSETS

The motor vehicle was donated to the organisation and included in the financial statements at market value.

	Motor Vehicles €	Total €
COST		
At 1 January 2015	—	—
Additions	43,991	43,991
AT 31 DECEMBER 2015	43,991	43,991

DEPRECIATION

At 1 January 2015	—	—
Charge for financial year	6,599	6,599
AT 31 DECEMBER 2015	6,599	6,599

NET BOOK VALUE

At 31 December 2015	37,392	37,392
At 31 December 2014	—	—

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

11 DEBTORS (Amounts falling due within one year)

	Group 2015 €	Group 2014 €	Company 2015 €	Company 2014 €
Recoverable from the HSE	307,541	262,270	185,131	186,392
Due from Trustees of the Children's Sunshine Home	108,639	154,473	108,639	116,338
Prepayments	63,785	44,632	55,402	36,249
Debtors	130,552	84,372	48,017	84,372
Due from CSH Childcare Services	—	—	119,686	—
	610,517	545,747	516,875	423,351

12 CREDITORS (Amounts falling due within one year)

	Group 2015 €	Group 2014 €	Company 2015 €	Company 2014 €
Creditors and accruals	524,958	447,211	478,925	389,558
PAYE / PRSI	146,945	175,318	80,085	85,779
Amounts held on behalf of Service Users	1,855	—	1,855	—
Capital Grants (note 14)	8,798	—	—	—
	682,556	622,529	560,865	475,337

13 CREDITORS (Amounts falling due after more than one financial year)

	Company 2015 €	Company 2014 €
Capital Grants (note 14)	28,594	—

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

14 CAPITAL GRANTS

	2015 €	2014 €
At 1 January 2015	—	—
Received during the financial year	43,991	—
Amortisation	(6,599)	—
AT 31 DECEMBER 2015	37,392	—

The maturity analysis of the capital grant is as follows:

Within one financial year	8,798	—
Between one and two financial years	17,596	—
Between two and five financial years	10,998	—

15 NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES

	2015 €	2014 €
GROUP		
Operating surplus for the financial year	21,527	42,851
(Increase) in debtors	(64,770)	(260,862)
Increase / (Decrease) in creditors	51,229	(449,982)
NET CASH INFLOW / (OUTFLOW) FROM OPERATING ACTIVITIES	7,986	(667,993)

16 CREDIT, MARKET AND LIQUIDITY RISKS

(i) Credit risk

The company manages its financial assets and liabilities to ensure it will continue as a going concern. The principal financial assets of the company are bank and cash balances, and trade and other receivables, which represent the maximum exposure to credit risk in relation to financial assets. The principal financial liabilities of the company are trade and other payables.

The credit risk within the company is primarily attributable to its trade receivables and cash at bank. The amounts presented in the statement of financial position are net of provisions for impaired receivables, estimated by management, based on prior experience and their assessment of the current economic environment.

(ii) Cash flow and Liquidity risk

The liquidity risk is managed by regular reviews of cash flow forecasts and regular monitoring of cash balances and short-term liquidity trends.

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

17 PENSION SCHEMES

The company operates a defined benefit pension scheme in respect of employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme and Spouses' and Children's Pension Scheme. The Scheme is administered, funded and underwritten by the Department of Health and Children. The company acts as agent in the operation of the Scheme and does not make any contribution to the scheme. Contributions are received from eligible employees only.

By agreement with the HSE and the Department of Health and Children the pension contributions received may be offset against pension payments made and the surplus or deficit of contributions each financial year forms part of the funding of the company. The directors are advised that the company has no responsibility for any liability that falls due as a result of any potential under-funding of the Scheme.

For the financial year ended 31 December 2015 €272,701 (2014: €287,675) was retained and treated as income and €138,125 (2014: €126,874) was paid to pensioners.

The Scheme is a defined benefits scheme: however the company has availed of the disclosure exemptions in respect of multi-employer pension schemes outlined in paragraph 9(a) of FRS 17. On this basis the Scheme is considered for disclosure purposes as a defined contribution scheme and no further disclosures are required.

With effect from 1 January 2013 a new scheme, the Single Public Service Pension Scheme (SPSPS) commenced. Contributions made to this scheme are remitted to the Department of Public Expenditure and Reform. The directors are advised that the Department of Public Expenditure and Reform ("DPER") is responsible for the Single Scheme and payments arising under this scheme to retiring employees and payable by the state.

The subsidiary company has established a defined contribution pension scheme and the assets of the scheme are held separately from those of the company in an independently administered fund. The contributions paid by the company during the financial year amounted to €117,292 (2014: €75,295). There was no pension amounts payable at financial year end (2014: €Nil).

18 CONTINGENT LIABILITY

A contingent liability of €501,604 (2014: €540,189) exists in respect of the Pobal Grant which becomes repayable if certain conditions, as set out in the agreements, are not adhered to. The most significant of these conditions relates to cessation of services by the Children's Sunshine Home. Services must be maintained and protected for a period of at least seventeen years after the date of payment of the grant, failing which all grant monies or part thereof may be repayable. The contingency period reduces each year by 1/17 of the total amount received. The total amount of the grant and the related expenditure has been credited and debited, respectively, to the income and expenditure account in the year of receipt.

19 RELATED PARTY TRANSACTIONS

The Children's Sunshine Home Trust was established to support the development of facilities at The Children's Sunshine Home & subsequently Laura Lynn Children's Hospice, Leopardstown Road, Foxrock and to fundraise on their behalf. In order to meet the demand for the level of services provided by the Company, financial support above that provided by the HSE is required. The Trust provides this funding with the support of donors and volunteers.

In 2015 the Trust transferred net funds of €3,035,449 (2014: €2,707,192).

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2015

20 FINANCIAL INSTRUMENTS

	Group 2015 €	Group 2014 €	Company 2015 €	Company 2014 €
FINANCIAL ASSETS				
Measured as undiscounted amounts receivable				
Recoverable from the HSE (Note 11)	307,540	262,270	185,130	186,392
Due from Trustees (Note 11)	108,640	154,472	108,640	116,338
Debtors and prepayments (Note 11)	194,337	129,005	103,419	120,621
Due from CSH Children's Services	—	—	119,686	—
	610,517	545,747	516,875	423,351
FINANCIAL LIABILITIES				
Measured and undiscounted amounts payable				
Creditors (Note 12 and 13)	711,150	622,529	560,865	475,337

21 EXPLANATION OF TRANSITION TO FRS 102

This is the first year the company has presented its financial statements under Financial Reporting Standards 102 (FRS 102) issued by the Financial Reporting Council. The last financial statements under previous Irish GAAP were for the financial year ended 31 December 2014 and the date of transition to FRS 102 was therefore 1 January 2014. As a consequence of adopting FRS 102, a number of accounting policies have been changed to comply with that standard. None of these changes have resulted in an adjustment to equity reported under previous Irish GAAP at 31 December 2014 or 1 January 2014 and there was no effect on losses previously reported for the financial year ended 31 December 2014.

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short and precious lives*



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IRELAND'S CHILDREN'S HOSPICE