



ANNUAL
REPORT 2018

AND FINANCIAL STATEMENTS



Irish Heart
Foundation



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CEO's Review

2018 was a year of focus and consolidation for the Irish Heart Foundation.

After decades of decline in mortality attributable to heart disease and stroke, there are worrying signs that this is now reversing. Increasing levels of obesity and diabetes, and low levels of physical activity have the potential to jeopardise the gains of recent years.

Physical activity levels have fallen as we have engineered environments which encourage us away from movement towards more sedentary, unhealthy lifestyles. Nowhere is this more pronounced than in our younger generations.

Just 13% of school children in Ireland get the recommended 60 minutes of physical activity a day. Almost one third of children are now overweight, while nine per cent of girls and 10 per cent of boys in Ireland are obese.

As an organisation whose vision is a world where nobody dies prematurely from heart disease and stroke, and in the context of the increasingly worrying state of our nation's health, in 2018 we began to map out our strategic vision for the future health of the nation.

We are extremely grateful to the late Elizabeth O'Kelly, who left a legacy gift of €6 million to support our work. This has enabled us to focus on developing preventative interventions which address the biggest challenges to our nation's health. In 2018, we designated a significant portion of her legacy to fund a number of initiatives to combat child obesity, which will contribute to preventing heart disease and stroke in the future.

There were many highlights in 2018. In September our Heart Month campaign "Chairs Can Kill" highlighted the health risks of sitting for too long and gave people useful tips and advice on how to get more activity into their day.

In October we launched Y-PATH 'PE 4 ME', a secondary school physical literacy programme delivered by PE teachers. By targeting physical activity, health-related knowledge and fundamental movement skills, we will equip the next generation with the tools and skills they need to enjoy being physically active.

After almost 30 years of successful fundraising, the Happy Hearts Appeal came to an end in 2018. We are very grateful to the many people who gave generously of their time over the years to make the campaign a success. We have moved our national fundraising day to February and we look forward to turning Ireland red in Februarys to come.

As an organisation, we are focused on delivering programmes and interventions that have a positive impact on our nation's future health. I would like to take this opportunity to thank everyone who makes this impact possible – our dedicated staff, volunteers and donors, and everyone who has supported our work over the past year. We simply could not do our work without your support.

Tim Collins
CEO, Irish Heart Foundation



Chairperson's Report

I was honoured to be appointed Chairperson and President of the Irish Heart Foundation in September 2018 and in particular to take the mantle of President from our late colleague Dr Kathleen McGarry, who sadly passed away in January of that year.

As a Board we benefited from her leadership and collegiality and I hope to do service to her memory and ambition during my time in this role.

The members of the Board are collectively charged with steering the Foundation to ensure we deliver on our mission – to effect positive change in the lifestyles of Irish people, to achieve better outcomes for those affected by heart disease and stroke and to challenge when the health of our nation is put at risk.

After decades of international progress in heart disease and stroke, we are now at a crucial juncture. Ireland's population is ageing with a high prevalence of chronic diseases, while obesity and in particular child obesity are rising, presenting challenges across the full spectrum of our population and health services.

In order to achieve our mission, we need to drive a stronger focus on prevention and effective intervention. We will continue to raise awareness of health-promoting lifestyles and advocate for a systematic approach to risk assessment,

early detection of cardiovascular disease and support for those living with heart disease or stroke. We will prioritise health promotion in communities with high levels of deprivation, recognising the gross inequity in the health experience and life expectancy of those with the lowest levels of education and resources. Evidence-based advocacy and collaboration are fundamental to the Foundation's approach to bringing about change, encouraging government and society at large to act now to address the major health challenges of our time.

As the Irish Heart Foundation neared the end of its current strategic plan in 2018, we engaged with stakeholders to develop our strategy for the coming years, focused on delivering our mission as effectively as possible while considering value for money. The Board actively engaged in the review of previous activities and potential new ones. We believe the resulting strategy has the potential to impact on our nation's cardiovascular health and look forward to supporting its implementation in the years ahead.

An organisation such as the Irish Heart Foundation is only as good as its people and benefits greatly from the dedication and talents of management and all our staff and volunteers. Our work would not be possible without the generous support of the public. You are at the heart of everything we do and on behalf of the Board I would like to say a heartfelt thank you for your continued commitment and generosity.

**Professor Emer Shelley
Chairperson and President,
Irish Heart Foundation**

Structure and Governance

The Irish Heart Foundation is a registered charity and a company limited by guarantee.

In line with our strategy of implementing best practice corporate governance standards, in 2018 the Irish Heart Foundation voluntarily adopted the Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP). The Foundation is also committed to complying with the Guidelines for Charitable Organisations on Fundraising from the Public.

We are governed by a voluntary Board of Directors which meets at least four times a year. Nominations of new directors are approved by the Board. Directors serve for a three-year term which may be renewed once, with the maximum term that a director can serve being six years. 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 contribution to the Irish Heart Foundation, nor reimbursements for any expenses incurred.

The Board has two committees in place, each of which is chaired by a director. The committees are the Finance and Risk Committee and the Nominations Committee.

The role of the Finance and Risk Committee is:

- To advise the Board on all financial matters affecting the Foundation;
- To review the audited financial statements of the Foundation prior to presentation to the Board;
- To review and approve the annual budget before submission to the Board for approval;
- To make decisions on behalf of the Board on investment policies and practices and to report to the Board on investment performance;
- To review and recommend approval of all capital expenditure over an amount as determined by the Board;
- To review the risk register and ensure it captures the key risks to the organisation and that plans are in place to manage or mitigate the risks;
- To monitor overall levels of remuneration and specifically approve the remuneration of the CEO and Financial Controller.

The Finance and Risk Committee meets at least four times a year in advance of the Board meeting. The CEO is in attendance along with required members of the senior management team. The role of the Nominations Committee is to monitor, review and evaluate the effectiveness, structure, size and composition of the Board.

The Board ensures that the activities of the Irish Heart Foundation are consistent with its mission and objectives. Responsibility for the day-to-day management is delegated by the Board to the CEO, who is supported by a senior management team, staff and volunteers. The senior management team comprises the financial controller as well as heads of function for advocacy and patient support, health promotion and prevention, fundraising and communications, medical director and support services.

2018
in
Numbers

8,938
people died
in Ireland from
heart disease
and stroke
4,720 4,218

6,200
people received a
FREE heart health check
at work
or in their community

We trained
128,923
people **in CPR**
including **1,139**
teachers in 405 schools



1,200 received a FREE heart health
farmers **CHECK**



10,000
people attended our
Mobile Health Unit



75 work
places
with **42,799**
employees received a
Healthy Eating
award

26 work
PLACES
with **23,655**
active@work
award

Our healthy schools programmes
reached **191,232**
primary school pupils and
274,163 secondary school
STUDENTS

26
Support
Groups



Stroke
19



Sudden
cardiac death



Heart failure
3



Long QT syndrome



Cardiomyopathy



ICD



Health Promotion and Prevention

The Irish Heart Foundation works to promote and support healthier lifestyle choices in the community, schools and workplaces.

Mobile Health Unit

The Irish Heart Foundation's Mobile Health Unit travels around the country delivering free heart health checks to the public.

The Mobile Health Unit team uses the Pobal Deprivation Index in Ireland to identify locations to attend to ensure we are reaching rural and disadvantaged communities. The Irish Heart Foundation also responds to requests from groups who make enquiries and works closely with other organisations such as the Irish Men's Sheds Association, Pavée Point and Farmers to target harder-to-reach groups.

In 2018 10,000 people received a free heart health check at the Mobile Health Unit. We are grateful to the support provided by Bank of Ireland (January-June 2018) and EUROSPAR (July-December 2018) for the Mobile Health Unit.

Farmers Have Hearts

The Farmers Have Hearts programme was founded in 2005 by the HSE to address farmers' cardiovascular health. Farmers have an increased risk of developing cardiovascular disease, often live in rural isolation and are reluctant to seek medical advice.

Since 2013 the Irish Heart Foundation has been supported by the HSE to lead the programme, providing heart health checks and lifestyle advice to farmers at their local marts.

1,200 farmers were seen through this programme in 2018. Providing heart health checks at locations where they gather, in this case livestock marts, has been identified as a way of reaching farmers and motivating them to link in with GP services. Almost half of farmers said that they would not have had a health check otherwise.

Community Heart Health Checks

In 2018 the Irish Heart Foundation delivered community heart health checks to 1,200 people.

Workplace Heart Health Checks

Workplaces represent an opportunity to positively influence people's cardiovascular risk through encouraging and supporting active living, healthy eating and other healthy behaviours.

5,000 people received Irish Heart Foundation heart health checks in their place of work in 2018. An independent evaluation of these health checks showed that they identified employees with cardiovascular disease risk that may have otherwise gone undetected and positively influenced their health-related behaviours.



Healthy Eating Award

The Irish Heart Foundation modifies workplace eating environments through registered dietitian tailored menu modifications and guidance on portion sizes, environmental layout, provision of nutritional information, etc. This service is provided to workplaces by the Irish Heart Foundation's dietitian along with on-site visits carried out by a panel of registered dietitians who together work with caterers, workplaces and employees.

The aim of the awards programme is to facilitate heart healthy eating choices in workplaces and to encourage employees to make healthy choices by making the healthy choice the easy choice.

In 2018, 75 workplaces with 42,799 employees were certified bringing the total number of certified workplaces (certification lasts for two years) to 137 with 82,799 employees.

Active@Work Award

The Active@Work Award is designed to support and enable companies to promote, develop and sustain physical activity programmes. There are three different levels of achievement for the award: bronze, silver and gold. A company can apply for any level but must meet the specific criteria outlined in the Active@Work Award guidelines. All workplaces who sign up for the Award are offered continued support from the Irish Heart Foundation.

In 2018, 26 companies received the Active@Work Award (17 gold, 5 silver and 4 bronze) and the award reached 23,655 employees.

Slí na Sláinte

Slí na Sláinte (Path to Health) encourages more people to walk more often and to get more health benefits from their walking. Being physically active can help reduce blood pressure and cholesterol and help control weight, which can reduce our risk of heart disease and stroke. Slí na Sláinte focuses on walking as it is a free activity, accessible to most people and can be incorporated into our daily lives.

In 2018 316 new community walking leaders were trained and the Irish Heart Foundation developed 13 new school routes, 25 new workplace routes and 5 new community routes.

Community Heart Projects

Community Heart Projects aim to positively influence the physical activity and eating habits of low-income communities by promoting access to, and learning about, nutritious food and exercise, with a strong focus on cardiovascular health.



The Irish Heart Foundation works with three projects to support people in their communities to adopt healthy eating behaviours and increase activity levels in order to help increase awareness of heart disease and stroke, and to improve overall health outcomes. The Irish Heart Foundation is currently partnering with Pavee Point (Dublin), Teach na nDaoine Family Resource Centre (Monaghan) and Raheen Family Resource Centre (Wexford)

All three projects engage members of the community in regular activities which promote heart health, e.g. cooking classes focused on cooking affordable nutritious meals, gardening programmes, walking groups, etc.

The projects have also formed partnerships with organisations and bodies such as Dublin City Council, Food Cloud, the Education and Training Boards, Men's Sheds and Local Sports Partnerships. Members of these groups sit on the projects' advisory groups. Engaging with these partners strengthens the sustainability of the Community Heart Projects in these communities.

Irish Pharmacy Union's Pilot to Detect Hypertension and Atrial Fibrillation

In 2018, the Irish Heart Foundation supported the Irish Pharmacy Union to deliver its *Pilot to Detect Hypertension and Atrial Fibrillation in the Community*. The Irish Heart Foundation provided cardiovascular risk assessment training to 124 pharmacists who agreed to participate in the pilot to detect hypertension and atrial fibrillation.

This pilot was carried out during the summer of 2018 in 68 community pharmacies throughout Ireland. The aim was to identify people aged 50 and over who were at risk of hypertension or atrial fibrillation or both. More than 1,100 people were checked in a two-month period and results show that:

- An irregular pulse (possible atrial fibrillation) was detected in 5.5% of participants;
- 27% of participants were identified with high blood pressure (possible hypertension);
- Both an irregular pulse (possible atrial fibrillation) and high blood pressure (possible hypertension) were noted in 2% of participants;
- 26% of all participants checked were referred to their GP;

- 4% of the total population checked were commenced on medicines for hypertension, atrial fibrillation or both.

LloydsPharmacy Training Days

The Irish Heart Foundation provided an overview of cardiovascular disease at four LloydsPharmacy training days in 2018 to help them deliver heart health information to the public through their Heart Health Hubs.

School Programmes

In Ireland today, only 13% of school children are meeting the recommended 60 minutes of physical activity every day. Our primary school programmes aim to increase physical activity in children and their understanding of the need to be active for good heart health.

In primary schools, the **Let's Get Active Award** is a four-week challenge which supports children to get active for 60 minutes per day. In 2018, 18,122 children took part in this programme. **Action for Life** is a curriculum-based physical activity programme for the PE curriculum. In 2018 over 189 teachers were trained in Action for Life.

In secondary schools, **Y-PATH 'PE 4 ME'** is a whole-school physical literacy programme which is delivered by the PE teacher during wellbeing. The programme is a direct response to the low levels of physical activity and skill levels of Irish young people. By targeting physical activity, health-related knowledge and fundamental movement skills, we will equip the next generation with the tools they need to enjoy being physically active. The programme launched in October 2018 reaching 170 schools, providing continuous professional development to 234 teachers and reaching 48,870 young people.

In addition, the Irish Heart Foundation offers secondary schools a **Healthy Eating Award**, which involves working closely with a school's caterer, principal, teachers and students to ensure that heart healthy food options are provided and promoted to students, staff and visitors. Six schools received the Healthy Eating Award in 2018. A review of the programme took place in 2018 and as a result no new schools were recruited from May to December 2018.

In 2018 we took the opportunity to review our key existing schools-based interventions to evaluate them for impact and effectiveness. To allow time for a thorough review, we continued to deliver programmes in the existing schools, but we did not actively recruit new schools during the year. Following the review, programmes have been developed, updated and rolled out to schools.

In 2018 the Irish Heart Foundation began working on a new project to close the gap on poor health literacy in Ireland and reduce health inequalities amongst young people in disadvantaged schools. 40% of Irish adults have 'inadequate' or 'problematic' health literacy levels, which is a critical factor in preventing cardiovascular disease. The project aims to conduct baseline research of adolescent health literacy levels and to develop a school-based intervention addressing health literacy in disadvantaged areas. It is envisaged that the intervention will encompass a whole-school approach intervention for students aged 12-16 years in DEIS settings, delivering equality of opportunity in schools using cutting edge technology, embedded within the wellbeing framework.

Campaigns

In 2018, the Irish Heart Foundation ran several national public awareness campaigns – on atrial fibrillation, heart failure and the health risks of sedentary behaviour.

Through our atrial fibrillation campaign "Prevent a Stroke, Feel the Pulse" we increased understanding of the condition atrial fibrillation (irregular pulse) and awareness of the symptoms of the condition amongst our target market of men and women aged 50+. This campaign was supported by Pfizer Bristol Myers Squibb.

Media coverage of our "Pay Attention to the Signs" heart failure campaign reached more than two million people, while campaign videos on social media were viewed more than 250,000 times. This campaign was supported by Novartis.



Each year the organisation picks a heart health theme to highlight as part of Heart Month in September. The campaign culminates on World Heart Day, 29 September. In 2018, due to the increasing evidence of the negative impacts on people's health of sedentary behaviours at home and at work, the Irish Heart Foundation decided to use its annual campaign to raise awareness of this issue with a campaign called "Chairs Can Kill". Through social media alone, the campaign reached more than 370,000 people.

Communications

A key challenge for the Irish Heart Foundation is the volume of communications and external focussed messaging it manages on an ongoing basis – from patient information and support through to advocacy, fundraising and raising awareness levels of cardiac conditions and the risk factors of heart disease and stroke.

In 2018 the Irish Heart Foundation re-established an in-house Communications Team which provides a 24/7 press office function and a resource to support all aspects of our work in advocacy, the provision of patient advice and support, health promotion and prevention, CPR training, and supporter engagement.

Several key campaigns and events were delivered in 2018 to achieve these objectives – from the Show Some Heart campaign in February, to health campaigns on heart failure and atrial fibrillation, to our national stroke survivors' and stroke professionals' conferences.

Website and Social Media

The Irish Heart Foundation website is a key resource for patients, carers, medics and the general public to educate themselves on heart disease and stroke, and for those wishing to learn more about how they can make simple lifestyle changes to prevent both.

Website traffic to irisheart.ie increased by almost 45% from 246,468 in 2017 to 356,453 in 2018. Visitor behaviour also demonstrated the impact of improved content on the site, with more engaged visitors taking the time to read the information. The number of page views grew to almost a million (998,360), an increase of over 25% on the previous year. In addition, the number of pages per session was up as was the average session duration – from an average of 1 minute in 2017 to 1.36 minutes in 2018.

The most popular pages on our website demonstrate the appetite for information and support relating to heart disease and stroke. The Irish Heart Foundation campaigns also ranked very highly with both Show Some Heart and Chairs Can Kill appearing in the top ten pages.

The Digital Team worked with Health Promotion in 2018 to deliver several of our existing programmes and new initiatives online. This has enabled us to deliver impactful services directly to the end user in an easily accessible and user focussed way.

Information Materials

The Irish Heart Foundation provides a wide range of information, leaflets and educational materials on all aspects of heart disease and stroke. In 2018, more than half a million units were distributed nationwide.

“My Life was Saved by Accurate CPR”

Schoolteacher Michelle Heffernan was saved by CPR and now she's training her students and colleagues.

In October 2016, Limerick teacher Michelle Herbert suffered a cardiac arrest while playing camogie for Newcastlewest in the Limerick Junior Camogie Final. Thanks to Sarah Jane Joy, a player on the opposing team who delivered lifesaving CPR and used an external defibrillator, Michelle survived.

Michelle credits the quick thinking of Sarah Jane Joy with saving her life. It took 12 rounds of CPR and eight shocks from the defibrillator to get her heart beating again. Despite being unconscious for 26 minutes Michelle has made a complete recovery thanks to effective CPR.

“Only the fact that the people that I was surrounded by were able to do such effective CPR I definitely would not be here today. My life was saved by accurate CPR, unfortunately not everyone is as lucky as I am,” Michelle said.

Since that day, Michelle and Sarah Jane have gone on to become passionate advocates for the importance of knowing how to perform CPR.

To mark the two-year anniversary of Michelle's cardiac arrest, the pair reunited on 9th October 2018 at Hazelwood College, the secondary school where Michelle teaches chemistry and agriculture. Michelle organised a day-long event at the



school to equip nearly 600 students and staff with the confidence and skills to perform CPR.

The day took place as part of the school's participation in the Irish Heart Foundation's CPR 4 Schools programme, a secondary school initiative which aims to create a new generation of lifesavers in Ireland who can perform CPR and use an Automated External Defibrillator (AED) in cardiac emergencies.

As a result of Hazelwood College's work and commitment to training students in CPR, the school received a special recognition award at the event from the Irish Heart Foundation.

Speaking at the event, Michelle Herbert said “At Hazelwood College,

we are delighted to be helping create a generation of lifesavers who will have the skills and knowledge to recognise someone in a cardiac arrest and perform CPR. No one knows when they may need to use this skill, so it is vital that as many people in the country as possible are confident in this lifesaving skill.”

Every day in Ireland 13 people die from a cardiac arrest. CPR is a lifesaving skill which is very easy to learn. Research shows that if you start CPR, you can double or even triple a person's chance of survival.

To learn more about the Irish Heart Foundation's CPR courses, including CPR 4 Schools, visit:

www.irisheart.ie/cpr

CPR Training

Currently in Ireland it is estimated that 5,000 people die from sudden cardiac arrest every year. Around 70% of cardiac arrests in Ireland occur in non-hospital settings and the survival rate is just 6.5%. Currently there is no register of cardiac arrests in hospital settings, but international research would suggest the survival rate in hospital is approximately 20%.

The vital resuscitation interventions that improve survival from cardiac arrest are collectively known as the chain of survival. Through educating the general public and healthcare professionals we can strengthen each link, ensuring greater survival and better outcomes from cardiac arrest. The five links in the chain of survival are:

- Recognition of cardiac arrest and activation of the emergency response system;
- Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions;
- Rapid defibrillation;
- Basic and advanced emergency medical services;
- Advanced life support and post-cardiac arrest care.

The aim of our CPR programmes is to ensure that any person who has a cardiac arrest, whether in or out of hospital, receives good quality CPR and early defibrillation.

In 2018, 128,923 people were trained in CPR.

Out of Hospital Cardiac Arrest

If more people are trained to recognise cardiac arrest, deliver compressions and use an AED, cardiac arrest survival rates can be increased. The Irish Heart Foundation's aim is to increase the amount of people trained annually in CPR, and year on year we are achieving this through delivery of our targeted CPR training options:

CPR 4 Schools is a secondary school CPR training programme, supported in 2018 by Bank of Ireland, which aims to create a generation of lifesavers in Ireland. The emphasis here is on improving the first and second links in the chain of survival.

In 2018 1,139 teachers in 405 schools were trained to teach pupils CPR in 2018 and the programme had the potential to reach 208,018 school pupils around the country.

Heartsaver AED and CPR for Family and Friends training programmes deliver CPR and AED training in local communities. These are certified courses and are mandatory in some places of work. All members of Community First Responder (CFR) groups must receive **CFR Community** training. These programmes concentrate on the first three links in the chain of survival.

In 2018, 97,239 people were trained in Heartsaver AED, CPR for Family and Friends, and Heartsaver AED and CFR Community.

To further increase CPR awareness levels, the Irish Heart Foundation began developing a community CPR training programme in 2018, which was launched in 2019 with the support of Abbott and ESB Networks.



In Hospital Cardiac Arrest

There are 80 hospital-based CPR training sites, where the **Basic Life Support (BLS)** training course is delivered. The BLS course is aimed at medical, healthcare and emergency or paramedical staff and the emphasis is on delivering high-quality CPR and rapid defibrillation using a team approach to resuscitation.

In 2018 26,564 people received BLS training.

The **Advanced Cardiovascular Life Support (ACLS)** course is designed for healthcare professionals who deal with serious cardiovascular emergencies. In 2018 an ACLS Coordinator was appointed in the Irish Heart Foundation. A full review of the programme was undertaken to grow the programme and standardise all training in ACLS nationally.

In 2018 4,364 people received ACLS and ACLS for Experienced Providers training, and 756 people were trained as CPR instructors.

Other Areas of Work

The Irish Heart Foundation's Resuscitation Team works in several other areas, including:

- Membership on the Out of Hospital Cardiac Arrest Strategy Group which is developing a national strategy for improving survival from out of hospital cardiac arrest;
- Membership on the In Hospital Cardiac Arrest Register Development Group;
- Membership on the Quality and Safety Committee of the Pre-Hospital Care Council;
- Supporting families of children with cardiac conditions by assisting them with CPR training and purchasing AEDs;
- Auditing training sites and quality improvement of the training programme;
- Running national and regional instructor courses across all disciplines;
- Engaging with the National Ambulance Service on development of CFR groups;
- Engaging with the Irish Association of Resuscitation Officers at biannual meetings.



Prevent a Stroke: Feel the Pulse

Rebecca Redmond was just 44 when she was diagnosed with atrial fibrillation.

The condition comes with an increased risk of heart disease and stroke.

With atrial fibrillation (sometimes called A Fib or AF) your heart beats in a disorganised and irregular way which can lead to a range of symptoms and potential complications, including stroke, permanent heart damage and heart failure.

If you have atrial fibrillation and are not treated, you are five times more likely to have a stroke. Atrial fibrillation is the most common type of irregular pulse, with one in four people over the age of 50 at risk of developing it.

Before her diagnosis Rebecca said she was suffering with fatigue, leg swelling and shortness of breath, however, she put these symptoms down to simply being a little unfit.

Unfortunately for Rebecca it wasn't that simple and following visits to her GP and the Emergency Department she was diagnosed with atrial fibrillation.

"It came as such a shock to me and my family; I thought I was too young for something like this," she said.

"What people don't understand is how atrial fibrillation detrimentally affects your energy levels - I don't have that 'energy reserve' anymore, which is definitely a challenge with three boys under the age of 15," Rebecca added.

The busy mum of three said that she now keeps track of her pulse, eats healthily, exercises regularly and tries to avoid stress.

In November 2018, Rebecca joined with the Irish Heart Foundation to launch our atrial fibrillation public awareness campaign, 'Prevent a Stroke: Feel the Pulse' which was supported by Pfizer and Bristol-Myers Squibb.

The good news is that with early diagnosis, atrial fibrillation is treatable. The campaign raised awareness of the condition and encouraged the public to feel the pulse and remember 2x2x2 – using two fingers on your wrist, check your pulse twice a day for two weeks and take note of the results.

"For me, it's all about working around my

atrial fibrillation and not letting it take over. I advise anyone with atrial fibrillation to look after themselves and keep a diary, so you know what your triggers are. This campaign is so important. It's really simple to check your pulse every day, and it's something we all should incorporate into our daily routine."

To learn more about atrial fibrillation and how to check your pulse, visit www.irishheart.ie

Advocacy

Shaping national health policy is an important part of the Irish Heart Foundation's work to affect positive change in the lifestyles of Irish people, to achieve better outcomes for those affected by heart disease and stroke and to challenge when the health of our nation is put at risk.

The advocacy priorities for 2018 included: securing a more realistic State response to the child obesity crisis; reducing smoking rates and alcohol consumption, particularly among young people; and securing improvements to cardiac and stroke services both in hospitals and the community.

Progress on these strategic objectives included:

1. Tackling the Childhood Obesity Crisis

State-funded research estimates that 85,000 of this generation of children will die prematurely due to overweight and obesity. In 2018 the Irish Heart Foundation recorded various successes in our work to affect positive change for their future:

- We played a key lobbying role in securing the sugar sweetened drinks tax, a vital policy measure in reducing sugar in children's diets. By encouraging reformulation by producers, the tax has been a significant success even before the fiscal impact has been fully registered;
- We secured an amendment to the Data Protection Act prohibiting the microtargeting and profiling of children for commercial purposes on digital platforms. Almost three-quarters of the Irish public now support our campaign for a ban on junk food marketing to children;
- A report by the Oireachtas Committee on Children and Youth Affairs on Tackling Childhood Obesity contained many of our recommendations, including a statutory code for food and beverage marketing in non-broadcast media; stricter regulation of broadcast media; imposition of no-fry zones near schools and crèches; a ban on vending machines in schools; and targeted interventions to tackle childhood obesity in disadvantaged communities;
- Among many VAT anomalies involving junk food, we highlighted the reduced 9% rate on fast food sales, which was increased in the Budget. Our campaign to eliminate 23% VAT on defibrillators continues.

All our activities are built on a strong evidence base and we carry out regular research to underpin advocacy campaigns.

During 2018, we carried out several national surveys to support our Stop Targeting Kids campaign, including public attitudes on banning junk food marketing to children, no-fry zones and on various targeted marketing tactics that encourage children to over consume junk food.

We also carried out research with the Open University and UCD showing the high exposure of children to junk food ads on Irish television during the World Cup that were not covered by broadcasting restrictions and surveyed Easter egg consumption by children to show how temptation overload now dominates various times of celebration.



2. Reducing Smoking Rates and Youth Alcohol Consumption

The Irish Heart Foundation has played a leading role over many years in achieving Ireland's position as one of the world's most successful tobacco control jurisdictions. In 2018 we were further bolstered as another key organisation, ASH Ireland, joined forces with us, to become a Council of the Irish Heart Foundation.

Tobacco tax has been the single biggest driver of reduced smoking rates and the Budget increase of 50 cent mirrored our call for an increase of 5% above inflation. This was the eighth successive Budget increase in tobacco tax and at year end the price in the most popular brand category for a pack of 20 cigarettes was €13.

We welcomed the passage of the Public Health (Alcohol) Bill into law almost three years after it was first introduced. Although the legislation was heavily watered down by industry lobbying, it still includes important protections that will reduce the health impact of excessive drinking.

3. Improving Services for Heart and Stroke Patients

The Irish Heart Foundation plays a major role in the development of cardiovascular health policy, having secured a commitment from the Minister for Health, Simon Harris, to deliver Ireland's first ever dedicated national stroke strategy with multi-annual funding. In addition, we provided the patient voice on the National Cardiac Services Review, the Out of Hospital Cardiac Arrest Strategy Group, and the expert group developing a new model of care for cardiac rehabilitation. Other highlights include:

- We successfully lobbied for funding to extend Early Supported Discharge programmes which ensure quicker, better and cheaper recoveries for stroke survivors who receive rehabilitation at home rather than in hospital;

- Thrombectomy is the most effective treatment for acute stroke, reducing stroke mortality by almost 50% more than any other treatment. We campaigned successfully for near obsolete equipment used to deliver almost all the country's thrombectomies to be replaced, including a protest outside Beaumont Hospital on World Stroke Day.

4. Other Advocacy Areas

Following the decision to create a scheme to partially compensate charities for non-recoverable VAT, we were one of several organisations which sat on a working group to ensure the smooth introduction of the scheme to disburse a €5 million compensation fund in an equitable manner. This comes into effect in 2019.

“I Lost My Only Son to SADS”

Maureen Kelly lost her only son Darragh to Sudden Arrhythmic Death Syndrome (SADS). He was just 21.

Maureen Kelly lost her only son Darragh to Sudden Arrhythmic Death Syndrome (SADS). He was just 21. If it wasn't for her determination to get her family screened after Darragh's death, Maureen may also have lost her daughter Eleanor to the same condition.

It is estimated that approximately 100 young people and children die in Ireland every year because of SADS.

In October 2003 Maureen Kelly from Greystones in Co Wicklow received the phone call that every parent dreads. Her son Darragh (21), who was attending college in Dundalk, had collapsed. She was asked to travel to Dundalk immediately and to bring the family.

“The nurse told me they were treating it as a cardiac arrest which I just couldn't take in because Darragh was so fit and healthy. Then the whole horror began,” Maureen said.

“Darragh had been found by a housemate collapsed on the floor in his bedroom as he was getting out of bed. They called an ambulance which was there very quickly, but they couldn't save him.”

Darragh died from SADS and Maureen described her experience as simply “horrendous.”

“It never goes away. It is as if it is yesterday. That was a shocking time. The worst was that when we got the post-mortem results nothing could be found; his heart was perfectly healthy.”

Maureen started to do her own research and on discovering that SADS was hereditary she immediately became concerned for her daughters, Darragh's three younger sisters. Her fears were well founded as screening revealed that one of her daughters Eleanor had Long QT Syndrome, a disturbance of the heart's electrical system which causes heart rhythm problems. Thanks to the diagnosis and treatment Eleanor is now doing very well and living a normal life with a normal life expectancy.

“Eleanor was fitted with an Implantable defibrillator which has shocked her several times, so we know for a fact that her life has been saved through screening. She was 15 when Darragh died and it took about three years before she was finally diagnosed and treated. But it is wonderful that we haven't lost her too,” Maureen said.

Darragh's tragic death has had a profound effect on the entire family.

“Darragh's loss is always there at family occasions, anniversaries, weddings, my daughter's wedding and the birth of her children, it's always there. Darragh's loss is always felt within the family.”

Maureen said she would urge people affected by SADS to get their families screened: “These conditions are lethal but are very easily treated.”

“We would have certainly lost a second one and to lose one is horrendous but to lose a second I just don't think I could bear it. We have come across families who have lost more than one child.”

Maureen is the chair and one of the founding members of the Irish Heart Foundation's SADS Support Group – a group for parents who have lost a child to SADS. Every year the group holds a healing weekend and Maureen says the peer support she received through these meetings and weekends was enormously helpful after Darragh's death.

“I have been involved in organising the weekend every year since we started, and it has been very successful. Family members and people come back again and again because it is a very safe place to come. As the years go on people around you, family and friends don't talk very much about our grief which is ongoing obviously for the rest of our lives. It's a place where you can get together and talk to others openly because you know they know your pain.”

For more information about the Irish Heart Foundation's support groups, including the SADS Support Group, visit:
www.irisheart.ie/get-support

Patient Support

The provision of community support for people living with cardiovascular disease has been prioritised by the Irish Heart Foundation in response to research which highlighted a growing sense of abandonment and isolation among heart and stroke patients following hospital discharge.

Since 2016 we have developed a network of 19 stroke support groups around the country, along with an online support initiative for Ireland's growing population of working age stroke survivors. The groups are in

- Dublin: Castleknock, Crumlin, Dun Laoghaire, Dundrum, Tallaght, Whitehall;
- Rest of Leinster: Drogheda, Dundalk, Naas, Navan, Longford, Mullingar;
- Connacht: Ballinasloe, Roscommon, Sligo;
- Munster: Dungarvan, Waterford;
- Ulster: Cavan, Monaghan.

During 2018 we also initiated a heart failure support programme and launched three support groups in Dungarvan, Sligo and Waterford. These were established in addition to existing Irish Heart Foundation support groups for a range of cardiac conditions, including cardiomyopathy, sudden cardiac death, Long QT and people living with implantable cardioverter-defibrillators (ICDs). Overall, these groups have 4,000 members around the country.

Stroke Support Groups

Our stroke support groups provide emotional as well as practical support and meet weekly, reflecting the level of support required by people who are dealing with the often significant physical, communication and psychological effects of their brain injury.

In addition to offering a social lifeline to often isolated stroke survivors, the stroke groups provide structured exercise programmes with individualised training plans, one-to-one counselling, respite holidays and outings, along with a full range of expert information and advice.

Heart Failure Support Groups

Our heart failure groups meet every two months and provide members with expert advice and information to enable them to live well at home with their condition. As many as 44% of heart failure sufferers are readmitted to hospital within 12 months of discharge. By providing patients with the wherewithal to self-manage their condition, our groups are helping to minimise the often preventable need for readmission.

Other Support Activities

For people who don't have access to a support group, or who do not wish to attend one, we run regular conferences and information events. Our Stroke Survivor Day in Croke Park has become the biggest event of its type in Europe with more than 400 attendees in 2018. We also run heart failure awareness meetings around the country and annual meetings of our cardiomyopathy, Long QT, sudden cardiac death and ICD groups.



Younger Stroke Support Network

Around three in every four stroke survivors is aged over 65 which is reflected in those attending the groups. Younger stroke survivors sometimes don't feel these groups are suitable for them. The support needs of younger stroke survivors are often more complex, as they tend to be more isolated and can experience more difficulty in coping, particularly with the psychological impact of stroke.

Research

The Irish Heart Foundation's patient support services have been developed based on evidence from in-depth patient research carried out in conjunction with the Royal College of Surgeons in Ireland.

We also support clinical research programmes and proposals that can help improve patient treatment, support and outcomes. In 2018 this included:

- An RCSI-led study on carers' experiences looking after stroke patients post-discharge;
- NUI Galway research examining stroke survivors' experiences of return to work;

- University of Limerick study examining the perspectives of younger people with stroke who are discharged into the community;
- Joint research with other NGOs examining how to impact on young people's behaviour around physical exercise, alcohol consumption and smoking;
- A wide range of research including several collaborative trials being conducted by the Irish Stroke Clinical Trials Network;
- The RCSI's StrokeCog study which aims to develop an epidemiological and economic model of the post-stroke cognitive impairment.

“We Want People to Know the Name ‘Thrombectomy’”

Did you know that some patients can make a full recovery from stroke thanks to a procedure called a thrombectomy?

Thrombectomy is a relatively new therapy for the treatment for acute ischaemic stroke (where a stroke is caused by a blood clot in a major blood vessel in the brain). It is estimated that between 10 and 20 per cent of stroke patients have this type of stroke.

Dr John Thornton is a consultant interventional neuroradiologist at Beaumont Hospital in Dublin and the Director of the National Thrombectomy Service. The first thrombectomy was carried out in Beaumont Hospital in 2010 and in 2017 248 thrombectomies were carried out in Beaumont on patients from all over Ireland while a further 31 procedures were done in Cork University Hospital, the only other provider of the service nationally.

Unlike thrombolysis which uses drugs to try and dissolve a blood clot, thrombectomy is a radiologically guided interventional procedure where doctors use specialist equipment to mechanically remove the clot from the brain. Crucially unlike thrombolysis which is only effective up to four and a half hours post stroke, thrombectomy has been shown to be effective up to 24 hours.

“Using x-ray guidance, we make a puncture in the artery in the groin and pass a tube through the blood vessels and up into the blood vessel in the head. Then we pass a small tube past the blood vessel in the head and pass a stent like device to try and catch the clot, retrieve it and restore blood supply.”

“It depends on the amount of time it has taken for the system to be organised, so the patient gets to the point of removing the blood clot and it depends on whether there has been permanent damage to the brain tissue while waiting to get the blood clot out. If no permanent damage has been done, then the patient makes an excellent recovery but if it has taken a little bit longer then the patient may have some residual stroke symptoms,” he added.

While thrombectomy has been proven to be effective up to 24 hours post-stroke or 24 hours from the time the patient was last seen well, Dr Thornton said that patients still needed to be treated as fast as possible, as with every short interval of time that passes they may become unsuitable for treatment if the stroke becomes permanent.

“Most of the patients who are treated up to 24 hours after the onset of symptoms, those are patients in whom we don’t know exactly the time of onset stroke. That is why we say 24 hours from the time they were last seen well. So, somebody might go to bed at 10 o’clock at night and wake up at 8 o’clock in the morning with a stroke. We don’t know what time they had that stroke and they would be excluded from having thrombolysis because you would have to presume that they were more than four and a half hours from the onset of stroke, but they are not excluded for thrombectomy.”

According to Dr Thornton, on average for every minute that you save in removing the clot you gain a week of healthy living post stroke, so thrombectomy has “quite a dramatic effect”.

“Some patients when you treat them they will recover completely, and they will live several or many years with a completely normal life, and other patients when you treat them, and the treatment isn’t successful, or it is too late, they don’t gain as much healthy living. So, when you say save a minute gain a week, it is very much an average.”

Studies have shown that in eligible patients, thrombectomy can reduce the death rate from stroke by half and almost doubles the rate of recovery to complete independent living.

Dr Thornton said the most important message was if you are having a stroke or you see someone having a stroke you should get them to your local hospital as fast as possible.

“You should be aware that stroke is curable if treated within the first few hours. If it is a severe looking stroke, it is potentially completely curable first by getting the patient to your local hospital and subsequently to Beaumont or Cork University Hospital where the clot can be removed by a procedure known as a thrombectomy. We want people to know the name thrombectomy.”

To learn more about thrombectomy and to see Dr John Thornton explain this procedure in video, visit: www.irishheart.ie

Research, Medical Director and Councils

Medical Councils

The Irish Heart Foundation's Medical Councils offer support, advice and expertise on medical issues and strategic matters, helping to prioritise the Irish Heart Foundation's advocacy and prevention activities. Through the Councils, the Irish Heart Foundation encourages cooperation between health professionals and organisations towards the attainment of common goals.

The active councils in 2018 were:

- **Advanced Cardiovascular Life Support (ACLS) Council:** Chaired by Dr Ashraf Butt, it meets three times a year;
- **Blood Pressure Council:** Chaired by Dr Eamon Dolan, it meets four times a year and with the Irish Heart Foundation runs educational meetings jointly with the British Hypertension Council;

- **Stroke Council:** chaired by Dr Rachael Doyle, it meets at least four times a year and with the Irish Heart Foundation runs a successful annual education meeting and patient support group meeting;
- **Sudden Cardiac Death Council:** chaired by Dr Terence Prendiville, it meets at least four times a year and runs educational meetings;
- **Cardiovascular Disease Prevention Council:** chaired by Professor Ian Graham;
- **Nutrition Council:** chaired by Professor Edna Roche, it meets at least four times a year.

In late 2018 ASH Ireland, which campaigned for a smoke-free environment for all, became a Council of the Irish Heart Foundation.

Research

Research is important to build knowledge and facilitate learning.

The Irish Heart Foundation provided seed funding for the development of a Stroke Clinical Trials Network. This has been very successful in enabling the network to get funding from the Health Research Board and develop an active and viable network involved in numerous trials. The network will promote collaboration among stroke researchers and facilitate engagement on investigator-led stroke clinical trials research in Ireland. Through this, the Stroke Clinical Trials Network aims to provide Irish patients with access to cutting-edge new treatments and interventions with the potential to prevent strokes and improve recovery after stroke

The total funding given was €659,000 over five years, ending at the end of 2019.

Fundraising

We are almost wholly reliant on the support of people across the country to fund our work to end premature death and support those affected by heart disease and stroke.



83% of the income we invest in our services each year comes from donors, supporters, corporates, trusts and foundations, and legacies.

While the Foundation has been incredibly lucky to be the beneficiary of several legacies over the years, it is also reliant on the continued success and effectiveness of fundraising activity to ensure it has an ongoing sustainable income stream to support its work.

To that end the Board signed off on a strategic proposal to invest in growing our voluntary income-generating capacity to deliver long-term sustainable voluntary income to fund our work. This includes the development of an in-house direct recruitment team in 2019 as well as an investment in supporter care and development.

People are at the heart of everything we do – they are why we exist, and they are what makes our work possible. The role of the fundraising team is to engage with those supporters so that they understand how their support is making a real difference.

It is the support and generosity of our donors, volunteers and supporters which allow us to provide heart health checks, CPR training and health programmes to thousands of people across Ireland.

Over the last 30 years, the Happy Hearts Appeal has been a key part of our fundraising calendar. The campaign has been a huge success for many years, and we would like to thank the thousands of people who gave so generously of their time to support the Irish Heart Foundation through this appeal. In 2018 we took the decision to end our Happy Hearts appeal in May and move our national fundraising day to February.

We look forward to turning the country red in the Februarys to come.

Financial Review

In 2018, thanks to our supporters' generosity and the huge commitment of our volunteers and staff, the total income for the Foundation was €5.4 million. In 2018 fundraising accounted for approximately 83% of total income. The balance came from charitable activities of 11% and government funding of 6%. The expenditure for 2018 was €6.3 million and the excess of planned expenditure over income for the year was €960,000.

At the end of 2017, the Irish Heart Foundation received a legacy donation of €6 million from the late Elizabeth O'Kelly for which we are very grateful.

In 2018, the Board approved €4 million of this to be designated to fund a number of initiatives to combat childhood obesity which is a key priority of the Foundation's new organisational strategy.

Income 2018

€

Donations and legacies	4,496,590
Charitable activities	903,450

Total income 5,400,040

Expenditure 2018

€

Charitable activities	4,590,574
Fundraising activities	1,714,142

Total expenditure 6,304,716

Directors' Report and Financial Statements

Directors' Report

The directors submit their annual report, together with the audited financial statements, for the financial year ended 31 December 2018.

The Irish Heart Foundation (the Foundation) is a registered charity and a company limited by guarantee.

In line with the Foundation's strategy of implementing best practice corporate governance standards, the Foundation has voluntarily adopted the Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP) in 2018.

Structure and Governance

The Foundation has a voluntary board of directors which meets at least four times a year. Nominations of new directors are approved by the Board only. Directors serve for a three-year term which may be renewed once, with the maximum term that a director can serve being six years. 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 contribution to the Foundation, nor reimbursements for any expenses incurred.

The Board has two committees in place, each of which is chaired by a director. The committees are the Finance and Risk Committee and the Nominations Committee.

The role of the finance and risk committee is:

- To advise the board on all financial matters affecting the foundation;
- To review the audited financial statements of the Foundation prior to presentation to the board;
- Review and approve the annual budget before submission to the board for approval;
- Make decisions on behalf of the board on investment policies and practices and to report to the board on investment performance;
- Review and recommend approval of all capital expenditure over an amount as determined by the board;
- Review the risk register and ensure it captures the key risks to the organisation and that plans are in place to manage or mitigate the risks;
- To monitor overall levels of remuneration and specifically approve the remuneration of the Chief Executive Officer (CEO) and Financial Controller.

The Finance and Risk Committee meets at least four times a year in advance of the Board meeting. The CEO is in attendance along with required members of the senior management team.

The role of the Nominations Committee is to monitor, review and evaluate the effectiveness, structure, size and composition of the Board.

The Board ensures that the activities of the Foundation are consistent with its charitable objectives and aims. Responsibility for the day-to-day management is delegated by the Board to the CEO, who is supported by a senior management team, staff and volunteers. The senior management team comprises the financial controller as well as heads of function for advocacy and patient support, health promotion and prevention, fundraising and communications, medical director and support services.

Directors' Report (continued)

Financial Review

In 2018, thanks to our supporters' generosity and the huge commitment of our volunteers and staff, the total income for the Foundation was €5.40m. The Foundation's income is primarily raised through fundraising. In 2018 this was approximately 83% of total income. The balance came from charitable activities of 11 % and government funding of 6%. The expenditure for 2018 was €6.3m and the excess of planned expenditure over income for the year was €960k.

At the end of 2017, the Irish Heart Foundation received a legacy donation of €6m from the late Elizabeth O'Kelly for which we are very grateful.

The board approved €4m of this fund to be designated to fund a number of initiatives to combat childhood obesity which is a key priority of the Foundation's new strategy that runs from 2019 to 2024.

Based on the financial position at 31 December 2018 and the strategic review for 2019 to 2024, the directors believe that the Foundation has adequate resources to continue in operational existence for the foreseeable future. For this reason, the directors continue to adopt the going concern basis in preparing the annual financial statements.

Reserves Policy

The Foundation's policy is to maintain adequate resources to facilitate the funding of the Foundation's work. The total reserves of the Foundation at 31 December 2018 are €12.95m, and these fall into three categories: Restricted (subject to specific conditions imposed by donors), Unrestricted, and Designated (allocated by the directors to particular areas of expenditure).

Objectives

Following the appointment of a new CEO and two new members of the senior management team, a significant focus of the organisation in 2018 was on the development of a new five-year strategy. This work has been completed and the new strategy has been approved by the Board.

The new strategy will build on the core goals of the organization and sets out six strategic priorities:

1. Reducing health inequality in heart disease and stroke.
2. Tackling childhood obesity.
3. Increasing physical activity.
4. Supporting people living with heart disease and stroke.
5. Improving survival rates from cardiac arrest through CPR training.
6. Innovation and research.

Directors' Report (continued)

Activities

1. Health Promotion and Prevention

The Foundation works to promote and support healthier lifestyle choices in the community, schools and workplaces.

In the Community:

- The Foundation's Mobile Health Unit travels around the country delivering free heart health checks to the public. In 2018 over 11,200 people received a free heart health check at the Mobile Health Unit or through community health checks;
- Farmers Have Hearts provides heart health checks and lifestyle advice to farmers at their local marts. 1,200 farmers were seen through this programme in 2018;
- Slí na Sláinte (Path to Health) encourages people to walk more often and to get the greatest health benefits from their walking. In 2018, 316 new community walking leaders were trained and the Foundation developed 13 new school routes, 25 new workplace routes and 5 new community routes;
- The Foundation work with three Community Heart Projects to support people in their communities to adopt healthy eating behaviours and increase activity levels. In 2018, the Foundation partnered with Pavee Point (Dublin), Teach na nDaoine Family Resource Centre (Monaghan) and Raheen Family Resource Centre (Wexford);
- In 2018, the Foundation supported the Irish Pharmacy Union to deliver its pilot to detect hypertension and atrial fibrillation in the community, by providing cardiovascular risk assessment training to 124 pharmacists who agreed to participate in the pilot to detect hypertension and atrial fibrillation.

In Workplaces:

Workplaces represent a huge opportunity to positively influence people's cardiovascular risk through encouraging and supporting active living, healthy eating and other healthy behaviours:

- 5,000 people received Foundation heart health checks in their place of work in 2018;
- The Irish Heart Foundation Healthy Eating Award recognises workplaces and caterers that facilitate heart healthy eating choices and encourage employees to make healthy eating choices. In 2018, 75 workplaces with 42,799 employees were certified bringing the total number of certified workplaces (certification lasts for two years) to 137 with 82,799 employees;
- The Active@Work award is designed to support and enable companies to promote, develop and sustain physical activity programmes in the workplace. In 2018, 26 companies received the Active@Work award and the award reached 23,655 employees.

In Schools:

- The Let's Get Active award is a four-week challenge which supports primary-school children to get active for 60 minutes per day. In 2018, 18,122 children took part in this programme;
- Action for Life is a curriculum-based physical activity programme supporting primary school teachers to deliver the PE curriculum. In 2018 over 189 teachers were trained in Action for Life. In 2018 we took the opportunity to review our key schools based interventions to evaluate them for impact and effectiveness. To allow time for a thorough review, we continued to deliver programmes in the incumbent schools, but we did not actively recruit new participants (schools) during the year. Pursuant to the review, updated programmes have been developed and will be rolled out to schools in the coming academic years(s);
- Y-PATH 'PE 4 ME' is a whole-school physical literacy programme for secondary schools. The programme launched in October 2018 reaching 170 schools, providing continuous professional development to 234 teachers and reaching 48,870 young people;
- The Irish Heart Foundation Healthy Eating Award recognises secondary schools that facilitate heart healthy eating choices and encourage pupils to make healthy choices. Six schools received the Healthy Eating Award in 2018.

Health promotion and prevention is promulgated through campaigns, CPR training and communication.

Directors' Report (continued)

Campaigns

In 2018, the Foundation ran several national public awareness campaigns-on atrial fibrillation, heart failure and the health risks of sedentary behaviour.

- Through our atrial fibrillation campaign "Prevent a Stroke, Feel the Pulse" we increased understanding of the condition atrial fibrillation (irregular pulse) and awareness of the symptoms of the condition amongst our target audience of men and women aged 50+;
- Media coverage of our "Pay Attention to the Signs" heart failure campaign reached more than two million people, while campaign videos on social media were viewed more than 250,000 times;
- In 2018, due to the increasing evidence of the negative impacts on people's health of sedentary behaviours at home and at work, the Foundation decided to use its annual Heart Month campaign to raise awareness of this issue with a campaign called "Chairs Can Kill". Through social media alone, the campaign reached more than 370,000 people.

CPR Training

Currently in Ireland it is estimated that 5,000 people die from sudden cardiac arrest every year. The Foundation aims to improve all links in the chain of survival in order to increase the survival rate from sudden cardiac arrest, and runs targeted programs to reach a wide audience. In 2018, 756 people were trained as CPR instructors, and a total of 129,306 people received CPR training.

The targeted programs include:

- CPR 4 Schools is a secondary school CPR training programme, supported in 2018 by Bank of Ireland, which aims to create a generation of lifesavers in Ireland. During 2018, 1,139 teachers in 405 schools were trained to teach pupils CPR. The programme generated the potential to reach 208,018 school pupils around the country;
- Heartsaver AED and CPR for Family and Friends training programmes deliver CPR and AED training in local communities. In 2018, 97,239 people were trained in Heartsaver AED, CPR for Family and Friends, and Heartsaver AED and CPR Community;
- The Basic Life Support (BLS) training course is aimed at medical, healthcare and emergency or paramedical staff and the emphasis is on delivering high-quality CPR and rapid defibrillation using a team approach to resuscitation. 26,564 people received BLS training in 2018;
- The Advanced Cardiovascular Life Support (ACLS) course is designed for healthcare professionals who deal with serious cardiovascular emergencies. In 2018 an ACLS Coordinator was appointed in the Irish Heart Foundation and a full review of the programme was undertaken. In 2018 4,364 people received ACLS and ACLS for Experienced Providers training;
- To further increase CPR awareness levels, the Foundation began developing a free community CPR training programme in 2018, which will be rolled out in 2019.

Communications

The Foundation is an expert source of accessible health-related information through a press office, the website www.irishheart.ie and published information and educational materials.

In 2018 the Foundation re-established an in-house communications team which provides a 24/7 press office function and a resource to support all aspects of our work in advocacy, patient support, health promotion and prevention, CPR training and fundraising. This team developed many of the key campaigns run in 2018.

The Foundation website is an important resource for patients, carers, medics and the general public to learn about heart disease and stroke. In 2018 website traffic to www.irishheart.ie increased by almost 45%. The number of page views increased to almost a million, an increase of over 25% on the previous year. In addition, the number of pages per session was up, as was the average session duration, up almost 62% in 2018.

Directors' Report (continued)

The Foundation provides a wide range of information and educational materials on all aspects of heart disease and stroke. In 2018, more than 500,000 units were distributed nationwide through hospitals, GP surgeries, community groups, the mobile health unit and to the general public.

2. Advocacy

Shaping national health policy is an important part of the Foundation's work to reduce preventable death and disability from heart disease and stroke. The advocacy priorities for 2018 included:

Tackling the Childhood Obesity Crisis

- The Foundation played a key lobbying role in securing the sugar sweetened drinks tax, a key policy measure to reduce sugar in children's diets;
- The Foundation secured an amendment to the Data Protection Act prohibiting the microtargeting and profiling of children for commercial purposes on digital platforms;
- A report by the Oireachtas Committee on Children and Youth Affairs on tackling childhood obesity contained many of the Irish Heart Foundation's recommendations;
- The Foundation highlighted the reduced 9% rate on fast food sales, which was increased in the budget.

Reducing Smoking Rates and Youth Alcohol Consumption

- In 2018, ASH (Action on Smoking and Health) Ireland joined forces with the Irish Heart Foundation to become a Council of the Foundation;
- The increase in tobacco tax in the 2018 Budget of 50 cent mirrored our call for an increase of 5% above inflation;
- The Foundation welcomed the passage of the Public Health (Alcohol) Bill into law almost three years after it was first introduced.

Improving Services for Heart and Stroke Patients

- The Foundation provides the patient voice on the National Cardiac Services Review; the Out of Hospital Cardiac Arrest Strategy Group; and the expert group developing a new model of care for cardiac rehabilitation;
- The Foundation successfully argued for funding to extend early supported discharge programmes which ensure quicker, better and cheaper recoveries for stroke survivors receiving rehabilitation at home rather than in hospital;
- Thrombectomy is the most effective treatment for acute stroke, reducing stroke mortality by almost 50% more than any other treatment. The Foundation campaigned successfully for near obsolete equipment used to deliver almost all the country's thrombectomies to be replaced.

3. Patient Support

The provision of community support for people living with cardiovascular disease has been prioritised by the Foundation. Since 2016 we have developed a network of 19 stroke support groups around the country which meet weekly, along with a Facebook support group for Ireland's growing population of working age stroke survivors. The Foundation also supports groups for a range of cardiac conditions, including cardiomyopathy, sudden cardiac death, long QT and people with ICDs. Nationally there are some 4,000 members of these groups.

In 2018 the Foundation launched a support programme for people living with heart failure, including support groups in Sligo, Waterford and Dungarvan which meet monthly. In 2018, the Foundation's Stroke Survivor Day took place in Croke Park with over 400 attendees.

Directors' Report (continued)

4. Innovation and Research

The Foundation has been to the forefront in encouraging and driving innovation and research into more effective health promotion and prevention interventions.

The Foundation has also recently been a key supporter of research into stroke, and provided seed funding for the development of the Stroke Clinical Trials Network. This has been very successful in enabling the Network to get funding from the Health Research Board and in developing an active and viable network involved in numerous trials. The Network promotes collaboration among stroke researchers and facilitates engagement on investigator-led stroke clinical trials research in Ireland. Through this, the Stroke Clinical Trials Network provides Irish patients with access to cutting-edge new treatments and interventions with the potential to prevent strokes and improve recovery after stroke. The total funding provided by the Foundation to the Network was €659,000 over five years, ending in 2019.

In late 2018, the Foundation initiated a major piece of research into adolescent health literacy. This research will measure health literacy among adolescents nationally and develop and pilot an intervention in five DEIS schools. The project has been designated a World Health Organisation Health Literacy Demonstration Project.

Ongoing research in 2018 also includes a study on marketing of unhealthy foods to children and piloting and evaluation of a new health coaching intervention with farmers.

Fundraising

The Foundation is almost wholly reliant on voluntary funds to support its work. 83% of the income we invest in our services each year is received from donors, supporters, corporates, trusts and foundations and legacies.

Whilst the Foundation has been incredibly lucky to be the beneficiary of several legacies over the years it is also reliant on the ongoing success and effectiveness of fund raising activity to ensure it has a sustainable income stream to support its work.

After almost 30 years of the Happy Hearts Appeal, 2018 saw the last campaign in May. The campaign has been an amazing success for many years, and we would like to thank the many thousands of people who gave so generously of their time over the years to support the Irish Heart Foundation. Due to the declining number of volunteers and the fact that fewer people carry cash, the Foundation has decided to focus our national fundraising day around February and to further develop alternative campaigns to fund its ongoing work.

Future Plans

Much of 2018 was spent reviewing and restructuring the fundraising team and activities to deliver on that objective. To that end the Foundation has decided to invest in growing our voluntary income across all potential income sources. This includes the development of an in-house direct recruitment team in 2019 as well as an investment in supporter care and development.

The Foundation worked on the new strategy 2019-2024 throughout 2018 and this has received final approval from the Board. The new strategy will build on the Foundation's core activities of health promotion and prevention, patient support, advocacy, and innovation and research.

Directors' Report (continued)

As part of the new strategy the Foundation in 2018 began working on a new project to close the gap on poor health literacy in Ireland and reduce health inequalities amongst adolescents in disadvantaged schools. 40% of Irish adults have 'inadequate' or 'problematic' health literacy levels, which is a critical factor in preventing cardiovascular disease. The project aims to conduct baseline research of adolescent health literacy levels and to develop a school-based intervention addressing health literacy in disadvantaged areas. It is envisaged that the intervention will encompass a whole-school approach intervention for students aged 12-16 years in DEIS settings, delivering equality of opportunity in schools using cutting edge technology, embedded within the wellbeing framework.

Investment Policy and Performance

The Finance and Risk Committee make decisions on behalf of the board on investment policies and practices and report to the board on the investment performance. In 2018 Key Capital were our financial advisors working with the Finance and Risk Committee. Investments are made within ethical guidelines, balancing risk and return. The Foundation have agreed a low to moderate level of tolerance to financial risk. The majority of investments are held in funds which can be converted to cash at short notice.

Risk Management Objectives and Policies

The Foundation has established a robust risk management process to ensure that all risks which would prevent or impact the achievement of the Foundations objectives are identified, assessed and managed using a clear methodology and ranking system. This identifies the key risks, controls or actions that have been taken, or need to be taken, to mitigate and manage these risks. A risk register is maintained and is monitored on an ongoing basis and reported throughout the year to the Finance and Risk committee and the board.

Post Balance Sheet Events

There were no material post balance sheet events which require adjustment to or disclosure in the financial statements.

Adequate Accounting Records

The directors believe that they have complied with the requirements of Section 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. In so far 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

26 September 2019

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.

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;
- assess the Company'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 Company or to cease operations, or have no realistic alternative but to do so.

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 Company and enable them to ensure that the financial statements comply with the Companies Act 2014. They are responsible for such internal controls 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 Company 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.

On behalf of the board

Emer Shelley
Director

Brian Goggin
Director

26 September 2019

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 Irish Heart Foundation ("the Company") for the year ended 31 December 2018 set out on pages 14 to 31, which comprise the statement of financial activities and statement of comprehensive income, 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 accompanying financial statements:

- give a true and fair view of the assets, liabilities and financial position of the Company as at 31 December 2018 and of its deficit for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- 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 Company 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.

We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

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. 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, 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 Company 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 10, 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 Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

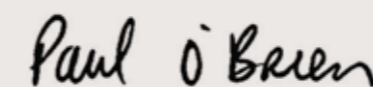
Auditor's responsibilities for the audit of the financial statements

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

A fuller description of our responsibilities is provided on IAASA's website at www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf

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

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



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

26 September 2019

Statement of financial activities and statement of comprehensive income

for the year ended 31 December 2018

	Note	Restricted funds 2018	Unrestricted funds 2018	Designated funds 2018	Total funds 2018	Total funds 2017
Income			€	€	€	€
Donations and legacies	3(a)	716,682	3,779,908	-	4,496,590	10,508,887
Charitable activities	3(b)	314,572	588,878	-	903,450	897,656
Total income		1,031,254	4,368,786	-	5,400,040	11,406,543
Expenditure						
Charitable activities	4	(334,572)	(4,256,002)	-	(4,590,574)	(4,376,127)
Fundraising activities	5	(654,823)	(1,059,319)	-	(1,714,142)	(3,029,799)
		(989,395)	(5,315,321)	-	(6,304,716)	(7,405,926)
Net (losses)/gains on investments		-	(55,351)	-	(55,351)	224,750
Net income/(expenditure)		41,859	(1,001,886)	-	(960,027)	4,225,367
Transfers between funds						
Transfer between funds		158,212	(4,158,212)	4,000,000	-	-
Net movement in funds after transfers		200,071	(5,160,098)	4,000,000	(960,027)	4,225,367
Other comprehensive income						
Actuarial gains on defined benefit pension schemes		-	9,000	-	9,000	-
Other movements directly through restricted funds		5,000	-	-	5,000	(10,000)
Net movement in funds after transfers and other comprehensive income		205,071	(5,151,098)	4,000,000	(946,027)	4,215,367

Balance sheet

as at 31 December 2018

	Note	2018	2017
		€	€
Fixed assets			
Tangible assets	9	4,587,736	4,576,230
Current assets			
Investments	10	3,827,671	4,165,141
Stocks	11	73,761	1,905
Debtors: amounts falling due within one year	12	414,680	355,976
Cash at bank and in hand	13	4,683,416	6,313,928
		8,999,528	10,836,950
Creditors: amounts falling due within one year	14	(635,623)	(1,474,512)
Net current assets		8,363,905	9,362,438
Total assets less current liabilities		12,951,641	13,938,668
Creditors: amounts falling due after more than one year			
Retirement benefit obligations	15	-	(41,000)
Net assets		12,951,641	13,897,668
Funded by:			
Designated income funds	16	4,000,000	-
Restricted income funds	16	485,211	280,140
Unrestricted income funds	16	8,466,430	13,617,528
		12,951,641	13,897,668
On behalf of the board			

Emer Shelley
Director

Brian Goggin
Director

26 September 2019

Cash flow statement

for the year ended 31 December 2018

	2018	2017
	€	€
Reconciliation of (deficit)/surplus for the year to net cash inflow from operating activities		
Operating (deficit)/surplus for the year	(960,027)	4,225,367
<i>Adjustments for:</i>		
Depreciation	134,256	24,676
Investment management fee paid out	24,037	25,863
Investment income retained in investments	(73,080)	(15,369)
Decrease/(increase) in value of investments	128,431	(209,092)
Interest receivable and similar income	-	(290)
	<u>(746,383)</u>	<u>4,051,155</u>
(Increase) in debtors	(58,704)	(17,372)
(Increase)/decrease in stocks	(71,856)	45,157
(Decrease)/increase in creditors	(429,984)	588,894
Movements in retirement benefit obligations	(41,000)	73,000
	<u>(1,347,927)</u>	<u>4,740,834</u>
Net cash from operating activities		
Cash flows from investing activities		
Acquisition of tangible fixed assets	(554,665)	(1,767,294)
Disposal of investments	508,080	1,937,351
Acquisition of investments	(250,000)	-
Interest received	-	604
	<u>(296,585)</u>	<u>170,661</u>
Net cash from investing activities		
Net (decrease)/increase in cash and cash equivalent	(1,644,512)	4,911,495
Movement on unrestricted funds	9,000	-
Movement on restricted funds	5,000	(10,000)
	<u>6,313,928</u>	<u>1,412,433</u>
Cash and cash equivalents at 1 January		
	<u>6,313,928</u>	<u>1,412,433</u>
Cash and cash equivalents at 31 December	<u>4,683,416</u>	<u>6,313,928</u>

Notes

forming part of the financial statements

1. Accounting Policies

1.1 Basis of Preparation

The financial statements have been prepared under the historical cost convention as modified by the revaluation of investments. The current year financial statements have been prepared in accordance with accounting standards generally accepted in Ireland and Irish statute comprising the Companies Acts 2014 as applied in accordance with the Statement of Recommended Practice (SORP) FRS 102 (revised 2015) "Accounting and Reporting by Charities" as published by the Charity Commission for England and Wales, who are recognised by the UK Accounting Standards Board (ASB) as the appropriate body to issue SORPs for the charity sector in the UK. Financial reporting in line with the SORP is considered best practice for charities in Ireland.

The Irish Heart Foundation is constituted under Irish company law as a company limited by guarantee and is a registered charity. In prior years companies not trading for gain for the members were not within the scope of company law requirements with regards to formats and content of financial statements which applied to for profit companies thus permitting the adoption of a format appropriate to a charity. Accordingly, the Foundation adopted and reported its performance in accordance with the format provided for in the Charities SORP and in particular reports its performance for the financial year in the format of the SORP's Statement of Financial Activities (SOFA).

The presentation currency of these financial statements is Euro.

Based on the financial position at 31 December 2018 and the strategic review for 2019 to 2024, the directors believe that the Foundation has adequate resources to continue in operational existence for the foreseeable future. For this reason, the directors 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 financial assumptions used to estimate the retirement benefit obligations are based on market yields and expectations. These obligations were satisfied in full in 2018.

1.3 Income

Income is recognised in the Statement of Financial Activities only when the Charity 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 Charity.

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 Charity, in furtherance of the objectives of the Charity. Such funds may be held in order to finance working capital or 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

1. Accounting Policies (continued)

1.3 Income (continued)

Donations and Legacies

This income (which consists of monetary donations from the public, corporates, major donors, legacies and related tax refunds), is recognised in the period the Charity 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. Grants from statutory and other sources are recognised as income when the Charity is legally entitled to the income because it is fulfilling the conditions contained in the related funding agreement. Services Income is recognised when the service has been provided and invoiced. 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.

All statutory grants are treated as restricted income.

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 Charity 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.

Notes

forming part of the financial statements

1. Accounting Policies (continued)

1.4 Expenditure (continued)

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.

1.5 Gains or Losses on Investments

Gains or losses on investments comprise realised and unrealised gains or losses on investment assets.

1.6 Taxation

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

1.7 Tangible Fixed Assets and Depreciation

Tangible fixed assets are stated at cost, or valuation, less accumulated depreciation. Depreciation is calculated, by reference to original cost or valuation, 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%

1.8 Investments

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

1.9 Stocks

Stocks are stated at the lower of cost and net realisable value. Promotional items which are to be used for fund raising have been valued at cost.

1.10 Debtors

Trade and other debtors are recognised at the settlement amount due or the value of the amount prepaid.

Notes

forming part of the financial statements

1. Accounting policies (continued)

1.11 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.

1.12 Employee Benefits

The Foundation provides pensions to its employees under a defined contribution scheme and a defined benefit scheme. With effect from 1 January 2000 the defined benefit pension scheme was closed to new employees. The defined benefit scheme was wound up during 2018.

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.

1.13 Creditors

Creditors are recognised at their settlement amount.

2. Legal Status of the Foundation

The Irish Heart Foundation is a company limited by guarantee and does not have share capital. At 31 December 2018, there were 9 directors (2017: 12) whose guarantee is limited to €1.27 each. This guarantee continues for one financial year after directorship ceases.

3. Income

	2018	2017
	€	€
a) Donations and Legacies		
Donations	1,912,107	1,786,109
Legacies	900,137	6,657,854
Corporate events and activities	1,684,346	2,064,924
	<u>4,496,590</u>	<u>10,508,887</u>
b) Charitable Activities		
Grants HSE/PHECC	314,572	403,000
Services income	588,878	494,656
	<u>903,450</u>	<u>897,656</u>

Notes

forming part of the financial statements

4. Expenditure on charitable activities

Analysis of expenditure on charitable activities	2018 Direct	2018 Support	2018 Total	2017 Total
	€	€	€	€
Advocacy	336,233	76,741	412,974	447,525
CPR training	482,937	81,175	564,112	774,724
Health promotion and prevention	2,537,342	343,072	2,880,414	2,485,166
Patient support	345,365	105,338	450,703	405,925
Innovation and research	263,548	18,823	282,371	262,787
	<u>3,965,425</u>	<u>625,149</u>	<u>4,590,574</u>	<u>4,376,127</u>
Analysis of direct costs:			2018 Total	2017 Total
			€	€
Advocacy			<u>336,233</u>	<u>380,405</u>
CPR training				
CPR training for professionals			329,993	375,057
CPR training for the public			152,944	320,614
			<u>482,937</u>	<u>695,672</u>
Health promotion and prevention				
Awareness and information			1,012,903	950,073
Community programmes			231,077	215,102
Health checks			413,760	415,053
Schools programme			314,536	197,409
Workplace			565,066	385,335
			<u>2,537,342</u>	<u>2,162,972</u>
Patient support			<u>345,365</u>	<u>325,680</u>
Innovation and research			<u>263,548</u>	<u>243,396</u>

Notes

forming part of the financial statements

5. Fundraising activities

	2018 Direct €	2018 Support €	2018 Total €	2017 Total €
Operating costs	1,496,053	218,089	1,714,142	3,029,799
	<u>1,496,053</u>	<u>218,089</u>	<u>1,714,142</u>	<u>3,029,799</u>

As part of the strategic review process, the board approved to take all future donor recruitment activity in-house. This includes the development of an in-house direct recruitment team to grow the individual supporter database and build future revenue streams. This activity had been outsourced to a third party agency which generated €0.8m of costs in 2017 and €0.13m of costs in 2018 as the activity was wound down. The investment in the in-house team will begin in 2019.

6. Support costs

	Facilities and IT 2018 €	Other indirect 2018 €	Total 2018 €	Total 2017 €
Charitable activities				
Advocacy	26,516	50,225	76,741	67,120
CPR Training	28,048	53,127	81,175	79,052
Health Promotion and prevention	118,541	224,531	343,072	322,194
Patient Support	36,397	68,941	105,338	80,246
Innovation and research	6,504	12,319	18,823	19,390
Total support costs allocated to charitable activities	<u>216,006</u>	<u>409,143</u>	<u>625,149</u>	568,002
Fundraising	<u>75,356</u>	<u>142,733</u>	<u>218,089</u>	283,506
Total support costs allocated	<u>291,362</u>	<u>551,876</u>	<u>843,238</u>	851,508

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.

Notes

forming part of the financial statements

7. (Deficit)/Surplus for the year

	2018 €	2017 €
(Deficit)/surplus for the year	<u>(960,027)</u>	<u>4,225,367</u>
<i>Stated after charging:</i>		
Directors' remuneration	-	-
Auditors' remuneration – fees (excluding VAT)	29,500	18,500
Auditors' remuneration – expenses	-	-
Depreciation of tangible fixed assets	134,256	24,676
Operating lease charges	-	165,419
<i>Stated after crediting:</i>		
Investment income	73,080	15,369
Interest income	-	290

8. Wages and salaries

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

	2018 Number	2017 Number
Charitable activities	43	37
Fundraising	9	13
Support	9	8
	<u>61</u>	<u>58</u>

The aggregate payroll costs, were as follows:

	2018 €	2017 €
Wages and salaries	2,783,216	2,673,170
Social insurance costs	285,891	277,935
Other retirement benefit costs	97,042	200,852
	<u>3,166,149</u>	<u>3,151,957</u>

Included within the remuneration figures above are redundancy costs of €2.4k (2017: €Nil) arising from the restructuring of the helpline service in 2018.

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.

Notes

forming part of the financial statements

8. Wages and salaries (continued)

The number of employees whose remuneration exceeded €70,000 is set out below:

	2018 Number	2017 Number
€70,000 - €80,000	1	-
€80,001 - €90,000	1	-
€90,001 - €100,000	1	2
€100,001 - €110,000	-	1
€150,001 - €160,000	1	-

Included in the above are certain of the key management team. The key management team includes the CEO and heads of function for advocacy and patient support, health promotion and prevention, fundraising and communications, medical director and support services. The key management team increased from five to six members in 2018. The total emoluments (including benefits and pension) paid in regard to the senior management team in 2018 was €621,310 (2017: €490,417). The previous CEO of the foundation resigned at the beginning of 2017 and the post was filled in late August 2017.

9. Tangible Fixed Assets

	Buildings €	Office furniture €	Equipment €	Computer equipment €	Motor vehicles €	Total €
At beginning of year	4,313,669	188,242	43,854	19,741	79,865	4,645,371
Additions in year	106,133	23,074	13,037	3,518	-	145,762
At end of year	4,419,802	211,316	56,891	23,259	79,865	4,791,133
Depreciation						
At beginning of year	-	3,760	22,882	17,208	25,291	69,141
Charge for year	87,722	20,504	7,917	2,139	15,974	134,256
At end of year	87,722	24,264	30,799	19,347	41,265	203,397
Net book value						
At 31 December 2018	4,332,080	187,052	26,092	3,912	38,600	4,587,736
At 31 December 2017	4,313,669	184,482	20,972	2,533	54,574	4,576,230

Motor vehicles owned by the Company are a Mobile Health Check unit.

Notes

forming part of the financial statements

10. Investments

	2018 €	2017 €
Opening balance	4,039,315	5,694,232
Additions	221,341	83,836
Disposal	(508,080)	(1,937,351)
(Decrease)/increase in value	(128,431)	209,092
Investment income retained	73,080	15,369
Investment management fee paid out	(24,037)	(25,863)
	3,673,188	4,039,315
Quoted investments at market value	3,673,188	4,039,315
Cash pending investment	154,483	125,826
	3,827,671	4,165,141

11. Stocks

	2018 €	2017 €
Stationery stocks	1,905	1,905
CPR kits	71,856	-
	73,761	1,905

12. Debtors

	2018 €	2017 €
General debtors	184,289	211,725
Prepayments	17,779	20,787
Other debtors	22,612	123,464
Accrued income (Note (i))	190,000	-
	414,680	355,976

Note (i): Accrued income relates to amounts due but not yet received at year end that qualify for recognition as income.

All debtors fall due within one year.

Notes

forming part of the financial statements

13. Cash at Bank and in Hand

	2018	2017
	€	€
Cash at bank and in hand	<u>4,683,416</u>	<u>6,313,928</u>

Included in cash at bank and in hand is an amount of restricted cash of €285,140 (2017: €280,140) relating to amounts received from the Health Service Executive and/or Department of Health and children and others, in support of the Travelling Fellowship, the National Cardiovascular Information System ("NCIS"), Sudden Cardiac Death Task Force Report ("SCDTFR"), HSE Obesity Project and Noel Hickey Bursary. Related expenditure on these projects are shown as movements in restricted funds. The restricted cash funds are operated independently from the Foundation and the Foundation's role is to receive and disburse funds on their behalf.

The balance of restricted cash represents amounts received but not yet expended, and which are not available to the Foundation for its own activities.

14. Creditors: amounts falling due within one year

	2018	2017
	€	€
Creditors	256,087	763,776
Accruals	136,935	64,287
Capital accruals	-	408,905
PAYE/PRSI	79,316	73,044
Deferred income	163,285	164,500
	<u>635,623</u>	<u>1,474,512</u>

15. Retirement Benefit Obligations

The Foundation operates a defined contribution pension scheme and a defined benefit scheme. The assets of both schemes are vested in independent trustees for the benefit of employees and their dependants. With effect from 1 January 2000 the defined benefit pension scheme was closed to new employees. All new eligible employees with effect from 1 January 2000 are included in the defined contribution scheme. The defined benefit scheme was wound up during 2018.

Defined Benefit Scheme

The Foundation undertakes actuarial valuations of the scheme at least every three years. These are conducted by qualified, independent actuaries. The effective date of the last actuarial valuation was 1 January 2015.

The valuations employed for FRS 102 purposes have been based on the most recent funding valuation for the scheme adjusted by the independent actuary to allow for the accrual of liabilities up to 31 December 2018 and to take account of financial conditions at that date. The valuations used for FRS 102 purposes have been completed using the projected unit method and assets for this purpose have been valued at market value.

Notes

forming part of the financial statements

15. Retirement Benefit Obligations (continued)

Amounts recognised in the balance sheet

	2018	2017
	€'000	€'000
Present value of wholly funded obligations	-	(360)
Fair value of scheme assets	-	319
Net pension (liability)/asset	<u>-</u>	<u>(41)</u>

Movement in the present value of defined benefit obligations

	2018	2017
	€'000	€'000
At beginning of the year	360	627
Current service cost	14	16
Actuarial gains	-	9
Effect of settlements	(374)	(292)
At end of year	<u>-</u>	<u>360</u>

Movement in the fair value of scheme assets

	2018	2017
	€'000	€'000
At beginning of year	319	659
Return on plan assets less interest income	(9)	9
Employer contributions	2	-
Effect of settlements	(312)	(349)
At end of year	<u>-</u>	<u>319</u>

Amounts recognised in the statement of financial activities

	2018	2017
	€'000	€'000
Current service cost	(14)	(16)
Effect of settlements	62	(57)
Total pension gain/(cost) recognised in the statement of financial activities in respect of the defined benefit scheme	<u>48</u>	<u>(73)</u>

Notes

forming part of the financial statements

15. Retirement Benefit Obligations (continued)

Analysis of amounts recognised in other comprehensive income

	2018 €'000	2017 €'000
Actual return less expected return on pension scheme assets	9	9
Effect of changes in actuarial assumptions	-	(9)
	9	-

FRS 102 information in respect of the scheme, as at 31 December 2018, with prior year comparatives as required under FRS 102 are set out below.

The financial assumptions used to calculate the retirement benefit liabilities under FRS 102 were as follows:

	2018 Projected unit	2017 Projected unit
Valuation method		
Discount rate	N/A	1.70%
Inflation rate	N/A	1.50%
Rate of increase in pension payment	N/A	0.00%
Rate of increase of deferred pensions	N/A	1.50%
Rate of salary increases	N/A	0.00%
Life expectancy	Years	Years
Female member age 63 (current life expectancy)	N/A	27.9

The discount rate of 1.70% is based on AA Corporate Rated Bonds which are appropriate for the duration of the liabilities of the scheme.

Pension scheme assets and liabilities

The market value of the assets in the scheme and the value of accrued liabilities were as follows:

	2018 €'000	2017 €'000
Unitised funds	-	319
Total market value of pension scheme assets	-	319
Present value of pension scheme liabilities	-	(360)
Net pension (liability)/asset	-	(41)

Notes

forming part of the financial statements

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 2018 €	Total 2017 €
Total funds of the charity at beginning of year	280,140	13,617,528	-	13,897,668	9,682,301
Movement in funds					
Net income for the year	41,859	(1,001,886)	-	(960,027)	4,225,367
Transfers	158,212	(4,158,212)	4,000,000	-	-
Actuarial gain on defined benefit pension scheme	-	9,000	-	9,000	-
Other movements directly through restricted funds	5,000	-	-	5,000	(10,000)
Total funds of the charity at end of year	485,211	8,466,430	4,000,000	12,951,641	13,897,668

At 31 December 2018, the restricted funds balance includes an amount of €285,140 (2017: €280,140) that is represented by a restricted cash balance included in cash at bank and in hand (note 13).

b) Analysis of net assets between funds

	Restricted funds €	Unrestricted funds €	Designated funds €	Total €
Tangible fixed assets	-	4,587,736	-	4,587,736
Current assets	648,496	4,351,032	4,000,000	8,999,528
Creditors and deferred income	(163,285)	(472,338)	-	(635,623)
	485,211	8,466,430	4,000,000	12,951,641

Notes

forming part of the financial statements

17. Commitments

The Foundation is committed, at 31 December 2018, to allocating €24,516 (2017: €158,621) to various research projects during the coming year.

18. Related Party Transactions

There were no related party transactions during 2018.

19. Approval of financial statements

These financial statements were approved by the board of directors on 26 September 2019.

Reference and Administrative Details

Reference and Administrative Details

Irish Heart Foundation

Company Limited by Guarantee

Registered Office

17-19 Rathmines Road Lower, Dublin 6, D06 C780

Company Registration Number

23434

Revenue Charity Number

CHY5507

Registered Charity Number

20008376

Board Members

Professor Emer Shelley (elected president and chairperson 27 September 2018)

Ms Aisling Blake

Dr Aidan Buckley

Mr Brian Goggin

Dr Andrew Maree

Mr Gerry McErlean

Dr Paul Oslizlok

Ms Orla Burke (retired 27 September 2018)

Mr Niall Dineen (retired 27 September 2018)

Professor Joe Harbison (appointed 27 September 2018)

Mr Jack Massey (retired 13 December 2018)

Professor Seán Murphy (retired 27 September 2018)

Professor Declan Sugrue (previous chairperson; retired 27 September 2018)

Mr Wally Young (appointed 27 September 2018)

Finance and Risk Committee Members

Mr Niall Dineen

Mr Brian Goggin

Mr Jack Massey

Professor Emer Shelley

Professor Declan Sugrue

Nominations Committee

Ms Aisling Blake

Professor Joe Harbison

Professor Emer Shelley

Chief Executive

Mr Tim Collins

Company Secretary

Mr Vincent McCabe (retired 28 June 2018)

Ms Helen Redmond (appointed 28 June 2018)

Auditor

KPMG

Chartered Accountants

1 Stokes Place

St Stephen's Green

Dublin 2

Bankers

Bank of Ireland

Ballsbridge

Dublin 4

Notes



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Irish Heart
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