



**Irish Heart
Foundation**



Annual Report 2020

and Financial Statements


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Message from the Chair

PROFESSOR EMER SHELLEY

The COVID-19 pandemic of 2020 heralded major health challenges which were particularly difficult for those living with heart disease or stroke.

The Health Protection Surveillance Centre confirmed in December what had been clinically evident, that those with a chronic underlying condition, including heart disease, stroke or high blood pressure, were more likely to be hospitalised, admitted to ICU and more likely to die if they contracted COVID-19.

There were reports especially during the early months of the pandemic that fewer people were presenting to hospital with a heart attack and of delays in attending the emergency department by those suffering a stroke. There were also concerns about anxiety, depression and loneliness in those staying at home to protect their health.

The Irish Heart Foundation's Senior Management Team and staff responded quickly to implement a plan to serve new and existing clients. The Nurse Support Line was particularly valuable at a time when usual health services were overly stretched. Life Support Training was particularly active as health professionals prepared to take on new roles.

Support groups for people with heart failure, stroke or less common conditions previously met in person on a regular basis. These groups transitioned to meet on Facebook. The group coordinators provided regular telephone support to some people while other group members kept in touch through phone calls and WhatsApp groups. Altogether, more than 3,000 people were involved in these networks.

A special suite of supports for patients with heart failure was also developed and included access to the 'Cardiac Rehab for All' programme as well as information sessions, daily exercise classes and a podcast series.

To be discharged from hospital post stroke is difficult at the best of times and even more frightening for patients and carers in a pandemic. To add to the challenges, some patients were discharged earlier than usual and some community-based staff were diverted to other services.

To meet the needs of this group, in conjunction with the HSE National Stroke Programme, the Irish Heart Foundation launched a telephone



support service in April 2020 for patients who had recently been discharged or were experiencing ongoing difficulties. Patients were referred by acute hospital stroke teams but the service was open to others who requested it.

From my knowledge of the work of the Irish Heart Foundation over several decades, it is clear to me that it would not have been possible to respond so quickly and comprehensively to the needs of people with cardiac conditions or stroke were it not for the services and networks that the Foundation had built up over the years.

I very much welcome the new High-Risk Cardiovascular Prevention Programme in General Practice that the Foundation commenced in 2020. This innovative project will design, deliver and evaluate an intervention for patients in disadvantaged communities at high risk of cardiovascular disease. Patients identify the lifestyle changes they would like to make

and are supported to set goals and overcome the barriers to making those changes. Included in the Programme are six weekly one-to-one sessions with a professional, the choice of joining a closed Facebook group and telephone follow-up.

The Board of the Irish Heart Foundation was briefed on the developments outlined in this report and provided advice from the perspective of their varied backgrounds and expertise.

The Audit and Risk Committee was particularly active in 2020, paying attention to the implications of the pandemic restrictions on fundraising and expenditure, and keeping the Board informed. I'm grateful for the engagement of all Board members throughout this challenging year.

The Board has expressed its appreciation to the CEO and staff for their achievements in switching so quickly from 'business as usual' to online services and delivering a suite of new services.

The Irish Heart Foundation benefits from the dedication of health professionals and volunteers who contribute to the work in so many ways. None of the services described in this report would have been possible without the support of the public. On behalf of the Board, I thank you all most sincerely for your ongoing commitment and generosity.

Professor Emer Shelley
Chair and President,
Irish Heart Foundation



Message from the CEO

TIM COLLINS

Caring through COVID-19 and beyond

The past 12 months have been one of the most difficult periods most of us will ever experience in our lifetimes. At the time of writing, a total of five million lives worldwide have been lost, with millions more affected directly and indirectly by COVID-19.

In response to the pandemic, we have developed a new five-year organisational strategy which underpins our commitment to continue to care for Irish hearts through COVID-19 and beyond.

Our new strategy *Defending, Empowering and Caring for Irish Hearts 2020-2024* is supported by three key pillars: defend, empower and care; three words that we feel perfectly encapsulate our work.

We defend Irish hearts from the commercial, environmental and societal threats to heart health, such as unacceptable gaps in patient care, tobacco, air pollution and the marketing of unhealthy foods.

We empower patients and the general public by giving them the tools and information to lead healthy lifestyles and make informed decisions about their health.

And we continue to care for every heart impacted by heart disease and stroke through online, telephone and community-based support programmes.

Throughout 2020, we continued to defend Irish hearts by fighting through our advocacy work for

better policy where it impacts on the public's health. This included successfully lobbying for the inclusion of our agenda in the new Programme for Government. We gained excellent traction which resulted in a number of commitments. These include a commitment to a Public Health Obesity Bill and also a national clean air strategy, including an extension of the smoky coal ban as part of a greater commitment to tackling air pollution, which has been described by the European Environmental Agency and the World Health Organization (WHO) as the single 'biggest environmental health risk'.

We also empowered the public throughout 2020 by informing, enabling and supporting people to live healthier lives.

As part of this work, last year saw the development of a groundbreaking high-risk cardiovascular prevention programme in primary care, as well as the continuing development of our WHO-endorsed health literacy project. Both of these projects, the former focusing on GP practices in areas of deprivation, and the health literacy project in DEIS schools, are also



closely aligned with our strategic priorities of tackling health inequality and low levels of health literacy.

Finally, as we have been doing for more than 50 years, throughout 2020 we cared for those living with heart disease and stroke, and their loved ones.

At the outbreak of the pandemic, we provided support to stroke survivors and heart failure patients at 26 locations around the country, in addition to running specific heart support groups for patients with cardiomyopathy, Long QT Syndrome, Spontaneous Coronary Artery Dissection (SCAD), Sudden Cardiac Death and those who need Implantable Cardioverter-Defibrillators (ICD). By year end, notwithstanding the onset of the pandemic, by being agile and developing our social media platforms, we had more than doubled the numbers we support, with a combined total of 3,000 people in our stroke and heart failure networks alone. In addition,

there were 1,390 calls to our nurse support line which provides information and advice on every aspect of cardiovascular care.

At the end of March 2020, the HSE's National Stroke Programme asked for our help to support patients who were being discharged early from hospital to accommodate the first wave of acute COVID-19 patients. In response, we developed a phone support service to help newly discharged stroke survivors nationwide make the transition home and start rebuilding their lives with confidence. This service addresses the sense of abandonment many patients feel after leaving hospital, ensuring no stroke survivor has to face the future without expert help and support.

We are proud of our long heritage in Ireland. Since 1966, we have served generations of families. We are also proud of what we have achieved during the past 12 months despite and because of the devastating pandemic and we are committed

to continue to defend, empower and care throughout COVID-19 and beyond.

We couldn't have done any of this life-saving work without the commitment, hard work and generosity of our staff, volunteers and donors.

Brighter days are coming, thank you for your kind support.

Tim Collins
CEO, Irish Heart Foundation

WHO WE ARE AND WHAT WE DO

The Irish Heart Foundation is a community of people who fight to protect the cardiovascular health of everyone in Ireland.



Our Vision



Our Mission

To eliminate preventable death and disability from heart disease and stroke and to support and care for those living with these life-changing conditions.

We work to achieve this goal through:



Caring for and **speaking out** for people in the community living with stroke and heart conditions and their families.



Innovating and leading in health promotion and prevention to change health behaviours and reduce cardiovascular risk.



Building a nation of lifesavers through **CPR training**.



Campaigning and advocacy for policies that support people to live healthier lives.

Our Values



Empowering

We support and enable people to lead healthier lives.



Fairness & Equality

We believe equal access to heart and stroke services for prevention, diagnosis, treatment and care is a basic human right.

We believe tackling health inequality is where we will make the greatest difference to the overall health of the nation.



Evidence-based

We base all our programmes on the best available advice and evidence and always aim for the maximum impact and cost-effectiveness.



Courageous

We are not afraid to be outspoken or tell it as we see it where public policy or vested interests are failing to protect or threatening people's health.

We are relentless in furthering the cause of people impacted by heart disease and stroke.



Collaboration

We design our programmes in collaboration with the people who need them and their families so they are appropriate, relevant and effective.

We believe in partnership and collaboration with other organisations rather than going it alone and we don't duplicate the work of others.

Why our Work Matters: The Numbers



Approximately

2 million

people in Ireland are at risk or living with the long-term impacts of heart disease or stroke.

Over

9,000

people die every year in Ireland from heart disease and stroke



Heart disease and stroke are the

No.1



Heart disease kills more women than breast, cervical and ovarian cancer combined

1 in 4

people who have a stroke are under the age of 65



ADULTS - At Risk

60%

of adults are living with **overweight or obesity**



1.5 million

adults are at risk from high blood pressure



CHILDREN - Increasingly at risk



More than

25%

of our children and young people live with **overweight or obesity**

You are

OVER TWICE

as likely to have overweight or obesity as a child if you are in the **lowest income group**



Because of the increasing rates of overweight and obesity

11%

of children in 3rd and 4th class have **high blood pressure**



Corporate Governance

The Irish Heart Foundation is a **registered charity** supported by **donations** from the **public and businesses** in Ireland.



We rely on the goodwill and generosity of our supporters to fund lifesaving and life-changing work in **prevention, research, CPR, advocacy and patient support.**



Every donation we receive helps more people in Ireland **live longer, healthier lives.**

Our commitments



We are committed to our donors and supporters, who are the backbone of our organisation. We subscribe to a donor charter.



We are committed to honesty and transparency about our finances and our charitable spend so you can see the impact of your support.



We adhere to the Charities Governance Code and comply with the Triple Lock Standard set by the Charities Institute of Ireland.



We are governed by a voluntary board of 12 members, from the medical and business communities.

Board members do not receive any remuneration.

The Irish Heart Foundation is

A registered charity with the Charities Regulator (registration number 20008376)

A registered charity with the Revenue Commissioners to receive tax exemption (charity number CHY5507)

Registered with the Companies Registration Office (company registration number 23434)

Directors' Report



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The Impact of COVID-19

People with heart disease are at increased risk of dying from COVID-19 and some of those who have been hospitalised with the virus have suffered long-term damage to their hearts. We still don't know what the future impact of long COVID will be on the nation's hearts.

The COVID-19 pandemic has changed every aspect of our lives.

In early March 2020, the COVID-19 virus was declared a global pandemic by the WHO. By early summer our Senior Management Team and Board initiated a process to re-evaluate our strategic objectives and develop a new strategic plan that would take all the learnings from the pandemic and build on existing strengths to ensure we continue to care for Irish hearts through COVID and beyond.

People with heart disease are at increased risk of dying from COVID-19 and some of those who have been hospitalised with the virus have suffered long-term damage to their hearts. We still don't know what the future impact of long COVID will be on the nation's hearts.

During the COVID-19 crisis it was important that all of those living with heart disease and stroke knew that they were not alone and that we were there for each and every one of them.

In response, we developed a range of new programmes and resources including online and telephone support services. We moved all our traditional face-to-face patient support groups online and developed new services in conjunction with the HSE to support people who had recently been discharged from hospital post-stroke to ensure they received the best care.

Our new strategy is designed to transition from COVID to post-COVID, taking what we have learned from the pandemic and applying it to how we organise and deliver our services into the future.

Key Issues

In drafting this new strategy, we have taken on board the key learnings from our response to the pandemic including the greater reach provided by digital platforms and the need for better community-based services to support people living with heart conditions or stroke. We also identified a number of key issues of national public health concern. These include:

- > **Health inequality**, with very significant ongoing differences in life expectancy and key health behaviours among socially disadvantaged groups.
- > **Low levels of health literacy**, making changes in health behaviours, particularly among lower income groups, more difficult to achieve.
- > **An obesity epidemic** that is threatening the health and life expectancy of the current generation of our children.
- > **Ever more inactive lifestyles** that are affecting our national obesity levels and impacting directly on cardiovascular health.
- > Finally, it is increasingly obvious that actions to tackle the **climate crisis** such as a reduction in air pollution and more active and less carbon-intensive travel offer significant co-benefits for cardiovascular health, and we have a responsibility as a trusted health NGO to speak up.

If we are to make an impact on the toll of death and disability from heart disease and stroke, our strategy needs to tackle these issues.

A New Strategy 2020-2024

The title of our new five-year strategy *Defending, Empowering and Caring for Irish Hearts 2020-2024* reflects our three key organisational pillars.



1.



WE DEFEND

We will **defend** Irish hearts from the commercial, environmental and societal threats to heart health, such as unacceptable gaps in patient care, tobacco, air pollution and the marketing of unhealthy foods.

2.



WE EMPOWER

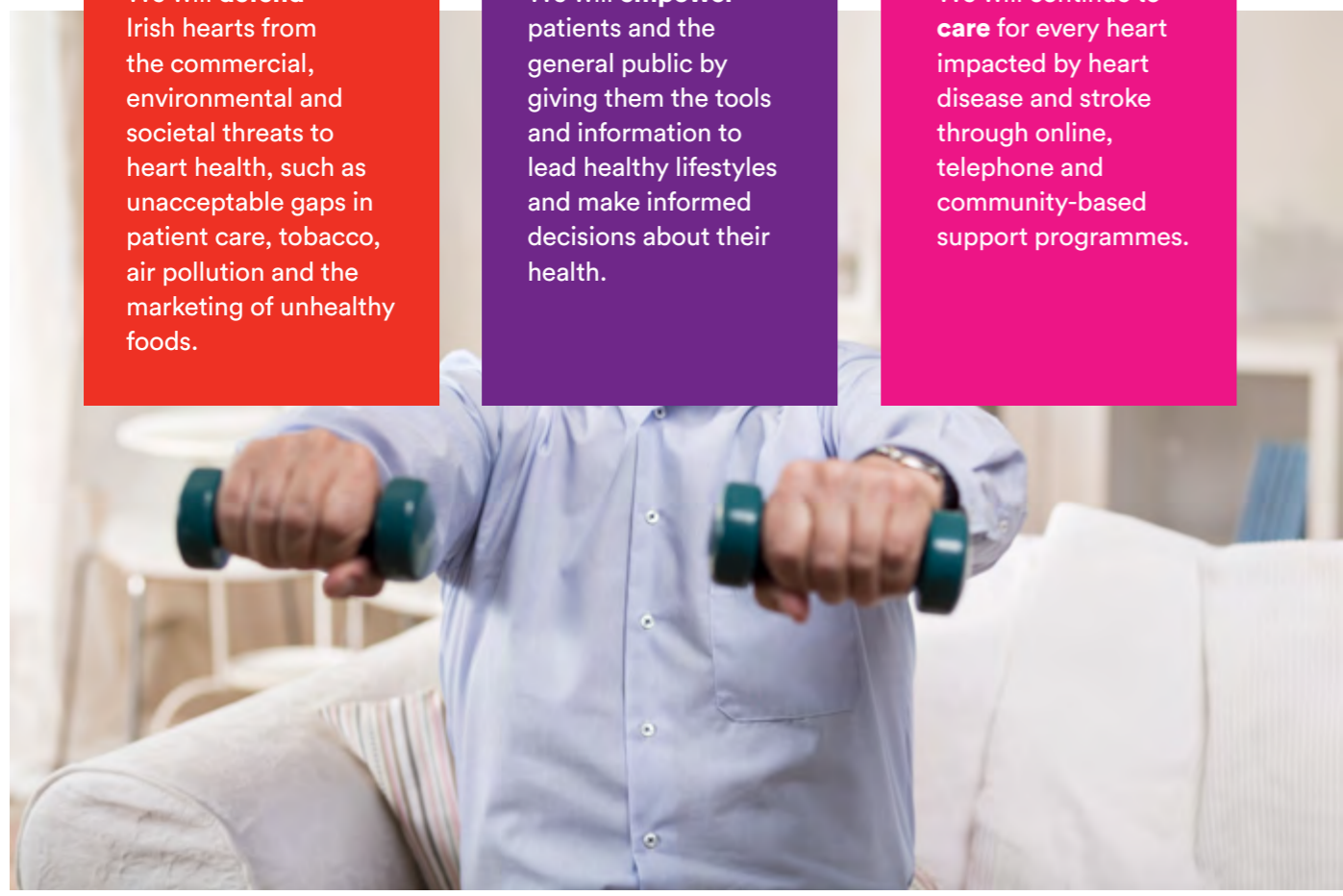
We will **empower** patients and the general public by giving them the tools and information to lead healthy lifestyles and make informed decisions about their health.

3.



WE CARE

We will continue to **care** for every heart impacted by heart disease and stroke through online, telephone and community-based support programmes.



Strategic Priorities

Each of these pillars is informed by our three strategic priorities:

1



Health inequality

Ensuring an organisation-wide focus on reducing health inequalities. This means ensuring what we do is focused primarily on disadvantaged individuals or communities.

2



Health literacy

Ensuring health literacy is given priority in all our work. Health literacy is a skill that helps people to find, understand and use health information.

3



Innovation and research

Leading from the front in innovation and research in developing effective health promotion and patient support interventions.

Strategic Enablers

Our work is supported by **five strategic enablers**, which ensure our strategy is implemented in a timely and effective manner.



1 Governance

The Irish Heart Foundation is led by our Board which is responsible for the overall strategic direction, leadership, governance and oversight of the management of the organisation.

We are "Triple Locked" and comply with the Charities Governance Code, the Guidelines for Charitable Organisations on Fundraising from the Public and the SORP (FRS 102) accounting guidance for charities.

Our commitment to transparency and best practice in corporate governance underpins the high levels of public trust we enjoy.



2 Advisory Councils

Our Advisory Councils offer support, advice and expertise on medical issues and strategic matters, helping to prioritise our advocacy and prevention activities.

Through the Councils, we encourage cooperation between health professionals and organisations towards the attainment of common goals. The Councils also support our educational and patient meetings such as the Stroke Professionals' Conference which in 2020 took place online for the first time due to COVID-19.

The active Advisory Councils in 2020 were:

- The Advanced Cardiovascular Life Support (ACLS) Council
- The ASH Ireland (Action on Smoking and Health) Council
- The Cardiovascular Disease Prevention Council (a joint Council with the National Institute for Prevention and Cardiovascular Health)
- The Heart Failure Council
- The Hypertension Council
- The Nutrition Council
- The Stroke Council
- The Sudden Cardiac Death Council

3 People and Culture

Our staff and volunteers are the lifeblood of the organisation. In common with most large NGOs, 2020 has been one of the most challenging and difficult years for us. If it wasn't for the flexibility, unfailing commitment and dedication shown by our loyal and hardworking staff throughout the COVID-19 pandemic, we would not have come through the past 12 months as successfully as we have.

4 Digital Transformation

Digital transformation is a critical enabler for successful delivery of our new strategy and concerns building in digital approaches to support delivery of strategic goals and meeting the needs of those we serve. Core elements include a user-centric approach and a culture of innovation, experimentation and iterative learning.

Digital transformation is an opportunity for us to get even closer to our supporters, volunteers, donors, service users and staff, be more responsive and connected, and ultimately achieve our strategic goals and charitable purpose in a more dynamic, efficient, and rewarding way.

Work has commenced to understand our existing digital capabilities and to create a shared vision for how we can use digital to create the change we want to see.

5 Fundraising, Marketing and Communications

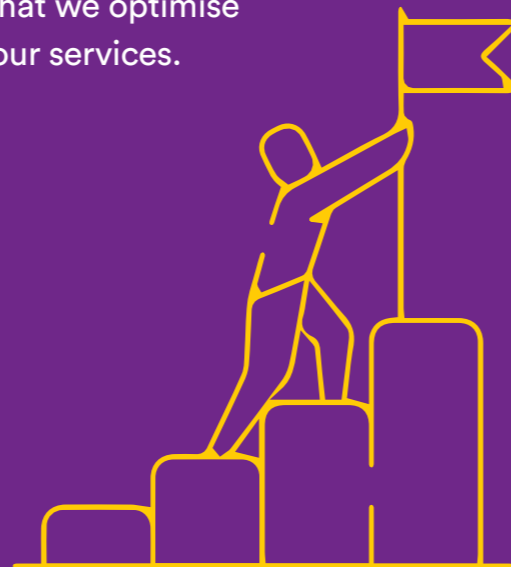
We would not exist or have a future without our donors, who have supported our work since 1966. The majority of our funding is raised through voluntary donations from the general public and business. We also receive important support for key programmes from the HSE and the Department of Health.



2020-2024 Strategic Goals

Our new strategy commits us to working towards the following goals:

1. We will defend Irish hearts from the commercial, environmental and societal threats to heart health, such as unacceptable gaps in patient care, tobacco, air pollution and the marketing of unhealthy foods.
2. We will empower patients and the general public by giving them the tools and information to lead healthy lifestyles and make informed decisions about their health.
3. We will care for every heart impacted by heart disease and stroke through online, telephone and community-based support programmes.
4. We will fund our work through a mix of support from the general public, the corporate sector and Government.
5. We will continue to transform our services through increased use of digital platforms and approaches so that we optimise the quality, reach and cost effectiveness of our services.



Goal 1

WE DEFEND



Key Objectives

We will defend Irish hearts from the commercial, environmental and societal threats to heart health such as unacceptable gaps in patient care, tobacco, air pollution and the marketing of unhealthy foods.

Over the lifetime of our strategy, we will focus on:

- ✓ Childhood obesity
- ✓ Stroke and heart disease services
- ✓ Physical activity and healthy weight environments
- ✓ Air pollution and climate action
- ✓ Tobacco control

Childhood obesity

A Public Health Obesity Act that puts children's health first over the interests of junk food companies.

Stroke and heart disease services

- A new National Stroke Strategy that recognises the importance of stroke prevention and supporting people living with the impact of stroke.
- A new National Cardiac Strategy that prioritises prevention, tackles health inequality and recognises the importance of supporting people living with heart conditions.

Physical activity and healthy weight environments

We will continue to campaign for greater Government action encouraging physical activity, including the introduction of cycle lanes and the prioritisation of walkers in urban environments.

Air pollution and climate action

A Clean Air Act that tackles air pollution – a leading cause of heart disease and stroke – and adopts the WHO air quality standards.

Tobacco control

A renewed commitment to achieve a Tobacco Free Ireland through a timebound action plan designed to reduce smoking rates to 5% of the population.



Goal 2

Goal 3

WE EMPOWER

WE CARE

We will empower patients and the general public by giving them the tools and information to lead healthy lifestyles and make informed decisions about their health.

Over the lifetime of our strategy, we will focus on:

- ✓ The development and roll-out of evidence-based, effective interventions to support people to change their health behaviours.
- ✓ Raising awareness of key health risks, in particular high blood pressure.

Key Objectives

Evidence-based interventions:

- The development, validation, funding and scaling up of high-impact interventions in the community to support people at high risk of heart disease or stroke.
- Health promotion programmes in primary and post-primary schools that focus on health literacy and place all children on the path to healthier and longer lives.

Awareness of health risks:

- A 50% reduction in undiagnosed high blood pressure through integrated national awareness campaigns.
- A 25% increase in the out-of-hospital cardiac arrest survival rate to be achieved through greater awareness and training in CPR and Automated External Defibrillator (AED) use.

We will care for every heart impacted by heart disease and stroke through online, telephone and community-based support programmes.

Over the lifetime of our strategy, we will focus on:

- ✓ Building high-quality and accessible information services and helpline for all those who need it.
- ✓ Developing our heart support services, both face-to-face and online, so that all those living with heart failure and other heart conditions who need support can avail of it.
- ✓ Developing our stroke support services so that all stroke survivors, of all ages, receive the appropriate level of community-based support.

Key Objectives

Information services and helpline:

- We will complete an audit and stakeholder survey of our information services.
- We will continue to develop the quality and breadth of our services so that we are the primary source of information for those living with heart conditions or stroke.
- We will continue to improve accessibility so that our services are available to all.

Heart support:

- We will maximise the numbers participating in our self-management support programme for heart failure patients.
- We will develop and extend our network supporting other heart conditions.

Stroke support:

- We will work to ensure that everyone who requires our stroke check-in service for newly discharged stroke patients can avail of it.
- We will continue to develop long-term community supports for stroke survivors at every stage of their life.



Goal 4

FUNDING

We will fund our work through a mix of support from the general public, the corporate sector and Government.

Over the lifetime of our strategy, we will focus on:

- ✓ Achieving a sustainable level of funding so that we can meet our objectives.
- ✓ Improving the certainty and stability of our fundraising by broadening the number of income sources.

Key Objectives

Funding our services:

- Over the lifetime of this strategy we will grow our total income by over 20% with a target of €7 million for the year 2024. Much of this growth will come from digital donor recruitment.

Broadening our income sources:

- We will develop new sources of income including online and telephone-based donor recruitment.
- We will increase the level of Government funding by developing programmes that align as far as possible with the objectives of Sláintecare.



Goal 5

DIGITAL TRANSFORMATION

We will continue to transform our services through increased use of digital platforms and approaches so that we optimise the quality, reach and cost-effectiveness of our services.

Over the lifetime of our strategy, we will focus on:

- ✓ Incorporating a user-centric approach to our work and fostering a culture of innovation, experimentation and iterative learning.
- ✓ Ensuring we are incorporating digital platforms and approaches into the development of our patient support services, as appropriate, to optimise their reach and cost effectiveness.
- ✓ Seeking to continuously improve accessibility in order to ensure ease of access to all our information for heart patients, stroke survivors and their carers.

Key Objectives

User-centric approach:

- We will ensure that users of our services are at the centre of our planning, development and implementation of programmes and services across the organisation.
- We will create a working culture that encourages trial and learning, based on evidence and analysis.

Patient support services:

- We will seek feedback from heart patients and stroke survivors and we will continuously review available digital platforms and how they can meet the needs of heart patients and stroke survivors to ensure we are using the best platforms for our services.

Accessibility:

- We will undertake a review of our website and online information to assess the accessibility of our information and identify and implement improvements as appropriate.



2020

A Year of
Dramatic Change



WE DEFEND

Our Advocacy Work in 2020

A new Government

In 2020, we lobbied hard throughout the extended period of the Coalition formation negotiations for the inclusion of our agenda in the new Programme for Government. As a result, we gained excellent traction which resulted in the following commitments by the Government over its lifetime.



	Childhood obesity	<ul style="list-style-type: none"> Adoption of a Public Health Obesity Act including further restrictions on junk food marketing to children, obesity prevention embedded in all city and county development plans and the introduction of No-Fry Zones near schools.
	Tobacco and e-cigarettes	<ul style="list-style-type: none"> Further annual increases in tobacco tax. A ban on the sale of e-cigarettes to under-18s, the introduction of a licencing system for the sale of e-cigarettes and further restrictions on e-cigarette advertising.
	Cardiovascular services	<ul style="list-style-type: none"> Roll-out of the National Stroke Strategy and the National Neurorehabilitation Strategy (this includes the development of community rehabilitation services for stroke survivors).
	Healthier Ireland	<ul style="list-style-type: none"> Increased participation in PE in schools and physical activity in the community. Measures to promote active travel, including major development of pedestrian and cycling infrastructure, with each being allocated 10% of the total transport capital budget. There is also a commitment to “dramatically increase” the numbers walking and cycling to school.
	Air pollution and climate change	<ul style="list-style-type: none"> A national clean air strategy including an extension of the smoky coal ban as part of a greater commitment to tackling air pollution.



COVID-19

The pandemic has required a range of responses across many issues. We were the first organisation nationally to raise concerns about the dramatic reductions in emergency presentations amid patient fears of contracting COVID in hospital. This, along with a subsequent HSE campaign, had a significant impact on the numbers of stroke and heart patients who presented for emergency care.

We assisted many people affected by heart disease and stroke by raising concerns over the withdrawal of homecare in “non-essential” cases and the lack of PPE for carers, particularly in the homes of cocooning stroke survivors. We also campaigned to ensure that younger patients with heart failure and those undergoing cardiac surgery were prioritised by the HSE under the vaccine roll-out.

Heart and stroke services

The recommendations on acute services in our Stroke Manifesto were incorporated in full in the draft National Stroke Strategy. However, life after stroke services and supports were not adequately addressed and no work has been carried out by the Department of Health to correct the continuing underestimation of the number of stroke survivors living in the community, thereby making it impossible to establish their needs. This is all the more concerning given research by the Stroke Alliance for Europe estimating that the stroke rate here will increase by 60% by 2030 to some 12,000 strokes a year. The National Stroke Strategy remains unpublished at the time of this Annual Report going to print.

Meanwhile, the pandemic resulted in a suspension of the work of the National Cardiac Services Review, which will delay the development of a successor to the National Cardiovascular Health Policy that expired in 2019. This is extremely unfortunate as cardiac services will emerge from COVID-19 with many serious challenges, without an overarching strategy to address them across the entire spectrum of treatment needs.

Tobacco control and e-cigarettes

Our concerns over efforts by Big Tobacco-controlled e-cigarette companies to addict children to nicotine, were escalated in response to Health Research Board (HRB) funded research showing that teenagers who vape are up to five times more likely to smoke. In response we called for a tax on e-cigarettes at a rate that would deter young people from trying them but not long-term smokers using them as an alternative to smoking. We also sought legislation to ban all marketing of e-cigarettes and child-friendly flavours such as candyfloss and bubble gum.

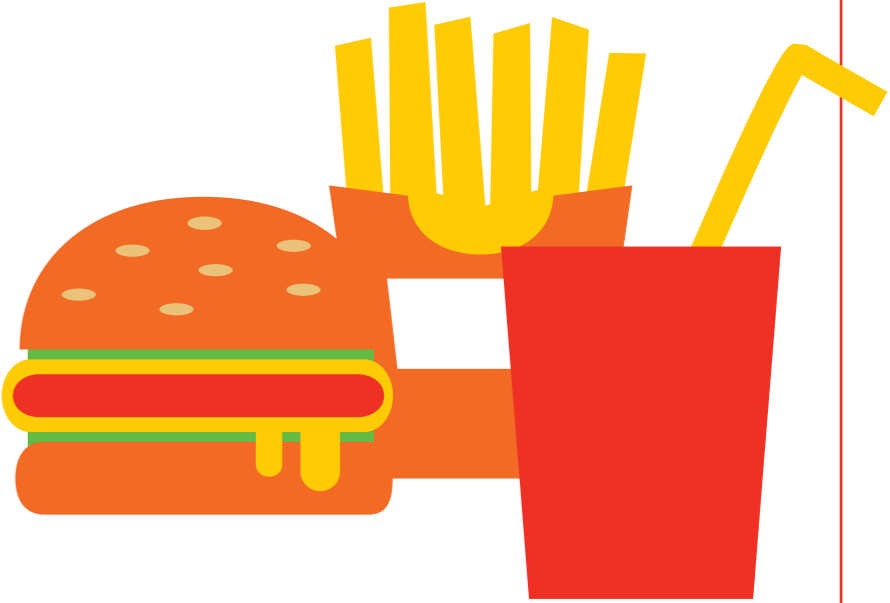
In terms of reducing smoking rates, we sought a commitment from the Government to an increase in cigarette prices to €20 per pack by the Tobacco Free Ireland target date of 2025, along with a greater allocation from the tax take for the funding of cessation supports. Although more than 70% of smokers want to quit, just 1% of the additional tax they pay is spent on helping them to do so.

DEFENDING IN ACTION

Tackling Childhood Obesity

A Cross-Organisational Focus

In 2018, having received our largest ever legacy donation from the late Elizabeth O’Kelly, we decided to designate much of this income to fund a major drive to tackle childhood obesity.



Childhood Obesity – A Major Threat to Our Children’s Health

Obesity represents the greatest single threat to the health and wellbeing of children in Ireland.

State-funded research estimates that overweight and obesity will ultimately kill 85,000 of this generation of children on the island of Ireland. The World Health Organization says we are on course to become the most obese nation in Europe.

Research by the World Obesity Federation predicts that by 2025, 241,000 schoolchildren in Ireland will live with overweight or obesity and as many as 9,000 will have impaired glucose tolerance; 2,000 will have

type 2 diabetes; 19,000 will have high blood pressure; and 27,000 will have first stage fatty liver disease. The consequences for the future health of these children will be dire.

The evidence that something catastrophic has begun is overwhelming. Children as young as eight are presenting with high blood pressure and teenagers with a cardiovascular age as high as 60.

Up to three quarters of children living with obesity continue to live with obesity as adults and are therefore at much greater risk of an adult life dominated by chronic disease and at risk of premature death.

In disadvantaged areas where obesity rates are highest and food poverty is commonplace, we are witnessing a new phenomenon – children living with obesity who are also malnourished. Children from disadvantaged backgrounds have been let down most. Whilst obesity levels appear to be stabilising in overall terms – albeit at an unacceptably high rate – the gap between those from the best-off and worst-off families continues to widen. The Growing Up in Ireland study shows that 13-year-olds in the lowest socioeconomic groups are almost 50% more likely to be affected by overweight and obesity than those in the highest.



Faced with this overwhelming evidence of the damage to our children's health, we decided to act on a number of fronts:

01

Advocacy programmes that focus on tackling the commercial and social determinants of children's health

In November 2019, we launched our ground-breaking Childhood Obesity Manifesto that aims to cut the rate of childhood obesity in Ireland in half by 2030.

A Childhood Obesity Manifesto - For the future of our children's health, was developed in conjunction with leading obesity experts, parents, and young people and makes a total of 58 recommendations to Government.

The recommendations include making tackling childhood obesity a national health priority, a ban on all unhealthy food and drink marketing to under 18s, as well as a ban on the sale of junk food in schools and a need to change the built environment to promote healthy and active lives.

In July 2020, we welcomed provisions contained in the Programme for Government to deliver a Public Health Obesity Act, including new restrictions on junk food marketing and the introduction of No-Fry Zones around schools. These provisions were highlighted in our Manifesto.

We plan to launch a public awareness campaign in 2022 to highlight the harm that junk food advertising does to children's health in order to press the Government to act quickly and effectively on its commitments.



02

Schools programmes that focus on tackling physical inactivity and low levels of health literacy

Physical inactivity

Only one in five 12–15-year-olds in Ireland are getting enough physical activity and just 13% of children in Ireland meet the National Physical Activity Guidelines of at least 60 minutes of moderate to vigorous physical activity every day.

The vast majority of young people in Ireland failed to master basic fundamental movement skills such as running, jumping, catching throwing and kicking which they should learn by the age of 6 or 7.

Our schools programmes address the worryingly low levels of physical activity amongst children by improving physical literacy among primary and post-primary school pupils through inclusive, evidence-based programmes that support curriculum delivery.

Our programmes are designed to inspire and encourage all children to reach their full potential in PE and physical activity.

Our programmes are now used by almost 4,000 primary and post-primary teachers across Ireland.

Health literacy

Our Schools Health Literacy Project is registered as a World Health Organization National Health Literacy Demonstration Project and aims to address poor levels of health literacy among adolescents in disadvantaged schools.

Despite health literacy being identified as a critical factor in preventing cardiovascular disease and addressing health inequalities, there is little research exploring the effectiveness of interventions, especially amongst adolescents.

Following baseline research of adolescent health literacy levels, the project aims to co-design a whole school-based intervention in disadvantaged areas, supporting delivery of the Junior Cycle Wellbeing Framework.

This cutting-edge project is world leading and aims to be a key driver in tackling childhood obesity among adolescents in Ireland.

The project group includes University College Dublin, Dublin City University, NUI Galway, the WHO and the Centre for Global Health, Swinburne University and we are currently working with teachers, students and their families in four DEIS schools in the Leinster area.



WE EMPOWER

Our Health Promotion and Prevention Work in 2020

Empowering Schools

When the pandemic hit in March 2020, schools closed suddenly. As a result, we quickly adapted our schools programmes to meet the health and wellbeing needs of children and young people at home.

Primary schools

Initially, we started with the Let's Get Active @ Home challenge, designed specifically for the 2km public health restrictions.

As families began home-schooling, we created activity packs that reflected the school curriculum and created fun physical activities. The packs were free and available to download online and print or use with digital devices and featured physical activity ideas, arts and crafts, puzzles, trivia, projects and simple recipes.

Bizy Breaks for Bizy Bodies and Bizy Minds

In September 2020, we launched Bizy Breaks as a free online programme for all schools. The programme was adapted to meet the COVID-19 guidelines for schools. Bizy Breaks for Bizy Bodies and Bizy Minds was designed to take a holistic and health promotion approach, creating physical activity and mindfulness opportunities throughout the school day by linking them to the national curriculum and

subject areas. As the programme was released, it was designed for use during the school day whether for homeschooling or in the classroom.

The Bizy Breaks webpage was viewed more than 6,000 times between its launch in October and the end of December 2020. Over 1,000 teachers signed up to the programme in 2020.



Post-primary schools

CPR 4 Schools Programme

The CPR 4 Schools programme for post-primary schools has trained 1,826 teachers and is in 73% of schools in Ireland. The teachers train as CPR 4 Schools trainers and deliver CPR training to young people and staff in schools. In response to the pandemic, we created new guidelines for safely delivering the programmes in schools.

Stroke resource pack

With input from our Youth Advisory Panel, we created a resource pack aimed at providing transition year students with the tools to raise awareness of the Act F.A.S.T. message in their schools.



Schools Health Literacy Project

In 2018, we commenced our Schools Health Literacy project, which is recognised by the World Health Organization as a health literacy demonstration project. We use a co-design approach working closely with key partners, including schools, University College Dublin and Dublin City University, to co-design an adolescent health literacy measurement tool and develop an intervention to address health literacy in disadvantaged schools. In 2020 we conducted preliminary research to form the basis of the intervention. In 2021, after a delay imposed by the pandemic, we will be ready to begin a national adolescent health literacy survey across the country and commence a pilot of key elements of the intervention in four DEIS schools.

Youth Advisory Panel (YAP)

All of our children and young people work is underpinned by a co-design methodology and we believe that the voice of our users is one of the most valuable tools we have. Our Youth Advisory Panel plays a crucial role in our work. In 2020 the Panel continued to meet online and has helped to shape key programmes including the Childhood Obesity Manifesto and the WHO Schools Health Literacy project.

The Panel is made up of 25 young people aged 12-18 who are passionate about making a difference to the health and wellbeing of young people in Ireland.



University College Dublin
Ireland's Global University



World Health Organization



NUI Galway
OÉ Gaillimh

Empowering Communities and Workplaces

High Risk Prevention Project in General Practice

This project which commenced in late 2020 is an exciting initiative, supported by the HSE. As part of our new Strategy, we wanted to develop an intervention in partnership with General Practitioners focused on people at high risk of cardiovascular disease. We identified that people eligible to attend the High Risk Prevention Programme in General Practice could benefit from a tailored lifestyle behaviour change intervention.

Six GP practices in disadvantaged areas in Leinster came on board to co-design, deliver and evaluate an innovative pilot programme to meet this need.

The co-design part of the project was an important opportunity to collaborate with key stakeholders, and importantly patients, to hear their experience first-hand and to work together to design an intervention

that would be make a meaningful difference to patients' lives and be sustainable for practices to deliver.

The project is continuing in 2021 with the objective of proving the impact and cost effectiveness of the intervention and ultimately scaling it up nationally.

Farmers Have Hearts

Research we have conducted has identified farmers as a high-risk group for heart disease and stroke. Since 2013, we have been supported by the HSE to lead the Farmers Have Hearts programme, providing heart health checks and lifestyle advice to farmers at their local marts. 166 farmers benefited from this programme in early 2020 before we had to pause the programme due to COVID-19.

We have continued to engage with farmers' groups and the research team in IT Carlow and Teagasc, planning for the programme's return when it is safe to do so. In 2022,

we hope to secure funding to take the final research conclusions and translate them into a real world sustainable and scalable programme.

Act F.A.S.T.

With the assistance of the National Stroke Programme, we secured Government funding for the first 'Act F.A.S.T.' campaign for years. This came against the backdrop of a 35% increase in the number of people presenting to hospital over three hours after stroke onset. Pre and post campaign polls by Ipsos MRBI showed an 11% increase in the numbers who would immediately call an ambulance in the event of a stroke. This was an excellent result from a campaign centred around radio advertisements plus social media and supports the case for more significant investment in annual Act F.A.S.T. campaigns.



Heart Month

In September, our national Heart Month campaign 'Escape Your Chair' raised awareness of the health risks of sitting for long periods of time. It was particularly relevant, with so many people working from home due to COVID-19.



We had great support from campaign ambassador, fitness expert, radio and TV broadcaster and author Karl Henry. This campaign was supported by the HSE.



As part of the 'Escape Your Chair' campaign, we created a range of resources to help people move more and sit less, including a Well@Home downloadable leaflet, a calendar of daily movements and an online workplace resource.



Other programmes:

The onset of the pandemic in March 2020 forced a number of our key programmes to be radically curtailed or temporarily shut down. These include our community blood pressure checks via our Mobile Health Unit, our workplace health checks and Healthy Eating Awards and Slí na Sláinte, our walking route development programme.

CPR Training and Certification

Each year a large number of people die from cardiac arrest in the community. Over 70 per cent of cardiac arrests happen in the home. The key to survival is immediate high-quality CPR and access to an automated external defibrillator (AED).

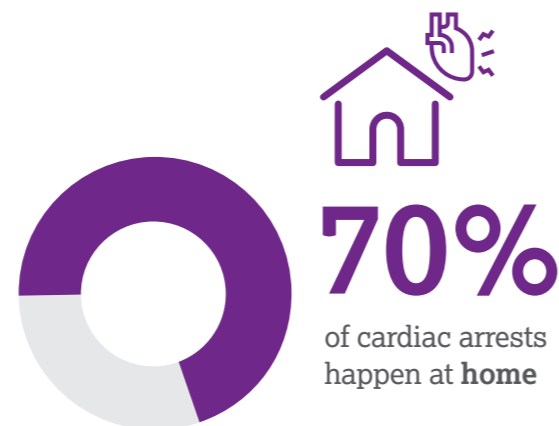
We are the national training organisation for CPR and the only organisation operating across all of the links in the chain of survival. Our programmes range from simple hands-only CPR training in the community to advanced resuscitation care in hospitals.

Training the public in CPR – Hands for Life

Unfortunately, the COVID-19 pandemic meant that we had to suspend our free CPR training programme for the general public, Hands for Life. The programme which was kindly supported by Abbott and ESB was designed to ensure that members of the public could attend a short CPR course which prepared them to recognise and deal with cardiac emergencies.

With the lack of CPR courses available to the general public and cardiac arrests still happening in homes, we needed to think of other ways of informing the public on how to perform CPR. On Restart a Heart Day, 16th October, we launched a national public awareness campaign, 'The Hard and Fast Rule'.

Manny Quinn, an animated CPR manikin turned Broadway star, performed a song outlining the simple steps that can save a person's life. We created a campaign website with further information and resources on how to respond to a cardiac emergency and carry out CPR. This information remains online and continues to be a good resource for anyone wanting to learn more or refresh their memory on the steps of CPR.



Professional CPR training and certification

The COVID-19 pandemic also impacted in-hospital professional CPR training with all CPR classes having to cease due to the face-to-face nature of the training.

In response to this unprecedented challenge, we worked with the National Deteriorating Patient Improvement Programme in the HSE to develop new policies on airway management during a cardiac arrest for patients with COVID-19. The normal airway manoeuvres were adapted to protect staff and patients due to the increased risk of contracting the virus during aerosol-generating procedures.

To ensure frontline staff could stay current in their CPR training and remain safe, we promoted and supported blended learning courses via an online portal and learning platform, with greatly reduced face-to-face training.

This same blended learning model was used to commence the training of COVID-19 vaccination teams across the country. This has ensured that large numbers are trained in CPR but also that candidates have minimal contact with each other. Blended learning has been transformational during the pandemic, with the result that those who suffer a cardiac arrest will have the best chance of survival because training was able to continue.

National Advanced Cardiac Life Support (ACLS) Training Site Report

From 2018-2020, the ACLS Coordinator undertook a full review of ACLS training in Ireland. The main objectives of the survey, which covered 28 training sites, were:

- To ensure that those running ACLS training received the support they required to do so.
- To identify areas which needed further support and guidance.
- To use the findings of the report to identify areas that needed improvement.
- To ensure a standardised course was being conducted nationally.
- To investigate how to improve communication with sites.

The recommendations and findings of the report have now been incorporated into the programme.

“CPR Saved My Life”



“There’s no doubt about it, without Ger being trained in CPR I wouldn’t be here today.”



Diarmuid O’ Connell (on the left in the photo) was just 23 when he suffered a cardiac arrest while playing in a football match. The cardiac arrest could have killed him if his friend Gerard O’ Leary didn’t step in to save his life.

Diarmuid recalled that the day started off like any other; he was feeling physically fit and well and looking forward to playing in the match.

During the match, however, Ger said he looked to his right and saw Diarmuid lying flat on the ground gasping for air. He wasn’t breathing properly and his lips were turning blue.

Luckily for Diarmuid, Ger had undergone CPR training and knew exactly what to do.

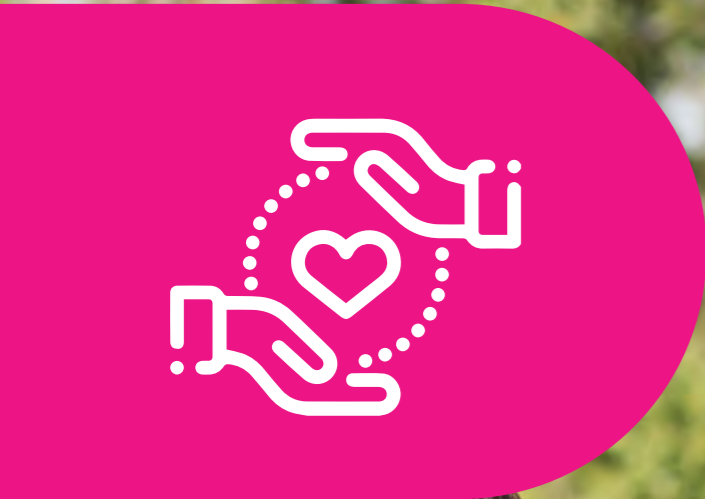
“I am not from a medical background in any way, but I remembered I do know one thing I can do and that was to start compressions. You know you can’t do any harm and you are not going to make things worse, if anything, you are going to help. It’s important to be calm but also to be clear that you know what you are doing,” Ger said.

“All I had available to help was my hands and that was all I actually needed,” Ger added.

11 years later and the two have become firm friends. Diarmuid is acutely aware however, that if it wasn’t for Ger’s CPR training, he may not have survived and gone on to get married and become the new dad he is today.

According to Diarmuid, “There’s no doubt about it, without Ger having been trained in how to perform CPR, I wouldn’t be here today.”

“I remember I asked the paramedic that was with me did we win the match and he said no Diarmuid, you won, that’s all you need to worry about,” he smiled.



WE CARE

Our Patient Support Work in 2020

We are the only national organisation that both supports and fights for the rights of people living with heart conditions and stroke and their carers.

The COVID-19 pandemic resulted in a step change to the way we deliver support services.

At the outbreak of the pandemic, we provided support to stroke survivors and heart failure patients at 26 locations around the country, in addition to running specific heart support groups for patients with cardiomyopathy, Long QT Syndrome, Spontaneous Coronary Artery Dissection (SCAD), Sudden Cardiac Death and those who need Implantable Cardioverter Defibrillators. By year end, we had more than doubled the numbers we support, with a combined total of 3,000 people in our stroke and heart failure networks. In addition, there were 1,390 calls to our nurse support line which provides information and advice on every aspect of cardiovascular care.

Stroke and Heart Support Groups

When face-to-face meetings stopped in mid-March, our support groups moved to regular calls, along with texting, WhatsApp, Facebook live and Zoom meetings. Specific supports include home-



Support provided to heart and stroke patients in

26

locations around the country



3,000

people supported through our stroke and heart networks



1,390

calls to our Nurse Support Line

based exercise via Facebook, motivational activities and one-to-one counselling, mindfulness and sessions to counter anxiety. In the early weeks of the first lockdown, we helped people with shopping and prescriptions, connecting people with local voluntary services and contacting GPs when patients couldn't do so themselves.

For those with no access to social media, we provided monthly newsletters, along with more regular phone calls, especially for

more vulnerable members of our groups.

Meanwhile, we increased the content generation and moderation of our closed heart, stroke and carer Facebook groups, facilitating a unique peer support environment which delivers huge benefits to those involved. We also put extra resources into our nurse support line to ensure access for all to authoritative information and advice on every aspect of heart disease and stroke.

National Stroke Check-in Service

At the end of March, the HSE's National Stroke Programme asked for our help to support patients who were being discharged early from hospital to accommodate the first wave of acute COVID-19 patients. In response and within three weeks, we developed a phone support service to help newly discharged stroke survivors nationwide make the transition home and start rebuilding their lives with confidence.

Our Stroke Check-in Service provides 12 weeks of emotional and practical support through weekly phone calls, as well as information and advice on every aspect of stroke recovery. These calls are delivered by our stroke support coordinators, along with volunteers – including stroke survivors – who have undergone in-depth training. They are supported by the trained nurses who operate our support line.

The service also includes a traffic light system to escalate calls as appropriate where there is a medical concern, and this has provided a very robust early warning system for patients who may turn out to be at risk of recurrent stroke. Our nurses are also available to give general health advice when it is required. Referrals are made mainly from hospital stroke units, but also increasingly from the community.



The service is hugely popular amongst stroke survivors and professionals. It bridges a gap between hospital and the community, providing vital support at the time of greatest need in the first few weeks after stroke survivors return home. Typically,

stroke survivors are not ready to join a support group until between three and six months after being discharged. This service addresses the sense of abandonment many patients feel after leaving hospital, ensuring no stroke survivor has to face the future without expert help.

Self-Management Support for Heart Failure Patients

In addition to moving our established heart failure support groups online, we set up a dedicated digital heart failure support service, in association with the HSE, across new chronic disease management hubs in Dublin, Waterford, Cork, Limerick, Galway and Kilkenny.

Patients who sign up to the service receive a digital pack, with comprehensive information on the symptoms, causes, prevention, diagnosis and treatment of heart failure. This includes a seven-episode podcast series, videos, and a link to a fluid-tracker app. They can also join our private Facebook community, which is run by experienced moderators, with full access to medical advice from cardiologists, heart failure nurses, dietitians, physiologists, pharmacists and psychotherapists.

The groups deliver online physical activity sessions every weekday, designed specifically for heart failure patients with varying degrees of physical ability. In addition, they provide real-time peer support and deliver Facebook live sessions and video content with experts, particularly addressing positive mental health.

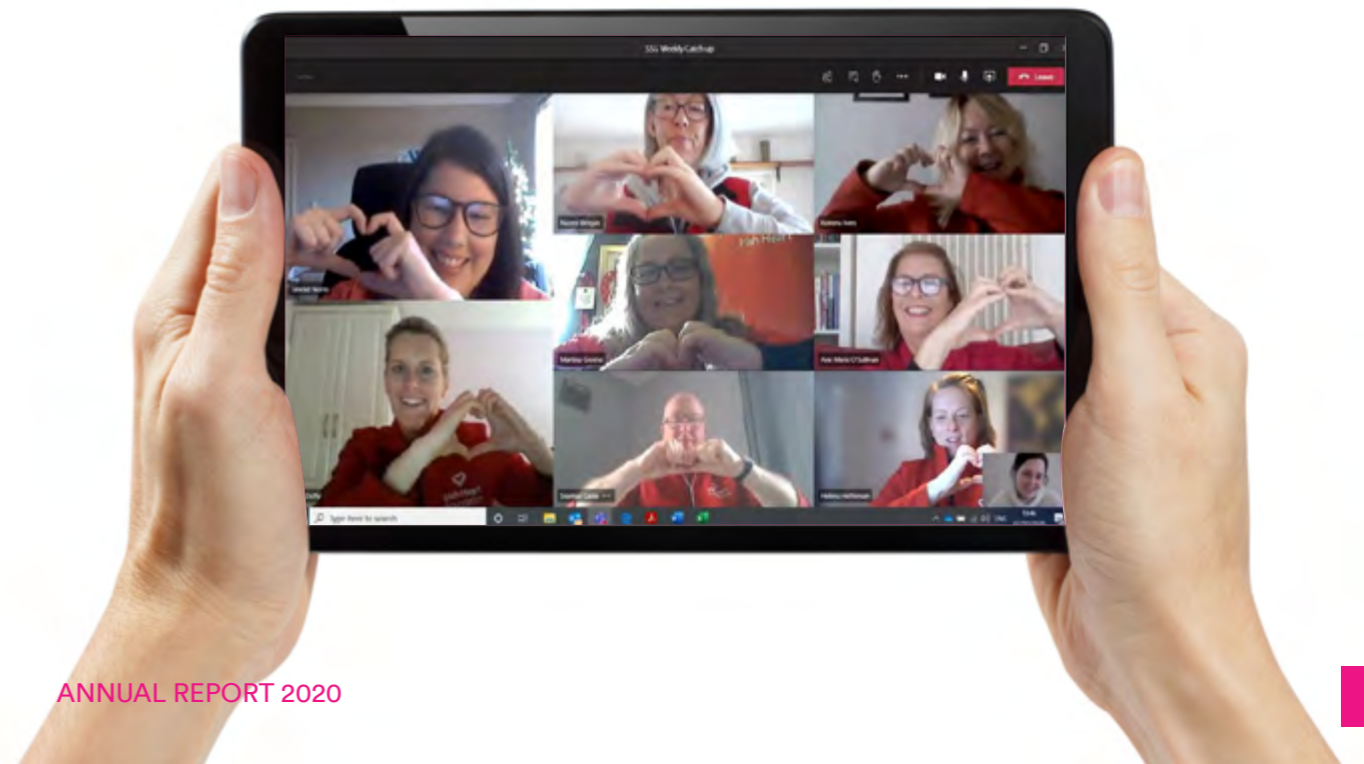


Stroke Support Groups, from top; Art Therapy in Roscommon, CPR training in Sligo and Art Therapy in Ballinasoe.

There are monthly Zoom meetings addressing various aspects of living as well as possible with heart failure. The social element of patient support is vital, but harder to achieve online than at face-to-face meetings. To meet this need, we organise online social events, based around activities such as table quizzes, cookery demos, art classes and bingo nights. Peer-to-

peer phone support and counselling are also provided, whilst patients unwilling or unable to go online are supported via a monthly newsletter and access to our nurse support line.

By year end, this service was supporting more than 1,000 people.



Providing a Lifeline during the Pandemic

Our new stroke support service has been a lifeline to 34-year-old Enda McDermott from Donegal, who suffered his second stroke at the height of the COVID-19 pandemic.

At 34 and a new dad to his baby daughter, Enda should feel as if he is entering a new and exciting phase of his life. However, after suffering from two strokes over the past three years, for him, it doesn't quite feel like that.

Enda's most recent stroke occurred on the 11th of May 2020 and he received support from our new stroke support service after being discharged from Letterkenny University Hospital at the peak of the COVID-19 crisis.

Recalling his first stroke in March 2017, Enda who is fit and healthy and a keen hurler, said he was heading out to work when he suddenly lost the power in his right arm. He then felt a tingling in his lip and a glance in the mirror told him that his face had drooped on one side.

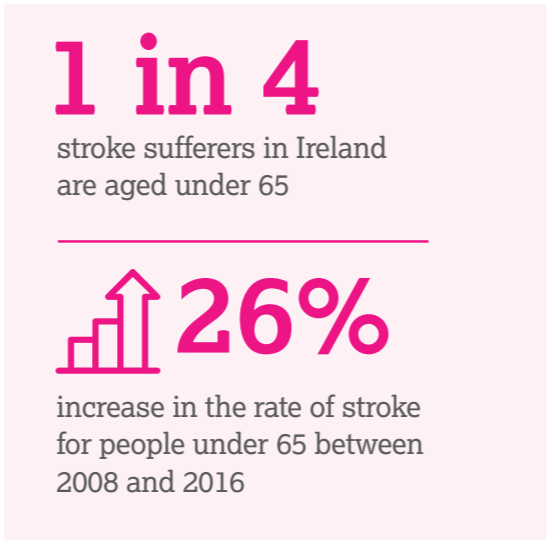
He managed to alert his wife, Christina before his right leg went from under him and as he struggled to tell her what happened he realised he couldn't speak.

Enda was rushed to hospital where he received the shock diagnosis of a stroke at the age of 31.



Like most people, he said he thought the doctors had got it wrong as he believed only older people had strokes. Unfortunately, this is a common misconception.

It is estimated that one in four stroke sufferers in Ireland are aged under 65 and the 2016 Irish Heart Foundation/HSE National Stroke Audit 2016 showed a 26 per cent increase in the rate of younger stroke since the previous audit in 2008.



"I wasn't expecting that. I play a lot of GAA. I am fit and healthy; it was scary," said Enda on learning of his diagnosis of stroke.

Enda counts himself "lucky" that he recovered quickly from this stroke and was left without any permanent disability.

After just one night in hospital, he was discharged home and six weeks later he was back at work.

Second stroke

For three years Enda continued to enjoy good health and he and Christina welcomed their first child, a baby girl into the world in March 2020.

Unfortunately, however, their happiness was short-lived when just two months later Enda suffered a second stroke.

"This time I definitely didn't think this was a stroke. I had a headache. It just came out of the blue. I am lucky because I have movement and speech. There are people out there a lot worse off but it is still very worrying," he said.

Enda was taken to hospital in Letterkenny. After seven days he was discharged home and referred to our new stroke support service.

A lifeline

For Enda, the service was a lifeline. He received a weekly call from our Stroke Support Coordinator Naomi Brogan, who did everything from providing information and reassurance to practical and emotional support and even chasing up hospital appointments.



"Naomi rings me every week without fail. She's lovely and even though it's like she knows me, it's also like chatting to a stranger as well, it's easier to talk to a stranger sometimes you can tell her how you are feeling," Enda said.

"I can say anything to her if I am worried. She reassures me. She's chasing up appointments for me, I can't fault her, she's brilliant"

"It's different from the support you get from the hospital, they can reassure you but it's different with Naomi, she knows what she is talking about, she gives you that wee bit extra reassurance," he added.

Enda said he would definitely recommend all stroke survivors take advantage of the free stroke support service.

He added that his new baby daughter was a great distraction, but he was also very conscious that he wanted to be around to see her grow up and be there for her.

"When I had my first stroke, I said it couldn't be a stroke. I am 31 years of age and fit and healthy, but obviously it does happen and it doesn't only happen once," he said.



Fundraising Review

As a charity relying on the goodwill and generosity of our supporters to fund lifesaving and life-changing work in prevention, patient support, CPR and campaigning, we didn't know what to expect in 2020. It would have been entirely understandable if the shock of the pandemic meant no one had capacity to think of anything else. But yet we witnessed wonderful gestures of generosity from old friends and new.

Fundraising Campaigns

Go Red for Women

In February 2020, we held our annual fundraising campaign 'Go Red for Women'. On Valentine's Day, we asked people to support the women in their lives with a bucket collection and bag pack in Dunnes Stores outlets across Ireland. Our amazing volunteers took to the street and raised €210,000. Our campaign ambassadors – Louise Hoey, Lizzy Honan and Karen Ward – shared their personal stories of living with heart conditions and helped to raise awareness of heart health in women while raising funds for our work.



Vhi Dublin Women's Mini Marathon

The Vhi Dublin Women's Mini Marathon has been a fixture in our calendar for many years and each year women come from across the country to walk, jog and run. In 2020, the June event was postponed due to COVID-19, but still over 100 supporters joined our Facebook group and took part virtually in October 2020, sharing photos of their achievement and collectively raising over €11,000.





Supporter-Led Fundraising

We rely on the generosity of our supporters to continue our work in communities, workplaces, and schools. In 2020, many people organised walks, tractor runs and other fundraising events.

Jack Dooley from Co. Laois organised a pool tournament and raised over €4,000, while Paul Ryan from Co. Limerick ran 300km in the month of June and raised over €5,000 in memory of his friend Mikey Doran. Elaine Dowling and her friends organised a memorial golf classic in Rathdowney and raised €3,500, and the wonderful Walker family from Co. Carlow lit up their house during the Christmas period and raised €3,100.

These are just a handful of the wonderful supporters without whom our work would not be possible.

Individual Giving

In 2020, over 6,000 kind donors helped our work by making regular monthly donations. Supporting our work with a monthly donation allows us to plan and deliver our strategy and is hugely important to support people affected by heart disease and stroke. Around the country, people donated in memory of a loved one or in celebration of a birthday. Our existing donors answered our appeals during the year and donated almost €118,000 and we also raised over €121,000 through our tax campaign, where we claim back tax on individual donations of over €250.

In 2020, more than **6,000 DONORS** made regular monthly donations.



Existing donors pledged almost **€118,000**

The Irish Heart Foundation raised a further **€121,000** via our Tax campaign



Corporate Partnerships and Fundraising

In February 2020, over 200 companies took part in the 'Go Red for Women' campaign in support of women's heart health. Some companies held coffee mornings and bake sales while others organised lunchtime walks and raffles, and some staff even dressed up as their favourite themed characters.

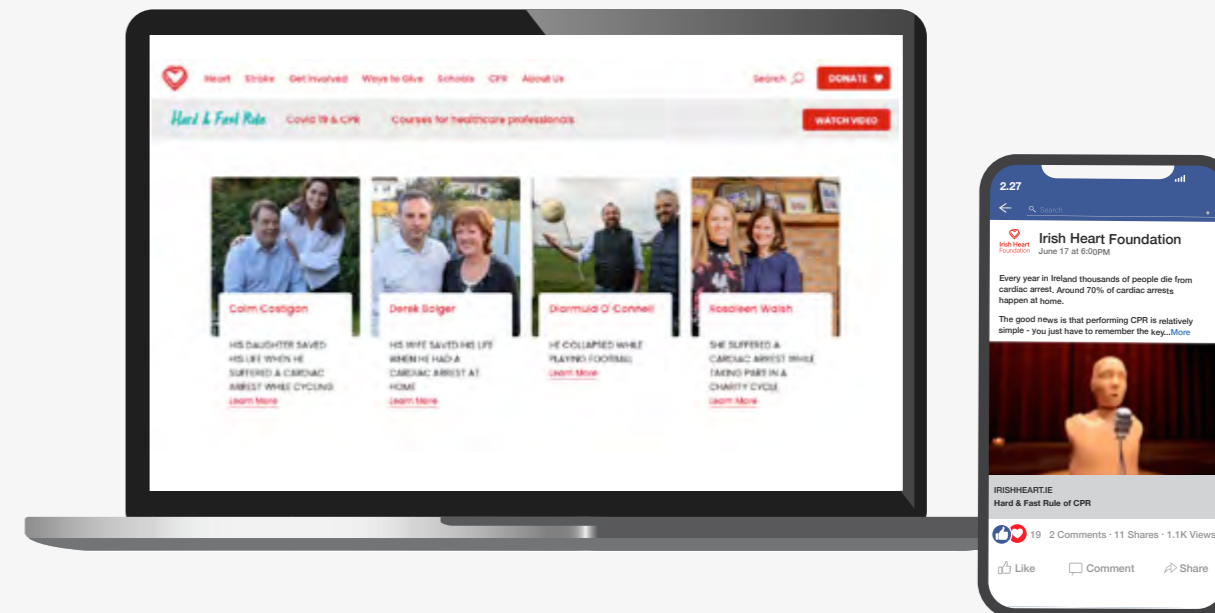
When COVID-19 arrived, many of our planned partnerships were placed on hold and traditional workplace fundraising ceased. However, during this time, our long-term partners, including those in the cardiovascular pharmaceutical industry supported us financially so we could adapt our support services for the thousands of people affected by heart disease and stroke across the country. These amazing partner companies include Novartis, Pfizer, Bayer, Daiichi Sankyo, Vifor Pharma UK Ltd., Boehringer Ingelheim, Abbott, ESB Networks and Daybreak.



Grants and Trusts

We were successful in 2020 in a number of grant and trust funding applications. Some of these include:

- **POBAL Stability Fund** helped keep our organisation running.
- **RTÉ Comic Relief** provided funding for us to purchase tablet devices for patients who could not access our virtual supports, as well as funding for a new personalised physical activity programme for stroke survivors to aid their recovery.
- **HSE National Lottery Grant Scheme** helped us to provide counselling for heart patients and stroke survivors.
- **HSE Section 39 funding** helped to support the running of our stroke support groups in some regional locations.
- **HSE funding** part-funded a number of our health promotion programmes and campaigns. We would like to express our thanks to the HSE for their ongoing support of this important work.



Marketing and Communications

The Marketing and Communications Team worked on campaigns and activations across the organisation throughout 2020.

Each campaign was supported with real-life stories including Caoimhe Costigan's bravery performing CPR and saving her father Colm's life when he suffered a cardiac arrest. Caoimhe and Colm highlighted the need to know CPR as part of our 'The Hard and Fast Rule' CPR awareness campaign.

Joe Vanek is a stroke survivor and member of our Crumlin Stroke Support Group. He shared his stroke story as part of our 'Act F.A.S.T.' campaign which raised awareness of the signs of a stroke and the importance of responding quickly to this medical emergency.

When COVID-19 arrived, many people affected by heart disease and stroke were frightened and felt isolated as they could no longer see their families and friends, do their normal day-to-day tasks, and didn't want to risk going to the GP or emergency department with worries.

Our website and social media channels became an invaluable source of information and news, consistently updated with guidance from the HSE.

We also connected people with each other and gave them access to resources like 'Cardiac Rehab for All', an at-home cardiac rehabilitation programme for people recovering from a heart event or diagnosis. Our website and social media channels continue to be important sources of information for heart patients and stroke survivors.

COVID-19 has shown us more and more that effective use of our digital channels will play a huge role in our future. We spent 2020 upskilling our staff and those we serve so that we can stay connected no matter what lockdown looks like. Digital channels helped us share stories, helped heart and stroke survivors support each other, and helped us connect by staying active, challenging ourselves and each other.

 **461,872**

new visitors to our website

www.irishheart.ie

 **1,038**

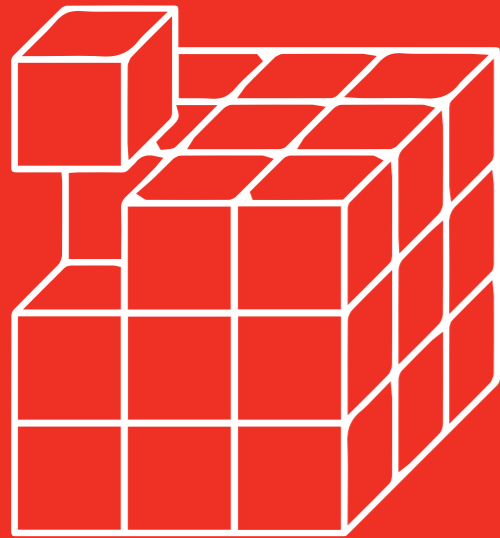
new members of the Heart Support Network on Facebook in 2020

 **3,000**

people supported by the Irish Heart Foundation Support Groups

 **913**

Members of the Life After Stroke Facegroup Group

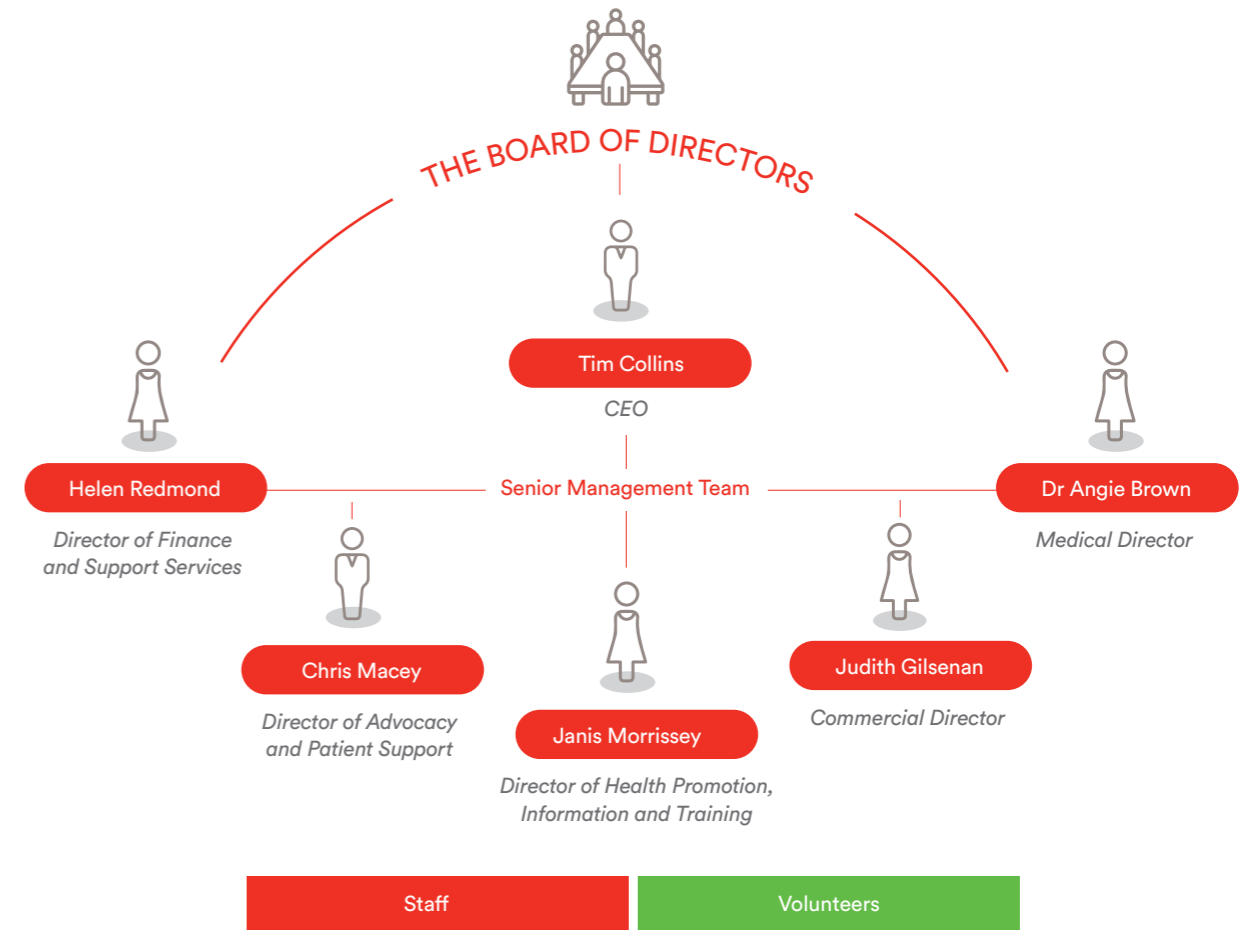


Structure, Governance and Management

The Irish Heart Foundation (the “Foundation”) is constituted under Irish company law as a company limited by guarantee and is a registered charity.

It is incorporated in the Republic of Ireland and the address of its registered office is 17-19 Rathmines Road Lower, Dublin 6, D06 C780. The Foundation is a public benefit entity.

Governance and Management



The Foundation is led by a voluntary Board of Directors which meets at least four times a year. In 2020 the Board met five times.

Nominations of new Directors are approved by the Board. Directors are appointed for a three-year term which may be renewed once, with the maximum term that a Director can serve being six years, or up to the next following AGM.

When recruiting new Directors, the Board aims to attract a diverse range of candidates.

None of the Directors or Committee members receive fees for their time or reimbursements for any expenses incurred.

The roles, responsibilities and Code of Conduct of the Board and Committees are all included in the Foundation’s Governance Manual which was updated and signed by the Board on 10 December 2020.

Responsibility for day-to-day management is delegated to the CEO, Tim Collins, who is supported by the Senior Management Team, staff and volunteers.

The Senior Management Team consists of:

- Director of Finance and Support Services, Helen Redmond
- Director of Advocacy and Patient Support, Chris Macey
- Director of Health Promotion, Information and Training, Janis Morrissey

- Commercial Director, Judith Gilsean
- Medical Director, Dr Angie Brown

All members of the Senior Management Team attend Board meetings, other than closed Board sessions.

The Foundation is “Triple Locked” and complies with the Charities Governance Code, the Guidelines for Charitable Organisations on Fundraising from the Public and the SORP (FRS 102) accounting guidance for charities.

Board Members

The Board ensures that the activities of the Foundation are consistent with its charitable objectives as set out in its Constitution. At the end of 2019, the Board engaged with the Institute of Public Administration (IPA) to carry out a board effectiveness review. The Board accepted all the recommendations made by the IPA and these were implemented in 2020.

The Foundation is very grateful to the Board for their support and time in 2020. It was an extraordinarily challenging year and Board members generously contributed a significant amount of time for meetings and support for the management team during the course of the year.



Professor Emer Shelley

President and Chair

Professor Emer Shelley is the President of the Irish Heart Foundation. A public health expert with a special interest in the prevention of cardiovascular disease, Professor Shelley is a Fellow and currently Dean of the Faculty of Public Health Medicine of the Royal College of Physicians of Ireland.



Aisling Blake

Aisling Blake is a Director in Facebook. From 2009 to 2018 she worked at Core, becoming Chief Digital Officer of Core in January 2018. A graduate of UCD, Aisling also holds an MSc in Marketing Practice from the UCD Michael Smurfit Business School and an Advanced Diploma in Management Practice from the University of Ulster.



Dr Aidan Buckley

Dr Aidan Buckley is a consultant cardiologist at Wexford General and Waterford University Hospitals. His clinical interests include sports cardiology, transoesophageal echocardiography and the promotion of public-access defibrillation.



Dr Walter Cullen

Dr Walter Cullen is a GP and Professor of Urban General Practice at University College Dublin responsible for teaching and research in general practice. Prior to his appointment at UCD, Dr Cullen was the Foundation Professor of General Practice at the Graduate Entry Medical School at the University of Limerick. He also currently works as a GP in Dublin and has a special interest in mental health and the health of vulnerable groups including drug users and people living in socio-economically deprived areas.



Deirdre Flannery

Deirdre Flannery is an Independent Non-Executive Director, with extensive senior executive and board level experience in the financial services sector. Deirdre is a Chartered Accountant and a member of the Institute of Directors. She previously worked as Chief Operating Officer with New Ireland Assurance. Prior to that, Deirdre had several senior management positions with the Bank of Ireland.



Brian Goggin

Brian Goggin spent 40 years at Bank of Ireland and was Group Chief Executive for five years. He had a varied career in both retail and wholesale banking and held senior management positions with the Bank of Ireland Group in the US, UK and Ireland. He is a Chartered Certified Accountant.



Professor Joe Harbison

Professor Joe Harbison is a consultant in medicine for the elderly and stroke medicine at St James's Hospital in Dublin, and Associate Professor of Gerontology at Trinity College Dublin. Between 2009 and 2017 he served as the HSE National Clinical Lead for Stroke in Ireland.

Professor Harbison's research and clinical interests are around stroke and cerebrovascular disease. He is also interested in the causes of cognitive impairment, fatigue, and psychological distress in people with stroke, as well as post-stroke fatigue, anxiety disorder, and atrial fibrillation.



Gerry McErlean

Gerry McErlean is a solicitor and managing partner in Maguire McErlean Solicitors established in 1982. He is also a notary public and has acted as mediator in several commercial matters. He is currently an advisor and director of several start-up companies.



Dr Paul Oslizlok

Dr Paul Oslizlok is a consultant paediatric cardiologist with more than 30 years' experience in paediatric cardiology. He is currently Clinical Director at Children's Health Ireland at Crumlin and Clinical Lead for the Republic of Ireland of the All-Ireland Congenital Heart Network. He is one of Ireland's foremost specialists in this area and his research has been widely published.



Wally Young

Wally Young is a public relations consultant and media trainer who provides a mix of public relations consultancy, advocacy and media. He is the former Head of Media Relations for the Defence Forces. He retired in 1996 to establish Young Communications. Mr Young was engaged as communications adviser to the anti-tobacco organisation ASH Ireland for 20 years up to 2017, after which he was appointed to the board of ASH Ireland.

Board Attendance

Name	Meeting Attendance in 2020	Length of Service
Prof. Emer Shelley (President)	5/5	Elected 22 Mar 2018
Aisling Blake	5/5	Elected 7 Dec 2017
Dr Aidan Buckley	4/5	Elected 10 Sep 2015
Dr Walter Cullen	4/5	Elected 27 June 2019
Deirdre Flannery	5/5	Elected 21 Mar 2019
Brian Goggin	5/5	Elected 10 Sep 2015
Prof. Joe Harbison	5/5	Elected 27 Sep 2018
Gerry McErlean	5/5	Elected 5 Mar 2015
Dr Paul Oslizlok	1/5	Elected 5 Mar 2015
Wally Young	5/5	Elected 27 Sep 2018

Board Committees

In addition to the Board of Directors, there are two sub-committees, each of which is chaired by a Director; these are the Audit and Risk Committee and the Governance and Nominations Committee.

Audit and Risk Committee

The role of the Audit and Risk Committee is to supervise the financial affairs of the Foundation and ensure that they are conducted in an effective and business-like manner and comply with all legal and regulatory obligations.

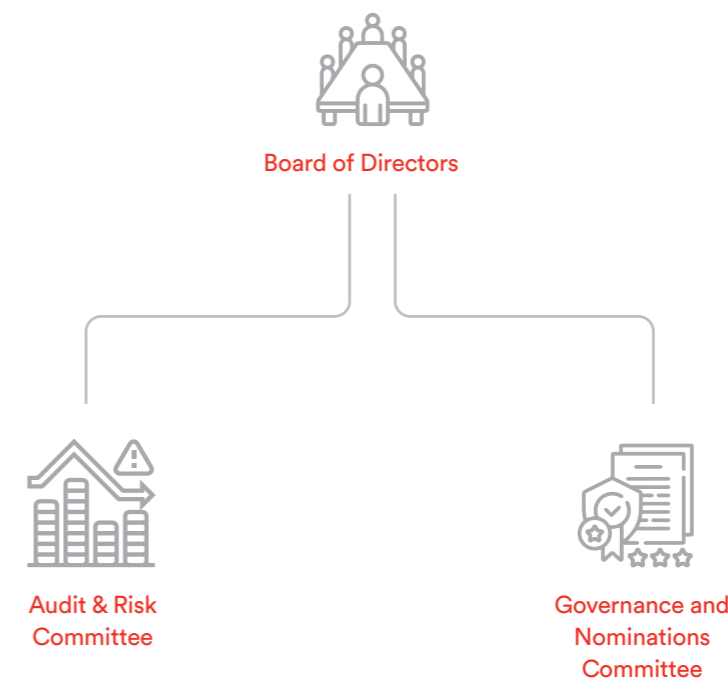
The Audit and Risk Committee meets quarterly or more frequently as required. It reviews actual income and expenditure compared to budget, the performance and risk profile of the Foundation's investment portfolio and monitors the adequacy of fundraising, cashflow and liquidity to meet foreseeable operating needs. It also reviews the risk register and monitors the implementation of plans to address specific identified risks.

The Committee met 15 times in 2020, largely driven by the emergence of the COVID-19 global pandemic. The main areas of focus were to assess the financial and

operating impacts of the pandemic on fundraising and service provision respectively, and to monitor and safeguard the investment portfolio. Together with management, the Committee reviewed proposals to contain costs and preserve cash resources and developed a revised strategy in light of the significantly changed environment resulting from COVID-19. This unfortunately resulted in a number of redundancies. The Board is very grateful to the Audit and Risk Committee for the role it performed during a very difficult period.

Below are the members of the Audit and Risk Committee for 2020. The meetings of this Committee are also attended by the CEO, Director of Finance and Support Services, Commercial Director and Medical Director.

Name	Meeting Attendance in 2020	Length of Service
Brian Goggin (Chair)	15/15	Elected 10 Sep 2015
Deirdre Flannery	13/15	Elected 21 Mar 2019
Prof. Emer Shelley	15/15	Elected 22 Mar 2018
Wally Young	14/15	Elected 27 Sep 2018



Governance and Nominations Committee

The role of the Governance and Nominations Committee is to review the Board composition, performance and succession planning with diversity and inclusion at the forefront of decision-making. Its role also includes developing and reviewing governance policies and procedures and ensuring compliance

with the Charity Regulator and other relevant governance codes.

In 2020 extensive work has been carried out by the Committee enhancing our compliance and governance structures.

Name	Meeting Attendance in 2020	Length of Service
Prof. Emer Shelley (Chair)	2/2	Elected 22 Mar 2018
Aisling Blake	2/2	Elected 7 Dec 2017
Prof. Joe Harbison	2/2	Elected 27 Sep 2018

Conflicts of Interest

Where the Foundation enters into a contract or a financial or professional arrangement with any organisation or individual, and this matter appears before the Board for decision, any Board member who has an interest in or connection with that individual or organisation, either direct or indirect, must declare their interest to the Board.

Directors also complete a Conflict of Interest Declaration annually and the Foundation maintains a register of Directors' interests. Conflict of interest is a permanent agenda item at every Board meeting.

In 2020 only one potential conflict of interest was notified to the Board and this was found not to be a significant or material conflict.

Safeguarding Vulnerable People

As the Foundation supports people of all ages living with stroke and heart conditions and we also work in schools and with our Youth Advisory Panel, there are times when our staff and volunteers interact with vulnerable adults and children. The Foundation has policies and procedures in place to ensure it is compliant with the legal requirements and best practice in this area.

Risk Management



The Foundation has a Risk Management policy in place. This policy outlines how risks are identified and managed using a clear methodology and ranking system.

The Foundation recognises that the achievement of our strategic goals carries risks. A risk register has been developed to identify the key risks as well as the controls and actions that have been taken or need to be taken, to mitigate and manage these risks. The risk register is maintained and monitored on an ongoing basis by management, with periodic reporting to the Audit and Risk Committee and the Board.

These are the five top risks determined by the Foundation in 2020.

1 COVID-19 pandemic
The potential to cause widespread negative impact to our programme delivery, operations and fundraising capabilities.

Mitigation measures:

- Enhanced level of support to the management team provided by the Audit and Risk Committee.
- Programme adaptation and pivoting to minimise operational and financial impact, supported by Foundation's Senior Management Team and Board.
- Pivoting our fundraising activities to more focused telemarketing and digital fundraising capabilities.
- The strengthening of internal and external communications to support engagement with all relevant stakeholders, including staff, Board and funders.
- Fast adaptation to working from home for all staff in a safe environment.

2 Financial risk
The risk that the Foundation will not meet its financial targets, suffer from fraud or suffer from poor investment performance.

Mitigation measures:

- Regular financial planning including budgeting, cashflow and monitoring of actual income versus expenditure by the Audit and Risk Committee.
- Monitoring and adapting forecasts to respond to a changing environment.
- Development of a broad portfolio of fundraising streams to diversify risk and build long-term sustainable streams of revenue.
- Strong investment policy in place to protect cashflow needs and the long-term viability of the Foundation.
- The Foundation has comprehensive internal controls and financial systems that are designed to provide a strong control environment.

3 People risk
The risk associated with recruitment, retention and loss of our key staff.

Mitigation measures:

- Strong staff engagement through our staff-led Culture Group, Health and Wellbeing Group and Social Club.
- Ongoing training and development for all staff.
- Considered and fair performance management with regular performance reviews.
- Commitment to flexible work environment with strong focus on the health and safety of our people.

4 Information security risk
Risk of disruption to services or loss or compromise of data due to technology failure, a breach or a cyberattack.

Mitigation measures:

- Experienced data protection officer, supported by GDPR champions across the Foundation.
- Mandatory GDPR training and ongoing IT security training to all staff.
- Business continuity plan in place and reviewed on an ongoing basis.
- Strong IT controls in place.

5 Reputational risk
The risk of damage to the Foundation's reputation.

Mitigation measures:

- Regular Board, Committees and Management oversight of compliance and governance process and procedures to ensure best practices are followed.
- Strong network with Charities Institute of Ireland, The Wheel and other large charities to promote and improve trust in the charity sector.

Financial Review

INCOME

In 2020, the Irish Heart Foundation's income was

€5.68 million

a decrease of



14%

on the previous year, 2019

€6.59 million

EXPENDITURE

The Foundation's expenditure in 2020 was

€5.31 million

a decrease of



14%

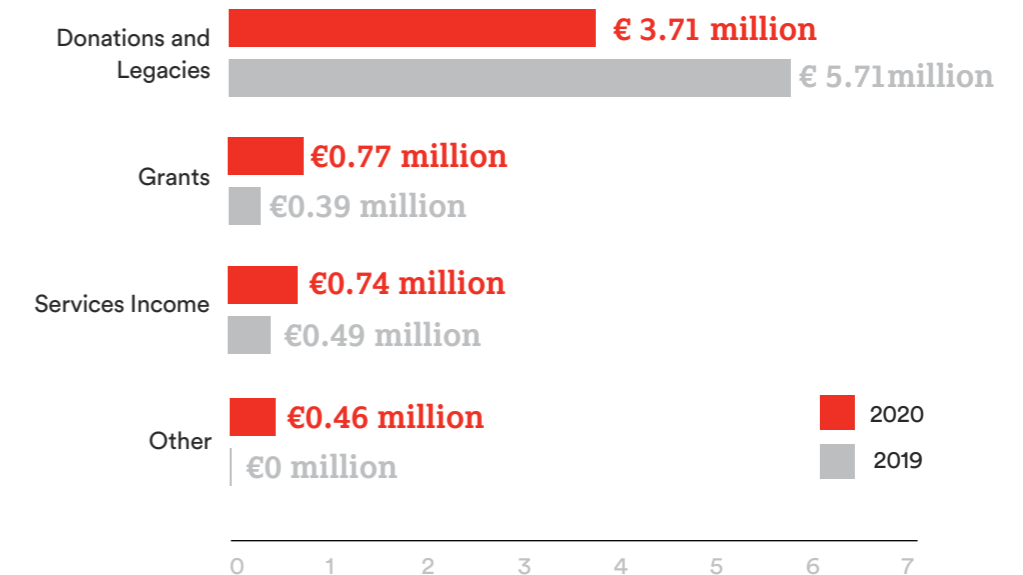
on the previous year, 2019

€6.14 million

Income

The vast majority of our income in the Foundation comes from the generous support of the public, corporate sponsorships, fundraising events (predominantly online in 2020) and legacies within the Republic of Ireland.

Our total income at €5.68 million was €0.91 million lower than the income levels achieved in 2019, mainly reflecting the impact of COVID-19.



Donations and Legacies

Income from donations and legacies includes income from individual donors, corporate donors, trusts, foundations and events. Our donations and legacies fell by 35% (€2 million) from 2019 due to COVID-19 lockdowns impacting on our in-person events and fundraising and a decline in legacy income.

Income from Charitable Activities

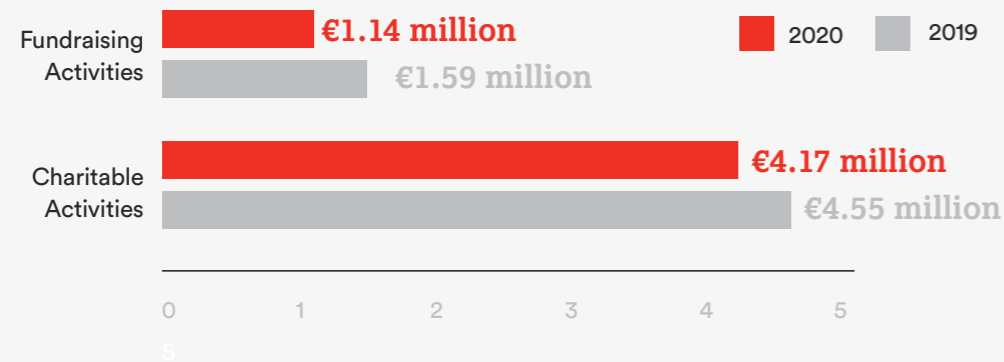
Grants
In 2020, the Foundation received over €0.77 million in grants (2019: €0.39 million). The uplift is largely explained by a once-off grant of €0.29 million from the Pobal COVID-19 Stability Fund for Community and Voluntary, Charity and Social Enterprises.

Services Income
Our service income in 2020 was €0.73 million (2019: €0.49 million). This increase was a direct result of increased CPR service demand due to the roll-out of the COVID-19 vaccination programme.

Other Income
In 2020 the Foundation received €0.46 million under the Government Wage Subsidy Scheme.

Expenditure

Our total expenditure for 2020 was €5.31 million, a decrease of 14% from the previous year (2019 €6.14 million). The breakdown of expenditure in 2020 is set out below.



Fundraising Activities

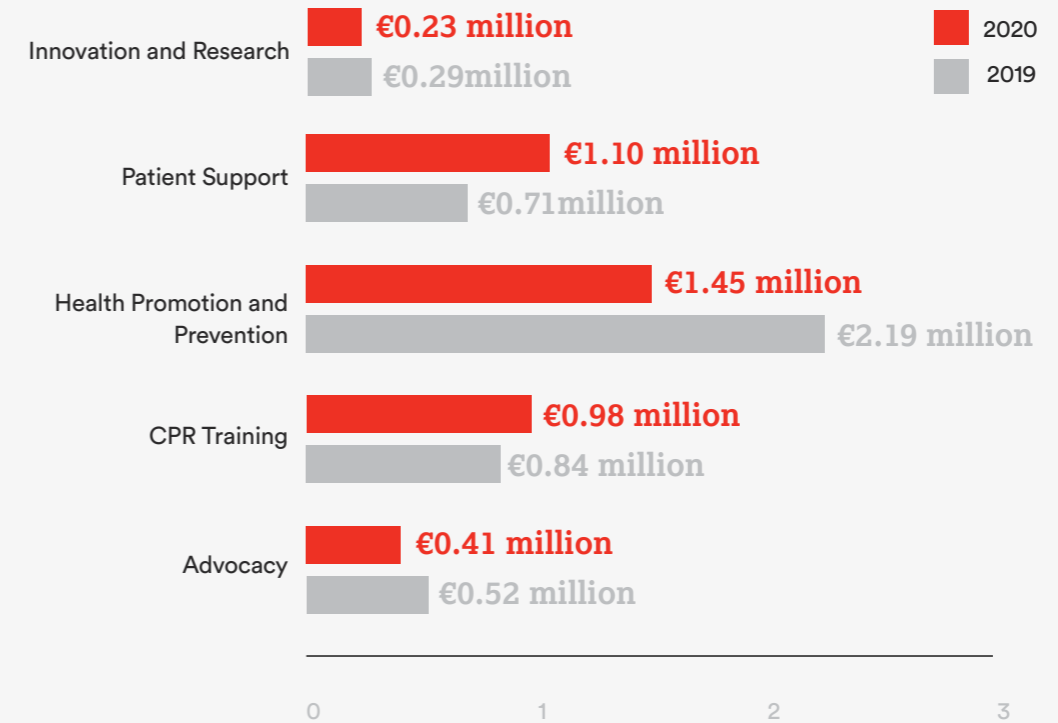
The Foundation is highly dependent on donors, including the general public, as just 14% of our total income in 2020 came from grants (2019: 6%).

Expenditure on fundraising activities fell in 2020 as the Foundation shut down face-to-face fundraising activity and pivoted to more telemarketing and digital fundraising.

In 2020 we spent €1.14 million on fundraising activities compared to €1.59 million in 2019, a reduction of 28%.

Charitable Activities

Expenditure on charitable activities in 2020 was €4.17 million, a decrease of 8% on the previous year (2019 €4.55 million).



Patient Support Services expenditure increased from €0.71 million in 2019 to €1.1 million in 2020 (55% increase) due to increased demand for our support services for people affected by heart disease and stroke across the country.

CPR training expenditure increased from €0.84 million in 2019 to €0.98 million in 2020 (16% increase) due to increased training required for the roll-out of the vaccination programmes.

Our health promotion costs reduced from €2.19 million in 2019 to €1.45

million in 2020 (34% decrease) as due to COVID-19 we had to curtail our public-facing services including health checks and school programmes.

Support Costs

Support costs consist of an element of the costs of personnel and associated overheads of the CEO, finance, human resources, infrastructural support of facilities and information technology. Also included are the governance costs of the annual external audit and other legal and regulatory compliance.

These services play a crucial role providing core organisational support to ensure our services are delivered to the highest standards. The total support costs for the year were €0.76 million (2019: €0.74 million).

Financial Position, Other Matters and Reserves Policy

Going Concern

The financial statements have been prepared on a going concern basis under the historical cost convention as modified by the revaluation of investments. The Directors have reviewed the 2020 Statement of Financial Activities and Balance Sheet, the approved 2021 budget and cashflow projections for a period of at least 12 months from the date of approval of the financial statements. The Directors are satisfied that the Foundation has adequate resources to continue in operational existence for the next 12 months, and as a result are satisfied that there are sufficient resources to manage any operational or financial risks. There is no material uncertainty that affects this assumption that the Foundation is a going concern.

Reserves Policy

The Foundation's policy is to maintain adequate resources to facilitate the funding of its work.

Our reserves policy is based on a prudent assessment of the requirements of the Foundation in the event of unforeseen disruptions to our income. Our reserves comprise unrestricted and undesignated funds.

Given that the majority of our income is fundraised with very little guaranteed income and our costs are largely staff costs with very low level of discretionary spend, it is important that the Foundation maintains adequate reserves to ensure continuity of our services.

Restricted Funds

These are funds that are subject to specific conditions imposed by our donors and are within the overall objectives of the Foundation. Restricted reserves at 31 December 2020 are €0.45 million.

Designated Funds

These are funds that are allocated by our Directors to particular areas of expenditure.

Childhood obesity

The Board agreed to set aside €4 million in 2018 for five strategic initiatives focused on tackling childhood obesity. This fund has been utilised to support:

- Action for Life and Y-Path, two schools-based physical activity/fundamental movement skills programmes.
- Schools Health Literacy Project: This WHO-endorsed project based in six DEIS schools aims to design and trial several modules for the new wellbeing curriculum in post-primary schools.
- National Adolescent Health Literacy Baseline Survey: This UCD-based project aims to establish, for the first time, a baseline measurement of adolescent health literacy and is part of the WHO project.
- A public awareness campaign highlighting the impact of junk food marketing on children. This campaign was to launch in early 2020 but has been postponed due to COVID-19.

Designated funds for these projects at 31 December 2020 are €3.47 million, to be spent over the next four years.

Reserves

Our reserves exclude restricted funds, designated funds and tangible fixed assets and stood at €6.26 million at the end of 2020.

The Foundation has launched a new ambitious strategy and this level of reserves will allow expenditure on new programmes. The Foundation has budgeted for a deficit in 2021, and it expects to incur further deficits over the next two to three years as it invests in new initiatives to improve the lives of those affected by heart disease and stroke. The current level of reserves will enable the Foundation to continue to deliver critical services to those affected by heart disease and stroke, despite the uncertainty created by the COVID-19 pandemic.

Investments

The overall investment strategy of the Foundation is to ensure that funds not immediately required for operational purposes are invested. The Foundation had €6.97 million of investments at the year end and also had €3.48 million in cash balances. The cash was held in Foundation accounts at Bank of Ireland and Deutsche Bank.

Key Capital acted for the Foundation as investment advisor in 2020. Deutsche Bank acted as custodian of the funds owned by the Foundation that Key Capital advised them to acquire. All funds in the portfolio are EU-regulated third-party-managed UCITS funds. All UCITS funds publish a daily Net Asset Value. Net Asset Value (NAV) per share is equal to the net assets of the fund divided by the number of shares or units held by the investors in the Fund. UCITS rules require the latest official

market closing prices to be used to value publicly-traded securities held with the fund. Each Fund has an independent regulated fund administrator who determines and publishes the NAV in accordance with the valuation policy. Each Fund must also publish accounts and an audit report produced by its Auditors confirming the NAV has been determined in accordance with the valuation policy by the Independent Fund administrator. The UCITS regulation and the independent valuation and fund administration separate from the investment management function provides a robust legal and regulatory framework to EU funds.

Diversification of risk is central to our investment philosophy and the Foundation has adopted a low to moderate level of tolerance for financial risk. Ethical investment guidelines are also observed.

The Audit and Risk Committee determines the amount of investments to be held and regularly reviews cashflow forecasts to ensure there is adequate available liquidity to meet operational needs. With daily published values, liquidating investments can be achieved at short notice. The Audit and Risk Committee makes decisions on behalf of the Board on investment policies and practices and reports to the Board on investment performance.

The Audit and Risk Committee met on 15 occasions during 2020 paying particular attention to investment performance and risk. The Committee met with Key Capital on several occasions during the year to closely monitor market developments in light of COVID-19. The investment portfolio generated a return of 2.6% in 2020 against a long-term target return which is set at 3% per annum over the risk-free rate. The target return in 2020 was 2.4% reflecting negative interest rates/yields.

Environmental and Social Reporting

The Foundation is acutely aware of the strong relationship between action on climate change and cardiovascular health. In the past two years the Foundation:

- Was a founding member of the Climate and Health Alliance in Ireland and hosts the secretariat for this new organisation.
- Established a staff-led Climate Action Committee to identify and implement actions it can take to reduce its carbon footprint.
- Has taken actions to reduce its carbon footprint – one example was the installation of solar PV panels on the roof of our Rathmines offices.

The Foundation has an ethical investment policy where it prohibits direct holdings in investments that would conflict with its values, e.g., tobacco companies. We also work to ensure that our investments are directed, as far as possible, towards sectors with strong ESG credentials.

Data Protection

The Foundation has a qualified Data Protection Officer and the required processes and procedures in place to ensure we are fully compliant with the GDPR legislation. All members of staff have been trained on GDPR and there is induction training for new employees. We are committed to maintaining a high standard in relation to data protection.

Post Balance Sheet Events

There have been no events subsequent the year-end that require any adjustment to, or additional disclosure in, the 2020 financial statements.

The Foundation continues to monitor the ongoing impact of the COVID-19 pandemic on the organisation's finances.

Adequate Accounting Records

The Directors believe that they have complied with the requirements of Sections 281 to 285 of the Companies Act 2014, with regard to maintaining adequate accounting records by employing accounting personnel with appropriate expertise and by providing adequate resources to the financial function. The accounting records of the company are maintained at 17-19 Rathmines Road Lower, Dublin 6.

Relevant Audit Information

The Directors believe that they have taken all steps necessary to make themselves aware of any relevant audit information and have established that the Foundation's statutory auditors are aware of that information. Insofar as they are aware, there is no relevant audit information of which the Foundation's statutory auditors are unaware.

Auditor

In accordance with Section 383(2) of the Companies Act 2014, the auditor, KPMG, Chartered Accountants, will continue in office.

On behalf of the board


Emer Shelley
Director


Brian Goggin
Director

30 September 2021

Statement of Directors' Responsibilities in Respect of the Directors' Report and the Financial Statements

The Directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Directors to prepare financial statements for each financial year. Under that law, they have elected to prepare the financial statements in accordance with FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

- Assess the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- Use the going concern basis of accounting unless they either intend to liquidate the Foundation or to cease operations, or have no realistic alternative but to do so.

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 and of its profit or loss for that year. In preparing these financial statements, the directors are required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;

The Directors are responsible for keeping adequate accounting records which disclose with reasonable accuracy at any time the assets, liabilities, financial position and profit or loss of the Foundation and enable them to ensure that the financial statements comply with the Companies Act 2014. They are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the Foundation, and to prevent and detect fraud and other irregularities. The Directors are also responsible for preparing a directors' report that complies with the requirements of the Companies Act 2014.

Legislation in the Republic of Ireland governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

On behalf of the board


Emer Shelley
Director


Brian Goggin
Director

30 September 2021

Independent Auditor's Report

to the members of the Irish Heart Foundation (Company Limited by Guarantee – without share capital)

Report on the audit of the financial statements

Opinion

We have audited the financial statements of the Irish Heart Foundation (“the Foundation”) for the year ended 31 December 2020 set out on pages 78 to 93, which comprise the statement of financial activities, the balance sheet, the cash flow statement and related notes, including the summary of significant accounting policies set out in note 1. The financial reporting framework that has been applied in their preparation is Irish Law and FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

In our opinion:

- the financial statements give a true and fair view of the assets, liabilities and financial position of the Foundation as at 31 December 2020 and of its net income for the year then ended;
- the financial statements have been properly prepared in accordance with FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- the financial statements have been properly prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Foundation in accordance with ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Foundation's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue.

Independent Auditor's Report

to the members of the Irish Heart Foundation (Company Limited by Guarantee – without share capital) *continued*

Other information

The directors are responsible for the other information presented in the Annual Report together with the financial statements. The other information comprises the information included in the directors' report and the sections titled message from the Chair, message from the CEO, who we are and what we do, directors and other information, and Appendix 1: Breakdown of grants received during 2020. The financial statements and our auditor's report thereon do not comprise part of the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

Based solely on our work on the other information undertaken during the course of the audit, we report that:

- we have not identified material misstatements in the directors' report;
- in our opinion, the information given in the directors' report is consistent with the financial statements;
- in our opinion, the directors' report has been prepared in accordance with the Companies Act 2014.

Opinions on other matters prescribed 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 Foundation were sufficient to permit the financial statements to be readily and properly audited and the financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions required by Sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

Respective responsibilities and restrictions on use

Responsibilities of directors for the financial statements

As explained more fully in the directors' responsibilities statement set out on page 74, the directors are responsible for: the preparation of the financial statements including being satisfied that they give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the Foundation or to cease operations, or have no realistic alternative but to do so.

Independent Auditor's Report

to the members of the Irish Heart Foundation (Company Limited by Guarantee – without share capital) *continued*

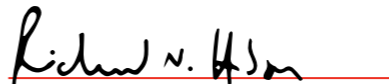
Auditor's responsibilities for the audit of the financial statements

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

A fuller description of our responsibilities is provided on IAASA's website at <http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/Description-of-the-auditor-s-responsibilities-for->

The purpose of our audit work and to whom we owe our responsibilities

Our report is made solely to the Foundation'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 Foundation's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Foundation and the Foundation's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Richard Hobson
 for and on behalf of
KPMG
 Chartered Accountants, Statutory Audit Firm
 1 Stokes Place
 St. Stephen's Green
 Dublin 2

30 September 2021

Statement of Financial Activities

for the year ended 31 December 2020

	Note	Restricted funds 2020 €	Unrestricted funds 2020 €	Designated funds 2020 €	Total funds 2020 €	Total funds 2019 €
Income						
Donations and legacies	3(a)	583,778	3,131,086	-	3,714,864	5,714,306
Charitable activities	3(b)	773,010	735,378	-	1,508,388	873,051
Wage subsidy scheme	3(c)	-	459,685	-	459,685	-
Total income		1,356,788	4,326,149	-	5,682,937	6,587,357
Expenditure						
Charitable activities	4	(774,283)	(3,170,449)	(223,733)	(4,168,465)	(4,551,857)
Fundraising activities	5	(705,991)	(434,647)	-	(1,140,638)	(1,588,217)
		(1,480,274)	(3,605,096)	(223,733)	(5,309,103)	(6,140,074)
Net gains on investments	10	-	199,970	-	199,970	592,323
Net income/(expenditure)		(123,486)	921,023	(223,733)	573,804	1,039,606
Other movements directly through restricted funds	16	(35,000)	-	-	(35,000)	35,000
Net movement in funds		(158,486)	921,023	(223,733)	538,804	1,074,606
Total funds brought forward		606,724	9,728,834	3,690,689	14,026,247	12,951,641
Total funds carried forward		448,238	10,649,857	3,466,956	14,565,051	14,026,247

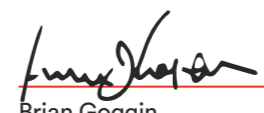
Balance Sheet

as at 31 December 2020

	Note	2020 €	2019 €
Fixed assets			
Tangible assets	9	4,389,186	4,495,065
Current assets			
Investments	10	6,965,956	6,797,342
Stocks	11	58,277	72,628
Debtors	12	194,559	1,223,748
Cash at bank and in hand	13	3,484,183	2,057,687
Creditors: amounts falling due within one year	14	(527,110)	(620,223)
Net current assets		10,175,865	9,531,182
Net assets		14,565,051	14,026,247
Funded by:			
Restricted funds	16	448,238	606,724
Unrestricted funds	16	10,649,857	9,728,834
Designated funds	16	3,466,956	3,690,689
		14,565,051	14,026,247

On behalf of the board


Emer Shelley
Director


Brian Goggin
Director

Cash Flow Statement

for the year ended 31 December 2020

	2020	2019
	€	€
Reconciliation of net income for the year to net cash inflow from operating activities		
Net income for the year	573,804	1,039,606
Adjustments for:		
Depreciation	137,255	136,010
Investment management fee paid out	31,356	35,076
Investment income retained in investments	(126,292)	(153,672)
Increase in value of investments	(73,678)	(438,651)
	542,445	618,369
Decrease/(increase) in debtors	1,029,189	(809,068)
Decrease in stocks	14,351	1,133
Decrease in creditors	(93,113)	(15,400)
	1,492,872	(204,966)
Cash flows from investing activities		
Acquisition of tangible fixed assets	(31,376)	(43,339)
Disposal of investments	-	587,576
Acquisition of investments	-	(3,000,000)
	(31,376)	(2,455,763)
Net cash used in investing activities		
	1,461,496	(2,660,729)
Net increase/(decrease) in cash and cash equivalents		
Movement on restricted funds	(35,000)	35,000
	2,057,687	4,683,416
Cash and cash equivalents at beginning of year		
	3,484,183	2,057,687

Notes

forming part of the financial statements

1 Accounting policies

General information

The Irish Heart Foundation (“the Foundation”) is a company limited by guarantee and is a registered charity. It is incorporated in the Republic of Ireland with registration number 23434. The address of its registered office is 17-19 Rathmines Road Lower, Dublin 6, D06 C780. The Foundation is a public benefit entity. The principal activities of the Foundation are discussed in the directors’ report.

1.1 Basis of preparation

The financial statements have been prepared under the historical cost convention as modified by the revaluation of investments. The financial reporting framework that has been applied in their preparation is the Companies Act 2014, (“FRS 102”) *The Financial Reporting Standard applicable in the UK and Republic of Ireland* and the Statement of Recommended Practice (SORP) FRS102 *Accounting and Reporting by Charities*, which is considered best practice for charities in Ireland.

The presentation and functional currency of these financial statements is Euro.

Going concern

The financial statements have been prepared on a going concern basis. The Directors have reviewed the 2020 Statement of Financial Activities and Balance Sheet, the approved 2021 budget and reviewed cashflow projections for a period of at least 12 months from the date of approval of the financial statements. The Directors are satisfied that the Foundation has adequate resources to continue in operational existence for the next 12 months, and as a result are satisfied that there are sufficient resources to manage any operational or financial risks. There is no material uncertainty that affects the assumption that the Foundation is a going concern. Therefore, they continue to adopt the going concern basis in preparing the annual financial statements.

1.2 Significant accounting estimates and judgments

In determining the carrying amounts of certain assets and liabilities, the board makes assumptions of the effects of uncertain future events on those assets and liabilities at the balance sheet date. The Board’s estimates and assumptions are based on historical experiences and expectations of future events and are reviewed periodically.

1.3 Income

Income is recognised in the Statement of Financial Activities only when the Foundation is legally entitled to the income, the amounts involved can be measured with sufficient reliability and it is probable that the income will be received by the Foundation. Substantially all income is received within the Republic of Ireland, with limited income received from the rest of the EU or from Non-EU countries.

Income is analysed as restricted, unrestricted or designated. Restricted funds represent income recognised in the financial statements, which is subject to specific conditions imposed by the donors or grant making institutions. Unrestricted funds represent amounts which are expendable at the discretion of the Foundation, in furtherance of the objectives of the Foundation. Such funds may be held in order to finance working capital or for investment. The Designated fund is comprised of income received without any restriction, and subsequently allocated to a particular area of expenditure by the board.

Notes

forming part of the financial statements

Donations and Legacies

Donations and legacies are recognised in the period the Foundation is entitled to the resource, when receipt is probable, and when the amount can be measured with sufficient reliability.

Monetary donations from the public are recognised when donations are received. Tax refunds are recognised when they are received. Legacies are recognised when confirmation of unconditional entitlement to a specified amount is received.

Donations and sponsorships received from corporates are recognised on the same basis as grants from statutory sources.

Charitable activities

Income categorised under charitable activities is comprised of grants from statutory bodies and services income. Grant income is recognised when the entitlement to the grant is met. Income from grant agreements which are dependent on the provision of specific activities is recognised when the activity has been undertaken. Services income is recognised when the service has been provided. Income due but not yet received at the year end is included in debtors on the balance sheet and funds already received in relation to unfulfilled conditions are shown in creditors as deferred income.

Government grants

Income from government grants intended to compensate the Foundation for expenses incurred are recognised in the statement of financial activity on a systematic basis over the periods in which the Foundation recognises as expenses the related costs for which the grants are intended to compensate. The Foundation accounts for these government grants and the related expenditure on a gross basis in the statement of financial activity.

All statutory grants are treated as restricted income, except for wage subsidy receipts in 2020 under the COVID-19 related Temporary Wage Subsidy Scheme and Employment Wage Subsidy Scheme.

1.4 Expenditure

Expenditure is recognised when a legal or constructive obligation exists as a result of a past event, a transfer of economic benefits is required in settlement and the amount of the obligation can be reliably measured.

Charitable activities

Resources expended on charitable activities comprise all the resources applied by the Foundation in undertaking the work to meet its charitable objectives. This includes the direct costs of undertaking these activities and the support costs incurred to enable these activities to be undertaken. All costs of charitable activities are recognised on an accruals basis.

Fundraising activities

The cost of fundraising activities comprises costs incurred in fundraising, including the cost of advertising, publications, printing and mailing fundraising materials, staff costs, individual giving administration costs, and an allocation of support costs. All costs of fundraising activities are recognised on an accruals basis.

Support costs

Support costs consist of an element of the costs of personnel and associated overheads of the chief executive, finance, human resources functions, infrastructural support of facilities and information technology. Also included are the governance costs of the external annual audit and other legal and regulatory compliance. Costs are allocated across the Foundation's activities to fairly represent the cost of delivering those activities. Allocations are based on the number and cost of direct and indirect staff involved, the use of premises and the dependence on information technology infrastructure.

Notes

forming part of the financial statements

1.5 Taxation

The Foundation is a charity and is not liable to taxation. Irrecoverable value added tax is expensed as incurred.

1.6 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation is calculated, by reference to original cost to write off the assets to their residual value over their estimated useful lives on a straight line basis at the following annual rates:

Buildings	2%
Office furniture	10%
Equipment	20%
Computer equipment	20%
Motor vehicles	20%

1.7 Basic financial instruments

Investments

Investments are measured initially at cost and subsequently at fair value, with movements in fair value recognised in the statement of financial activities. Investment income is recognised in the year in which it is receivable.

Trade and other debtors

Trade and other debtors are recognised initially at transaction price plus attributable transaction costs, and subsequently at amortised cost, less any provision for expected credit losses.

Cash and cash equivalents

Cash and cash equivalents comprise cash balances and call short-term deposits.

The Foundation does not have any financial instruments that are not considered to be basic financial instruments under FRS 102.

Creditors

Trade and other creditors are recognised initially at transaction price less attributable transaction costs, and subsequently at amortised cost.

1.8 Stocks

Stocks are stated at the lower of cost and net realisable value.

1.9 Employee benefits

The Foundation provides pensions to its employees under a defined contribution scheme. All new eligible employees with effect from 1 January 2000 are included in the defined contribution scheme. In relation to the defined contribution pension scheme, contributions are accrued and recognised as expenditure in the statement of financial activities in the period in which they are earned by the relevant employees.

Redundancy costs are recognised in the Statement of Financial Activities when there is a demonstrable commitment to termination.

Notes

forming part of the financial statements

2 Legal status of the Foundation

The Foundation is a company limited by guarantee and does not have share capital. At 31 December 2020, there were 10 directors (2019: 11) whose guarantee is limited to €1.27 each. This guarantee continues for one financial year after directorship ceases.

3 Income

	2020	2019
	€	€
a) Donations and legacies		
Donations	1,750,945	1,905,144
Legacies	912,077	2,314,516
Corporate events and activities	1,051,842	1,494,646
	3,714,864	5,714,306
	2020	2019
	€	€
b) Charitable activities		
Grants HSE/Pobal	773,010	387,413
Services income	735,378	485,638
	1,508,388	873,051

The Foundation received a grant of €290,500 in 2020 from Pobal as part of their COVID-19 Stability Scheme. This grant was fully utilised in 2020 and there is no duplication of funding for the costs or activities it was utilised for. The Foundation is fully compliant with the terms of the grant.

c) Wage Subsidy Scheme

In 2020 the Foundation availed of COVID-19 related payroll costs supports from the Irish government for which it was eligible, in the form of the Temporary Wage Subsidy Scheme from May to August (€265,759) and the Employment Wage Subsidy Scheme from September to December (€193,926). Income from these schemes, which totalled €459,685, has been recognised in the statement of financial activities.

Notes

forming part of the financial statements

4 Expenditure on charitable activities

Analysis of expenditure on charitable activities	2020	2020	2020	2019
	Direct	Support	Total	Total
	€	€		€
Advocacy	351,717	58,737	410,454	520,411
CPR training	902,288	75,529	977,817	841,667
Health promotion and prevention	1,274,439	174,795	1,449,234	2,194,874
Patient support	869,444	230,429	1,099,873	708,665
Innovation and research	213,014	18,073	231,087	286,240
	3,610,902	557,563	4,168,465	4,551,857

(i) In 2019 childhood obesity costs of €157,455 were disclosed separately. With the new strategy 2020-2024 these costs are now classified within Advocacy and Health promotion and prevention. The 2019 comparatives have been reclassified for comparability purposes.

Analysis of direct costs:	2020	2019
	Total	Total
	€	€
Advocacy	351,717	459,318
CPR training (i)		
CPR training for professionals	645,971	471,297
CPR training for the public	256,317	276,058
	902,288	747,355
Health promotion and prevention (ii)		
Awareness and information	556,492	814,976
Community programmes	82,944	203,789
Health checks	179,838	491,334
Schools programme	273,045	216,827
Workplace	182,120	272,070
	1,274,439	1,998,996
Patient support (iii)	869,444	576,298
Innovation and research	213,014	270,967
Total direct costs	3,610,902	4,052,934

Notes

forming part of the financial statements

- (i) Due to COVID-19 there was an increase in CPR training expenses as increased CPR training was required under the Government's vaccination rollout.
- (ii) Health promotion and prevention costs declined year on year as the Foundation ceased in-person activities due to Government guidelines.
- (iii) Patient support increase was due to increased demand for our Support Services during COVID-19.

5 Fundraising activities

	2020 Direct €	2020 Support €	2020 Total	2019 Total €
Operating costs	942,966	197,672	1,140,638	1,588,217
	942,966	197,672	1,140,638	1,588,217

Expenditure on fundraising activities fell in 2020 as the Foundation ceased in-person fundraising activity and pivoted to more telemarketing and digital fundraising.

Notes

forming part of the financial statements

6 Support costs

	Facilities and IT 2020 €	Other indirect 2020 €	Total 2020 €	Total 2019 €
Charitable activities				
Advocacy	24,598	34,139	58,737	61,093
CPR Training	31,631	43,899	75,530	94,312
Health Promotion and prevention	73,201	101,593	174,794	195,878
Patient Support	96,500	133,929	230,429	132,367
Innovation and research	7,569	10,504	18,073	15,273
Total support costs allocated to charitable activities	233,499	324,064	557,563	498,923
Fundraising	82,782	114,890	197,672	243,098
Total support costs allocated	316,281	438,954	755,235	742,021

Support costs consist of an element of the costs of personnel and associated overheads of the chief executive, finance, human resources functions (aggregated as "Other Indirect" in the table above), infrastructural support of facilities and information technology. Also included are the governance costs of the external annual audit and other legal and regulatory compliance.

Costs are allocated across the Foundation's activities to fairly represent the cost of delivering those activities. Allocations are based on the number and cost of direct and indirect staff involved, the use of premises and the dependence on information technology infrastructure.

7 Statutory and other information

	Note	2020 €	2019 €
Net income for the year		573,804	1,039,606
<i>Stated after charging:</i>			
Directors' remuneration		-	-
Auditors' remuneration – fees (excluding VAT)		21,250	18,500
Depreciation of tangible fixed assets		137,255	136,010
<i>Stated after crediting:</i>			
Investment income	10	126,292	153,672

Notes

forming part of the financial statements

8 Wages and salaries

The average number of persons employed by the Foundation during the financial year is set out below:

	2020 Number	2019 Number
Charitable activities	40	46
Fundraising	11	14
Support	9	10
	60	70

The aggregate payroll costs, were as follows:

	2020 €	2019 €
Wages and salaries	2,564,053	2,955,687
Social insurance costs	232,003	318,030
Defined contribution pension scheme costs	138,143	157,266
Redundancy costs	119,638	-
	3,053,837	3,430,983

- (i) Redundancy payments made during the year totalled €119,638 (2019: €Nil). There are no obligations outstanding at 31 December 2020.
- (ii) None of the board members received any remuneration for their services or received any other benefits from the Foundation, and no board member expenses have been incurred.

The number of employees whose remuneration (excludes pension cost) exceeded €70,000 is set out below:

	2020 Number	2019 Number
€70,000 - €80,000	1	-
€80,001 - €90,000	1	1
€90,001 - €100,000	2	1
€100,001 - €110,000	-	-
€110,001 - €120,000	-	-
€120,001 - €130,000	-	1
€130,001 - €140,000	1	-
€140,001 - €150,000	-	-
€150,001 - €160,000	-	1

Included in the above are certain members of the key management team. The key management team includes the CEO, Director of Finance and Support Services, Director of Advocacy and Patient Support, Director of Health Promotion, Information and Training, Commercial Director and Medical Director. The total emoluments (including benefits and pension) paid in regard to the senior management team in 2020 was €588,368 (2019: €609,048).

The CEO for 2020 received a salary of €137,895 plus 20% pension contribution and access to an EV (Electric vehicle).

Notes

forming part of the financial statements

9 Tangible fixed assets

Cost	Buildings €	Office furniture €	Equipment €	Computer equipment €	Motor vehicles €	Total €
At beginning of year	4,443,427	213,058	66,891	31,231	79,865	4,834,472
Additions in year	31,376	-	-	-	-	31,376
At end of year	4,474,803	213,058	66,891	31,231	79,865	4,865,848
Accumulated Depreciation						
At beginning of year	176,239	45,530	39,664	20,736	57,238	339,407
Charge for year	89,303	21,307	8,375	2,298	15,972	137,255
At end of year	265,542	66,837	48,039	23,034	73,210	476,662
Net book value						
At 31 December 2020	4,209,261	146,221	18,852	8,197	6,655	4,389,186
At 31 December 2019	4,267,188	167,528	27,227	10,495	22,627	4,495,065

The motor vehicle owned by the Foundation is a Mobile Health Check unit.

Notes

forming part of the financial statements

10 Investments

	Quoted Investments €	Bonds €	Cash held for Investment €	Total €
Valuation at 1 January 2020	5,954,783	250,000	592,559	6,797,342
Additions	-	-	1,408,289	1,408,289
Disposals	(1,408,289)	-	-	(1,408,289)
Investment Management fee paid out	(31,356)	-	-	(31,356)
Realised gain	126,292	-	-	126,292
Unrealised gain	73,678	-	-	73,678
Valuation at 31 December 2020	4,715,108	250,000	2,000,848	6,965,956
Valuation at 1 January 2019	3,023,188	650,000	154,483	3,827,671
Additions	3,000,000	-	438,076	3,438,076
Disposals	(623,730)	(401,922)	-	(1,025,652)
Investment Management fee paid out	(35,076)	-	-	(35,076)
Realised gain	151,750	1,922	-	153,672
Unrealised gain	438,651	-	-	438,651
Valuation at 31 December 2019	5,954,783	250,000	592,559	6,797,342

Quoted investment are units in EU-Regulated third-party managed UCITS funds. They are included in the accounts at fair value and any fluctuations are accounted for in the Statement of Financial Activities. Bonds and cash held for investment are held at amortised cost. Realised gains represent investment income retained and re-invested in the investment portfolio.

11 Stocks

	2020 €	2019 €
Stationery stocks	-	1,905
CPR kits	58,277	70,723
	58,277	72,628

Notes

forming part of the financial statements

12 Debtors

	2020 €	2019 €
General debtors	126,752	143,423
Prepayments	35,829	102,262
Other debtors	31,978	37,638
Accrued income (i)	-	940,425
	194,559	1,223,748

All debtors fall due within one year.

(i) Accrued income at 31 December 2019 represented a large bequest of €750,000 which was received in early 2020. Under the SORP, this bequest was recorded as income in the 2019 financial statements.

13 Cash at bank and in hand

	2020 €	2019 €
Cash at bank and in hand	3,484,183	2,057,687

Included in cash at bank and in hand is an amount of restricted cash of €285,140 (2019: €320,140) relating to amounts received from the HSE and others, in support of a small number of specific projects, and which are not available to the Foundation for its own activities. The restricted cash funds are operated independently from the Foundation and the Foundation's role is to receive and disburse funds on their behalf. Related expenditure on these projects are shown as movements in restricted funds, and the balance of €285,140 represents amounts received but not yet expended at year end.

14 Creditors: amounts falling due within one year

	2020 €	2019 €
Trade creditors	190,785	234,724
Accruals (i)	239,784	102,946
PAYE/PRSI	63,141	83,942
Deferred income (note 15)	33,400	198,611
	527,110	620,223

(i) Accruals for 2020 included cost for CPR online training products received but not invoiced by year end of €149,929.

Notes

forming part of the financial statements

15 Deferred income

	2020 €
Deferred income at 1 January 2020	198,611
Income deferred in current year	33,400
Amounts released from previous reporting periods	(198,611)
Deferred income at 31 December 2020	33,400

Income was deferred at 31 December 2020 for certain activities put on hold due to COVID-19.

Deferred income relates to funds received from donors for specific activities with performance-related conditions and are recognised in the statement of financial activities when the activity has been undertaken.

16 Analysis of charitable funds

a) Movement in funds

The movement in funds classified in accordance with the Foundation's accounting policies are as follows:

	Restricted funds €	Unrestricted funds €	Designated funds €	Total 2020 €	Total 2019 €
Total funds of the charity at beginning of year	606,724	9,728,834	3,690,689	14,026,247	12,951,641
Movement in funds					
Net income/(expenditure) for the year	(123,486)	921,023	(223,733)	573,804	1,039,606
Other movements directly through restricted funds	(35,000)	-	-	(35,000)	35,000
Total funds of the charity at end of year	448,238	10,649,857	3,466,956	14,565,051	14,026,247

At 31 December 2020, the restricted funds balance includes an amount of €285,140 (2019: €320,140) that is represented by a restricted cash balance included in cash at bank and in hand (note 13).

Notes

forming part of the financial statements

b) Analysis of net assets between funds

	Restricted funds €	Unrestricted funds €	Designated funds €	Total €
Tangible fixed assets	-	4,389,186	-	4,389,186
Current assets	481,638	6,754,381	3,466,956	10,702,975
Creditors including deferred income	(33,400)	(493,710)	-	(527,110)
	448,238	10,649,857	3,466,956	14,565,051

17 Commitments

The Foundation had no commitments at 31 December 2020 (2019: €159,490) for research projects during the coming year.

18 Related party transactions

The compensation of key management personnel is set out in note 8. There were no other related party transactions in 2020 or 2019.

19 Post balance sheet events

There have been no events subsequent to the year-end that require any adjustment to, or additional disclosure in, the 2020 financial statements.

The Foundation continues to monitor the ongoing impact of the COVID-19 pandemic on the organisation's finances.

20 Approval of financial statements

These financial statements were approved by the board of directors on 30 September 2021

Directors and Other Information

Directors	Prof. Emer Shelley (President) Aisling Blake Brian Goggin Dr Aidan Buckley Dr Walter Cullen Deirdre Flannery Prof Joe Harbison Gerry McErlean Dr Paul Oslizlok Wally Young
Chief Executive Officer	Tim Collins
Secretary	Helen Redmond
Registered Office	17-19 Rathmines Road Lower Dublin 6
Auditor	KPMG Chartered Accountants 1 Stokes Place St Stephen's Green Dublin 2
Bankers	Bank of Ireland Ballsbridge Dublin 4
Solicitors	Denis McSweeney Solicitors 40 Grand Canal Street Upper Dublin 4
Investment advisor	Key Capital Huguenot House St Stephen's Green Dublin 2
Company registration number	23434
Revenue charity number	CY 5507
Charity regulators number	20008376

APPENDIX 1

Breakdown of grants received during 2020

Grantor	Grant name/project	Purpose	Term	Grant amount €	Cash receipts in 2020 €
Health Service Executive (HSE)	Community & Voluntary Grant for Older people 2019	Patient Support	Jan - Dec 2020	4,584	4,584
	HSE National Lottery Grant 2019	Patient Support	Jan - Dec 2020	2,700	2,700
	HSE National Lottery Grant 2019	Patient Support	Jan - Dec 2020	5,000	5,000
	HSE (Community Healthcare West) Grant Aid Agreement (2020)	Patient Support	Jan - Dec 2020	6,000	6,000
	HSE National Lottery Grant 2019	Patient Support	Jan - Dec 2020	4,000	4,000
	HSE National Lottery Grant 2019	Patient Support	Jan - Dec 2020	2,460	2,460
	Volunteer Stroke Scheme Funding	Patient Support	Jan - Dec 2020	42,000	42,000
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	62,000	62,000
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	22,800	22,800
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	45,200	45,200
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	45,000	45,000
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	58,000	58,000
	Health & Welbeing	Health Promotion and Prevention	Jan - Dec 2020	17,000	17,000
Pobal	Pobal COVID Stability Scheme	Support of IHF Mission	Jan - Dec 2020	290,500	290,500
Westmeath County Council	Department of Rural and Community Development, Westmeath County Council, COVID-19 Emergency Fund	Patient Support	Jan - Dec 2020	2,250	2,250
Waterford County Council	Supporting Waterford Communities 2020	Patient Support	Jan - Dec 2020	470	470
Health Service Executive (HSE)	CHO1 Stroke Support Groups 2020	Patient Support	Jan - Dec 2020	27,000	27,000
The Galway County Local Community Development Committee (LCDC)	Community Enhancement Programme grant - Ballinasloe Stroke Support Group	Patient Support	Jan - Dec 2020	500	500

Breakdown of grants received during 2020

Grantor	Grant name/project	Purpose	Term	Grant amount €	Cash receipts in 2020 €
Health Service Executive (HSE)	HSE National Lottery Grant 2020	Patient Support	Nov 2020 - Oct 2021	5,000	5,000
The Community Foundation for Ireland	The Community Foundation for Ireland- Adapt and Respond	Patient Support	Dec 2020 - Dec 2021	17,000	17,000
	Application to The Community Foundation for Ireland- Demand for Digital	Patient Support	Dec 2020 - Dec 2021	15,750	15,750
Department of Health	FAST Campaign Contribution	Patient Support	Jan - Dec 2020	90,000	90,000
Louth County Council	COVID-19 Grant	Patient Support	Jan - Dec 2020	536	536
Waterford & Wexford Education and Training Board	Mitigating Against Educational Disadvantage	Patient Support	Jan - Dec 2020	2,000	2,000
Age & Opportunity	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	300	300
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	350	350
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	300	300
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	300	300
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
	Age & Opportunity's National Grant Scheme	Patient Support	Dec 2020 - Dec 2021	340	340
Health Service Executive (HSE)	Community & Voluntary Supports Grant	Patient Support	Dec 2020 - Dec 2021	2,000	2,000
Health Service Executive (HSE)	HSE National Lottery Grant 2020	Patient Support	Jan - Dec 2020	350	350
Total					773,010



Irish Heart
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