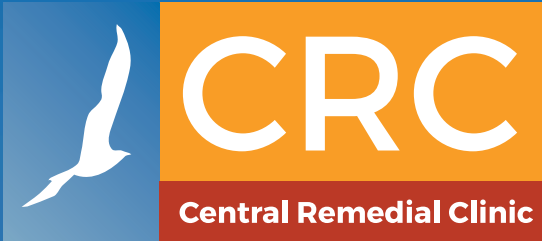




# Annual Report 2016





**Mission: Working together to make a positive difference to the lives of people with disabilities, their families, and carers.**

**Vision: That people with disabilities achieve their potential and live full lives as equal and valued citizens**

**Values: People are at the heart of what we do: our clients, their families and carers, our staff and volunteers. We value the trust placed in us and we carry at our core the principles of openness, respect, empowerment and excellence.**



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Charlie O' Flaherty  
Nagle with Minister  
of State with special  
responsibility for  
Disabilities Finian  
McGrath

# 1. Chairperson's Statement



I am pleased to present the Central Remedial Clinic's (CRC) annual report for 2016.

2016 saw the CRC firmly move to focusing on the future. In 2015 we commenced wide ranging consultation and engagement with our stakeholders to develop a five year strategic plan for the CRC. In November 2016, this plan, Towards 2021, was launched by Minister Finian McGrath, Minister of State at the Department for Social Protection, Justice & Equality and Health with special responsibilities for Disability. This plan addresses our national specialist competencies and the implementation of government policies in New Directions and Progressing Disabilities Services and provides the CRC with the framework to ensure we continue to provide and improve our services to our clients, their parents, carers and families. This is a living plan, a plan that will be tracked, reviewed and adjusted over the course of its lifetime to reflect the changing needs of our client base, improvement in technologies, and changes in government policies.

Although we receive our core funding from government agencies, it never seems to be enough. 2016 saw the CRC take direct ownership of the 50% share in The Care Trust DAC previously held by Friends and Supporters of the CRC. The excellent work of The Care Trust DAC, in their fundraising on behalf of the CRC, supports many capital projects and provides much needed equipment in the CRC. Money from The

Care Trust DAC has allowed us to address some of the critical infrastructure issues with our existing premises and will allow us to build or acquire additional premises for hubs and/or centres allowing us to further enhance the facilities and services and bring the support we provide closer to our clients.

2016 sees the third year of the current Board and the end of their first term. As we look back over the last three years, the CRC has gone through tremendous change. The legacy issues identified in the report of the Interim Administrator of 2014 have been addressed or there is a plan in place to address them. During that period the Board has had to make some very difficult, and sometimes, unpopular decisions and I would like to publically acknowledge the professionalism of our staff in responding to those challenges and in continuing to provide our clients with the services they need, and deserve.

I believe the CRC is well positioned for the future. Under the excellent leadership of Stephanie Manahan, our CEO, we will drive the implementation of the Strategic Plan, delivering excellent and pioneering services to children and adults with disabilities.

Mr Kieran J Timmins  
Chairperson



## 2. CEO's Review

2016 has seen the CRC go from strength to strength rebuilding confidence and trust and providing enhanced quality services.

A considerable focus for 2016 was on the development and launch of the CRC Strategic Plan for the next five years. We finished an extensive consultation process across the services engaging with staff and clients. The plan, 'Towards 2021' was launched in November 2016 by Minister Finian McGrath, Minister of State at the Department for Social Protection, Justice & Equality and Health with special responsibilities for Disability.

The Plan points the CRC towards the future ensuring that the decisions taken are part of a thought out and planned vision for the CRC, underpinned by quality services, good governance and transparent decision making processes.

We worked towards developing the management team and focused on enhancing key skills necessary in managing and steering the CRC forwards. The team is described in more detail later in this report.

We have focused this year's annual report on attempting to describe our impact as a Charity and as a disability service provider. Measuring the impact of our work is important to us. We can tell a limited story with numbers but the richness of our impact sits in the individual stories that lie behind the numbers.

The services we provide make a difference on the ordinary, yet exceptional daily lives of the people we serve and some of these are below.



Jenny, the mum who is supported by a CRC respite worker coming into her home so she can spend time with her other children, get jobs done, get to an appointment or simply get a much needed hour over a coffee with a friend.



Kieran, the young boy who has just left school and is supported in learning how to use public transport for the first time.



Sophie, the baby, who after a sleep intervention programme sleeps better at night ensuring a rested family who can better cope with the challenges of the next day.



Joe, the toddler who is slowly learning to eat solid food and develop independent feeding skills.



I have the joy in experiencing and witnessing these stories every day and working with a dedicated staff team, with inspirational children, families and adults who use our services and enrich our lives.

The CRC, through its specialist, medical, therapeutic and social supports and expertise makes a difference every day in the lives of the people who use our services. We take our responsibility seriously and our challenge is to ensure we are an organisation that makes sense and continues to provide quality and essential services that not only enrich but make a difference to the lives of people. We need to stay relevant; we need to continue to communicate with our clients, the people who use our services, our staff,

our funders and our supporters.

We need to continue our commitment to transparent and open governance and management. We need to continue to act responsibly and with the highest of integrity with funds that are entrusted to us by our funders, both statutory and voluntary and we need to continue to remember the privilege we have in working with the people we serve.

Stephanie Manahan  
CEO



Mary, the woman who enjoys her new hobby; the weekly art class in the community local centre.



Caoimhe, the young girl who has made her first best friend in a supported school environment.



Brendan, the dad who proudly watches his son take a few tentative, much anticipated and hoped for first steps.



Michael, the grandparent who meets other grandparents and gets an opportunity to tell their story and support their peers.

## 3. Directors' Report

### 3.1 Structure Governance & Risk Management

#### Structure

The Central Remedial Clinic ('CRC' or the 'Company') was incorporated on the 8th day of October 1953 as a company limited by guarantee and not having a share capital. The CRC was established under a Memorandum of Association which recognised the objects and powers of the Company and it is governed under its Articles of Association and by the Board of Directors.

The purpose of the CRC is to provide a range of services to people with disabilities, including medical, therapeutic, social and recreational. Within the parameters and language of the Charities Act 2009 description of Charitable activities the CRC provides for;

- the integration of those who are disadvantaged, and the promotion of their full participation, in society;
- the advancement of community welfare including the relief of those in need by reason of disability;
- the advancement of education.

The CRC has been granted charitable status under Sections 207 and 208 of the Taxes Consolidation Act 1997 with the Charity Number 4998. The activities of the Company are charitable in nature and all income is applied solely towards the promotion of the charitable objectives of the Company.

#### Members

In 2014, following the appointment of the new Board of Directors the Company had six members. Those six members resigned immediately after the Annual General Meeting for 2014. In accordance with the Company's Articles of Association, the Board appointed new members from their number. In 2015 following the enactment of the Irish Companies Act 2014 the statutory minimum number of members required was reduced to 1. The Irish Revenue require a minimum of 3 members for a charity. The CRC amended the articles of association and at least 3 members from their number continue to be appointed. The members of the CRC are as follows:

- Fiona Mahon
- Tom Quinn
- Carol Ann Casey
- Tom Fleming





## Directors

The Directors for the period 01/01/2016 to 31/12/2016 are noted as follows:



Mr Kieran J. Timmins  
(Chairperson)



Ms Carol Ann Casey  
(Vice-Chairperson)



Ms Sinead Cooke  
(appointed 24/11/2016)



Mr Damien Daly



Mr Thomas Fleming



Ms Rebecca Gageby  
(appointed 22/01/2016,  
resigned 1/09/2016)



Mr Sean Hickey



Ms Fiona Mahon



Mr Malcolm MacLachlan  
(resigned 24/02/2017)



Ms Christine McElhinney  
(resigned 30/09/2016)



Ms Emer Moriarty Crowley  
(resigned 30/09/2016)



Mr Tom Quinn



Mr Robert Vard  
(appointed 22/01/2016)



Mr Diarmuid Connaughton  
(appointed 13/02/2017)



Mr Tom Young  
(appointed 13/02/2017)

## Company Secretary

The Company Secretary for the period 01/01/2016 to 31/12/2016 is noted as follows:



Ms Fiona Mahon  
(resigned 12/09/2016)



Ms Therese Allen  
(appointed 12/09/2016)

## Governance

The Board of Directors of the Company are responsible for the overall control, governance and management of the Central Remedial Clinic ('the Company' or 'CRC').

The Board delegates the day-to-day management of the CRC to the Senior Management Team (SMT), which comprises of the Chief Executive Officer and a number of key senior managers (details are included later in the report). The Board are trustees of two schools that provide primary and post primary special needs education under the auspices and governance of two school Boards of Management.

The CRC's Board of Directors and five Board Sub Committees oversee the organisation to ensure transparency and best practice in all areas of the business. All Directors and members are employed on a voluntary basis.

In accordance with best practice for charitable and not for profit entities, the Charities Statement of Recommended Practice (SORP) FRS102 has been adopted for this set of accounts.

The Board Committees identified and delivered on a number of work streams and the executive established clear reporting lines, enhanced internal controls and accountability throughout the CRC.

The company launched its five year strategic plan in November 2016 following considerable collaboration and consultation with all key stakeholders, this is detailed in section 3.3 in this annual report.

The new service arrangement 2015 to 2018 with the Health Service Executive (HSE) was agreed and signed and the company delivered on all of its responsibilities within that arrangement for the period 01/01/2016 to 31/12/2016.

We confirm that our organisation complies with The Governance Code for the Community, Voluntary and Charitable Sector in Ireland and the Statement for Guiding Principles for Fundraising. The CRC is fully compliant with the requirements of registration with the Charity Regulatory Authority. The CRC is up to date with the requirements of the HSE Compliance statement for Section 38 agencies. We confirm that we comply with Section 225 of the Companies Act 2014 concerning the requirement for a Directors' Compliance statement and this is set out at page 71.

**Table of membership of Board of Directors, CRC Members, Committee members  
(as at date of signing of Annual Report)**

	Members of the CRC	Board of Directors	Audit Committee	Quality, Safety and Risk Committee	Remuneration & Nominations and Committee	Governance Committee	Investment Committee
Carol Ann Casey	✓	✓			✓ ©	✓	
Sinead Cooke		✓	✓		✓		
Damien Daly		✓	✓				✓ ©
Thomas Fleming	✓	✓			✓		✓
Sean Hickey		✓	✓	✓			
Fiona Mahon	✓	✓		✓ ©		✓	
Tom Quinn	✓	✓					
Kieran Timmins		✓ ©			✓	✓	✓
Robert Vard		✓			✓	✓	
Tom Young		✓				✓ ©	
Diarmuid Connaughton		✓	✓ ©				

© Chairperson

## Board of Directors:

The CRC is governed by its Board of Directors who all work in a voluntary capacity and have not received any remuneration in respect of their services to the charity. No Director expenses have been claimed during the period 1 January 2016 to 31 December 2016.

There were no instances or arrangements during the period 1 January 2016 to 31 December 2016 whereby a Director was materially interested in the Charity’s activities. There is a Conflict of Interest Policy in existence in the CRC which outlines the procedure and process to deal with and manage all potential and existing conflicts, as and when they arise. In addition, the CRC maintains a Register of Directors’ Interests which identifies any interests that could give rise to a conflict of interest.

During 2016, the CRC committed to producing a Directors Handbook (the ‘Handbook’) to cover the roles and responsibilities of the Board of Directors in ensuring compliance with good governance and with the principles of The Governance Code for Community, Voluntary and Charity Organisations in Ireland. This Handbook serves as the internal written Code of Governance for the Board and includes systems of internal controls and core governance standards to ensure compliance with the CRC’s obligations. The Handbook also contains the Directors’ Code of Conduct. The Handbook was finalised and distributed in August 2016 to all Board members. The Handbook is also distributed to all new Board members at induction stage.

In addition, the Board has the following schedule of matters reserved for the Board which are detailed in full in the Directors’ Handbook:

1. Strategy and management
2. Financial reporting and control
3. Internal controls
4. Contracts
5. Communication
6. Membership of the Board and other appointments
7. Remuneration
8. Delegation of authority
9. Corporate Governance matters
10. Policies
11. Other Matters

There were a number of changes to the Board during the period 01/01/2016 to 31/12/2016 as follows:

## Resignations:

- Ms Rebecca Gageby (*appointed 22/01/2016 resigned 1/09/2016*)
- Ms Christine McElhinney (*resigned 30/09/2016*)
- Ms Emer Moriarty Crowley (*resigned 30/09/2016*)

## Appointments:

- Mr Robert Vard (appointed 22/01/2016)
- Ms Sinead Cooke (appointed 24/11/2016)

Malcolm MacLachlann resigned after the year end on 24 February 2017.

Following notification of a resignation from the Board of Directors, the Remuneration and Nominations Committee review any skills gaps resulting from the resignations and seek to identify any areas of expertise required to ensure the Board is operating and performing to its fullest potential and in the best interests of its stakeholders at all times. Following appointment, and once all formalities, such as Letter of Appointment and Companies Registration Office Returns are filed; all new Board members are invited to attend an induction meeting with the CEO. The induction meeting involves a thorough overview of the organisation, receipt and overview of the Directors' Handbook, organisation charts and finally a tour of the CRC including, the school and an introduction of members to the Senior Management Team. New Board members also receive formal desk based training on our Board Meeting software application.

## Training

The CRC is a member of various bodies who provide training events throughout the year to Directors. Examples of some events attended by representatives of the Board and the CRC during the year are as follows:

- Risk Management – embedding best practice in organisations – Institute of Public Administration.
- Good Governance guide; Launch of the Code of Practice for The Governance of State Bodies – Institute of Public Administration.
- Board Reviews and steps to enhance Board effectiveness-Institute of Public Administration.
- Building Better Boards Panel Discussion - The Role of Directors in the Charity Sector – Institute of Directors.
- Corporate Governance and the Company Secretary- Institute of Public Administration.
- Round Table for Chairs of Audit Committee in State Boards – Institute of Public Administration.
- Risk Management – Embedding best practice in organisations – Institute of Public Administration.
- Various sessions organised by the Carmichael Centre and The Wheel.
- Regular policy and sectoral updates – CEO and Management team.

## Company Secretary:

The Company Secretary also changed during the period 01/01/2016 to 31/12/2016 as follows:

Ms. Fiona Mahon resigned as the Company Secretary and Ms. Therese Allen was appointed on 12 September 2016.

## Board Meetings:

The Board met on nine occasions during the year for scheduled Board meetings.

The Chief Executive Officer was invited and attended all nine Board meetings.

In addition, representatives from the Senior Management Team were invited to attend a number of Board meetings as required throughout the year. The attendance record at the Board Meetings is noted below:

Position	Name	Board Meetings
Director /Chairperson	Kieran J. Timmins	9/9
Director/Vice Chair	Carol Ann Casey	9/9
Director	Malcolm MacLachlan (resigned 24/02/2017)	8/9
Director	Damien Daly	7/9
Director	Sean Hickey	8/9
Director	Fiona Mahon	8/9
Director	Rebecca Gageby (resigned 1/9/2016)	4/4
Director	Chris McElhinney (resigned 30/9/2016)	6/6
Director	Emer Moriarty Crowley (resigned 30/9/2016)	5/5
Director	Robert Vard	8/8
Director	Tom Quinn	7/9
Director	Tom Fleming	7/9
Director	Sinead Cooke (appointed 24/11/2016)	1/1
Company Secretary	Fiona Mahon (resigned 12/9/2016)	5/5
Company Secretary	Therese Allen (appointed 12/9/2016)	4/4
CEO	Stephanie Manahan	9/9

All Board meetings were held in person but included attendance facilitated by teleconference.

## Board Committees

The Board has five sub committees, as noted below, and the Board delegates specific responsibility to these Board Committees as set out in their Terms of Reference which are reviewed annually.

The Chair of each Committee is a Board director and reports back to the Board at each meeting. The CEO and members of the Senior Management Team are invited to attend these Committee meetings.

- Audit Committee
- Governance Committee
- Investment Committee
- Quality, Safety and Risk Committee
- Remuneration and Nominations Committee

The activities of the Board Committees are detailed on the following pages.



## Board Remuneration & Nominations Committee

The role of the Remuneration and Nominations Committee is to review the structure, size and composition, including the skills, knowledge and experience of the Board and its Committees and make recommendations to ensure the Board is fit for purpose.

This Committee is also responsible for succession planning for the role of CEO and for ensuring that the remuneration of the CEO is compliant with public pay policy.

The Committee met on five occasions throughout 2016 and the key achievements and focus were as follows;

- Revision of the Terms of Reference of this Committee.
- Consideration of pensions matter, which ultimately moved to the Board agenda.
- Consideration of recruitment of new Board members.
- Consideration of the public pay policy for senior executives.
- Consideration of human resource staff issues that were deemed relevant to this Committee.

The priorities for 2017 are:

- Implementation, recommendations and oversight of succession planning for the Board and Senior Management Team.
- External Board Effectiveness Review.
- Review of Directors skills matrix.
- Ongoing review of nominations.
- Approval of key staff policies.
- Oversight of key human resource risks on behalf of the Board.

Remuneration & Nominations Committee Meeting Attendance	
Members	Meetings
Carol Ann Casey (Chairperson)	5/5
Kieran J. Timmins	5/5
Tom Fleming	5/5
Malcolm MacLachlan	4/5
Robert Vard	5/5
Secretary	
Therese Allen (appointed 12/09/2016)	2/2
Guests:	
Stephanie Manahan (CEO)	5/5
Gerry Fallon (Head of HR)	3/5

All five meetings held during 2016 were held via teleconference. Sinead Cooke was appointed to this Committee following the year end.



## Board Audit Committee

The role of the Audit Committee is to review the adequacy, scope and effectiveness of accounting and internal control systems for all financial activities carried out by the CRC.

The Audit Committee is an Advisory Committee to the Board and must satisfy itself, on behalf of the Board that key financial controls are operating, that ethical practices in financial reporting are being reinforced, that key accounting estimates and judgements are being properly made and that internal and external audits are effective whilst cognisant of the fact that the management of the CRC are responsible for the internal controls and financial statements.

The Committee met on four occasions during the year with the focus on the following:

- Recommendation of the 2015 Financial Statements for sign off by the Board.
- Oversight and review of advisors, Deloitte, as Internal Auditors who report to the Audit Committee.
- Consideration of a number of internal audits and oversight of management response and action.
- Communicate with BDO who act as external auditors to the CRC.
- In accordance with good governance the Committee met with the auditors in the absence of the management.

The priorities for 2017 are:

- Review of the 2016 Financial Statements cognisant of reporting requirements of Charities SORP FRS102.
- Ongoing review of Documentation of the Internal Control Framework and Financial Authority Levels.
- Review of financial risk management processes.
- Document Reserves Policy finalisation.
- Document Financial Authorities Policy review.

Audit Committee Meeting Attendance	
Members	Meetings
Chris McElhinney Chairperson (resigned 30/9/16)	4/4
Emer Moriarty Crowley (resigned 30/9/16)	4/4
Sean Hickey	3/4
Damien Daly	3/4
Guests	
Stephanie Manahan (CEO)	4/4
Michael Wickham Moriarty (Head of Finance)	4/4

Meetings were held in person but included attendance facilitated by teleconference. Sinead Cooke was appointed to this Committee after the final meeting of 2016 took place. Diarmuid Connaughton was appointed as chairperson of this Committee on 14 March 2017.

## Board Quality, Risk & Safety Committee

The purpose of the Committee is to oversee quality and safety across the CRC on behalf of the Board. To seek assurance that necessary standards, systems and actions relating to quality and safety are being taken throughout the service and that the reporting and monitoring are carried out. To support the Quality, Risk and Safety executive team to develop a culture of Quality, Safety and Risk Management within the CRC.

The Committee met on four occasions during the year with the focus on the following:

- Oversight of the work of the Executive Quality, Safety and Risk management function.
- Review the CRC Risk Register and Corporate Risk Register and controls in place.
- Attend a minimum of one operational Risk management meeting.
- Monitor active legal cases.
- Review of the Committee Terms of Reference.s

The priorities for 2017 are:

- Oversight and review of the Risk Register and associated controls.
- Approval of relevant Health Safety & Risk Policies.
- Further Integration of Risk with the Audit Committee.
- Expansion of membership to include external risk expertise.
- Enhancement of the Committee membership.

Quality, Safety & Risk Committee Meeting Attendance	
Members	Meetings
Fiona Mahon (Chairperson)	4/4
Malcolm MacLachlan	3/4
Sean Hickey	3/4
Secretary	
Fiona Mahon (resigned 12/9/16)	2/2
Therese Allen (appointed 12/9/16)	2/2
Guests	
Stephanie Manahan (CEO)	3/4
Mike Walsh (Head of Quality, Safety & Risk)	3/4

## Board Governance Committee

The Board Governance Committee, on behalf of the Board of the CRC, make recommendations to the Board on governance policy and compliance.

The Committee met on four occasions during the year. The achievements for 2016 were:

- The development and launch of the CRC Directors' handbook.
- Oversight of the self-assessment of the Governance Code for the Community, Voluntary and Charity organisations in Ireland.
- Review of Terms of Reference.

The priorities for 2017 are as follows:

- Implement Programme of work for the Committee.
- Oversee Annual Governance Code self-assessment.
- Review compliance and regulatory requirements for the CRC.

Governance Committee Meeting Attendance	
Members	Meetings
Rebecca Gageby Chairperson (resigned 1/9/16)	2/2
Carol Ann Casey	4/4
Kieran J. Timmins	3/4
Fiona Mahon	4/4
Malcolm MacLachlan	3/4
Robert Vard	3/4
Guests	
Stephanie Manahan (CEO)	4/4

Tom Young was appointed to chair this Committee on 20th March 2017.

## Investment Committee

The Board Investment Committee, on behalf of the Board of the CRC, make recommendations to the Board on investment of surplus funds.

Investment Committee Meeting Attendance	
Members	Meetings
Damien Daly (Chairperson)	1
Tom Fleming	1
Kieran J. Timmins	1
Secretary	
Therese Allen	1
Guests	
Michael Wickham Moriarty	1

The Committee met on one occasion during the year in person where new Terms of Reference and an Investment Strategy Policy were agreed. The focus of the Committee for 2017 is to consider investment options for funds that have been transferred from Friends and Supporters of the CRC.

## Review of the development and performance of the CRC

The CRC has continued throughout 2016 to strengthen the services it provides across a number of locations nationally. In 2016 we delivered services to over 1,121 children within the Dublin region, and 1,498 children outside Dublin. Our skilled staff provided over 130,000 interventions while working with the children and their families. These interventions impacted significantly on the lives of the children and families who accessed our services, providing specialist medical and therapy assessments, assisting children in developing independence, facilitating attendance at school, enhancing participation in normal daily activities and supporting families to cope with daily challenges.

**We also supported over 330 adults and young people across our Adult services. Twenty students completed 182 modules from QQI Level 1-3. Nine students completed a whole Major Award at QQI Level 3.**

**Seven progressed onto further education and one went on to full-time employment.**

**94 people were supported in work experience placements in a community work setting.**

**Our Specialist Services provided Gait Analysis to 462 children and Assistive Technology and Specialised Seating provided services to over 1,400 children and adults.**

We formally launched our Strategic Plan for the next five years; 'Towards 2021'. This plan gives a focus and sets out a vision for the development of the CRC for the next five years.

The Board committed to a number of new Capital projects and developments which will be funded from the income transferred to us from the Friends and supporters of the CRC as detailed in Note 22 of the Financial Statements.

- Approval to fund a significant development in Swords encompassing a Community Hub for Adults who use our services and a base for children's services teams for north Dublin.
- Approval for improvement works in our Headquarters in Clontarf including the development of a family room and enhanced client facilities.
- Approval to work with the HSE to jointly fund the relocation of our Coolock services.
- Approval to fund the development of a new community Hub in Killester.

In 2016 we were delighted to get confirmation from the Department of Education that the New School Building for our school in Clondalkin, Scoil Mochua has been placed on the Schools development plan for 2019-2020.

Continued focus was placed on developing a communication strategy with staff, service users and engagement with funding bodies and other key stakeholders. In 2016 we employed a full time Communications Manager who has delivered significant improvements to our website, our online media communication channels and is delivering on a wider communications strategy for the CRC.

The CRC's services continue to be primarily funded by the HSE and The Department of Education and Skills ('DES') and we rely on this funding to deliver the services we provide to our clients. To this end the CRC continued to engage in a number of service level agreements with its principal funder, the HSE, through which activity and performance was continuously monitored throughout the year. The CRC submits monthly IMR returns to the HSE and meets regularly with the HSE to discuss Activities, Finance, HR, Risk and other service related matters. The CRC met all of its funding requirements in 2016.

In light of our need to carefully manage our fundraising and philanthropic activities, in 2016 we employed a full time Head of Philanthropy, Fundraising and Partnerships who is currently developing a plan for the CRC for the next five years.

During 2016 we focused on developing the Senior Management Team. The team works with our CEO to manage the CRC on a day to day basis and to deliver the strategic plan on behalf of the Board. The team are as follows;





**CEO**

STEPHANIE MANAHAN

Stephanie is responsible for the overall leadership and management of the CRC, for delivering on the Strategic Plan for the CRC and for reporting to the Board on all related and required matters to support the Board in executing its duties effectively and efficiently.



**MEDICAL DIRECTOR**

DR OWEN HENSEY

The role of the Medical Director is to deploy and manage consultants and other medical resources. Each consultant reports to the Medical Director. The Medical Director works closely with the Head of Children's and Clinical Services and the Head of Specialist Services and Research to support the planning of clinical services for children and adults attending the CRC.



**HEAD OF CHILDREN'S AND CLINICAL SERVICES**

GERALDINE PRUNTY

Appointed November 2016 following an advertised open competition process

The role of the Head of Children's and Clinical Services is to provide management and leadership for the clinical services in Clontarf, Clondalkin and Waterford. The Head of Children's and Clinical Service ensures quality service delivery that will result in the best outcomes for children and adults. The focus is on achieving the maximum potential for each child and adult enhancing their independence and quality of life.



### **HEAD OF ADULT SERVICES**

ALISON MCCALLION

Appointed November 2016 following an advertised open competition process

The Head of Adult Services is responsible for the strategic leadership, management and development of Adult Services in line with the expressed needs of the adults in the service, their families and the objectives set out in the CRC strategic plan.

The Head of Adult Services ensures that all services are delivered by a professional and qualified team of staff, who are trained to deliver a high quality service that is compliant with all national and local policies.



### **HEAD OF SPECIALIST SERVICES AND RESEARCH**

MIKE WALSH

Appointed April 2017 following an advertised open competition process

The Head of Specialist Services and Research has overall responsibility for the management, delivery and development of specialist clinical services and profile research and education in the CRC. The specialist services currently include Assistive Technology and Specialised Seating, Gait Laboratory and the CRC National Specialist Clinical Services.



### **HEAD OF QUALITY, RISK AND SAFETY**

STEPHANIE KILRANE

Appointed February 2017 following an advertised open competition process

The Head of Quality, Risk & Safety is responsible for ensuring compliance with all relevant legislative requirements and to drive the implementation of best practice in all aspects of Quality, Risk & Safety. The Head of Quality, Risk & Safety fosters a culture of quality that continuously seeks to provide safe, effective, person-centred care across all services.



**HEAD OF GENERAL SERVICES AND CAPITAL PROJECTS**

JANE MITCHELL

The role of the Head of General Services and Capital Projects is to maintain CRC premises and services; to plan, manage and co-ordinate assigned construction projects and related activities; and to provide essential supports and general services to staff, clients, and their families.



**HEAD OF HUMAN RESOURCES**

GERRY FALLON

Appointed June 2015

The Head of Human Resources has responsibility for the overall strategic and operational management of the Human Resource function in the CRC. The Head of Human Resources is also responsible for ensuring best practice HR standards are met and play a key role in providing guidance and support to managers and relevant others as appropriate.



**HEAD OF FINANCE**

MICHAEL WICKHAM MORIARTY

Appointed October 2015

The Head of Finance is responsible for financial management of the CRC. The Head of Finance provides leadership in ensuring financial practices are fit for purpose and deliver quality and efficient services in a changing environment. The Head of Finance works with the CEO to develop financial procedures and structures to comply with best practice for the financial governance of charities and public benefit entities.



**HEAD OF PHILANTHROPY, FUNDRAISING & PARTNERSHIPS**

ZIVA NEWMAN

Appointed December 2016 following an advertised open competition process

The Head of Philanthropy, Fundraising & Partnerships is responsible for setting out the fundraising strategy for 2017-2021 with the view to develop sustainable and independent income for the CRC. The main focus is on stewarding the existing supporters, developing new relationships with individuals, local businesses and corporate business.



CRC Adults  
at Bord Gais Theatre



## Principal Risks and Uncertainties

In the CRC we work with children, young people and adults with a broad range of disabilities. The Directors, CEO and staff are acutely aware of the requirements under child protection and the protection of vulnerable adults in assessing the risk profile of the organisation.

We continue to assess and re-evaluate the risk framework for the organisation and this is supported by our ongoing commitment to our risk assessment processes, training and controls and our commitment to ensuring resourced services across all of our functions in order to provide the highest level of safe, quality and effective services to all service users. We recognise the growing demands on our services and the increasing complexity of care needs of our clients however, where possible, we promote positive risk taking in order to make a real difference in the lives of those accessing our services.

We have a risk framework supported by a robust governance system and we review our risk register continually which enables us to monitor the controls in place and adjust risk scoring as necessary. At the end of 2016 this framework was strengthened even further by the recruitment of a fulltime dedicated Head of Quality, Risk and Safety. We have aligned our resources so that in 2017 there will be the development of a Quality, Risk and Safety team to oversee such functions as Health and Safety, Risk, Data Protection, Incident and Complaints Management as well as Information Governance.

We believe that the following risks and uncertainties are the principal risks that may have the most significant impact on the performance of the CRC:

- Safeguarding of adults and children within our services.
- Health and safety of clients, staff and visitors.
- Funding and resources to deliver on National policy implementation in line with the changing landscape of disability services.
- Financial controls.
- Reputation and public and stakeholder credibility.
- Business continuity.
- Non-standardisation in practices and processes throughout the organisation.
- Failure to comply with national standards.
- IT infrastructure.
- Failure to comply with regulatory or legal requirements.
- Continuity of services during capital development projects.
- Ageing buildings and infrastructure.

These risks are detailed in a risk register and reviewed throughout the year. A significant number of controls are in place to mitigate the risks as detailed below;

- Compliance with and CRC wide training in 'Children First: National Guidance for the Protection and Welfare of Children'.
- Compliance with and CRC wide training in 'The HSE National Safe Guarding' policy.
- Continuous service user involvement via a Service User Council and Advocacy Committee.
- Staff communication plan.
- External audit review.
- Implementation of an Internal Audit function.
- Board of Directors' Handbook for the CRC.
- Development of the HSE Framework for Corporate & Financial Governance.
- Ongoing review of a suite of financial policies.
- Staff training and education.
- Employee assistance programmes.
- Compliance with the Charities Regulatory Authority and adoption of Guiding Principles for Fundraising.
- Registration and Compliance with the Governance Code for Community, Voluntary and Charity organisations.
- Strengthening of our workforce through staff recruitment and continuing professional development.
- Implementation of a Five Year Strategic Plan.
- Implementation of an IT review and roadmap.
- Service specific reviews.
- HR needs analysis, Audits and policy review.
- HR, IT and Finance staff clinics.
- Adoption of good faith reporting policy and other related policy and communication improvements.

A number of the key financial risks are elaborated in more detail in the financial review under section 3.4 of this annual report.

## 3.2 Achievements and Performance

### INTRODUCTION

In 2016 we reviewed the organisational structure and purpose and created a structure to better fit the overall aims and objectives of the CRC.

This structure was underpinned by a service delivery focus under three key service delivery areas; that of

- Children's and clinical services
- Adult Services and
- Specialist Services

All of these services are expertly and efficiently supported by administrative and business functions essential to the overall management of the organisation.

In the following pages we take a look at some of the highlights from these areas, we introduce you to one of our many teams, we focus on some of the impactful stories that our clients have shared with us and we tell our story of 2016.

In 2016 the CRC delivered services to approximately 4,000 children and adults with disabilities.

We delivered services to the South East via our specialist services in Waterford, we support seating and assistive technology to the South and Mid-West through our seating and assistive technology base in Limerick. We support the Midlands and North West through our outreach services that visit Athlone, Portlaoise, Mullingar, Letterkenny, Donegal and Tullamore.



We support Dublin North City and North County with our services in Clontarf and our outreach to North County Dublin.

We support Dublin South City and County through our location in Clondalkin.

Our two schools support children from a wide geographical area encompassing Dublin City and County and also children from Kildare and Wicklow.


Our adult service provision is focused solely on the Dublin and greater Dublin region with services provided from five locations across the city. In addition in 2016 we commenced the planning of two more locations for adult services which are both currently going through the planning permission process.




-  **CRC Clontarf**
-  **CRC Clondalkin**
-  **CRC Limerick**
-  **CRC Waterford**

-  **Multidisciplinary Outreach Clinics**
- Athlone
- Donegal
- Letterkenny
- Mullingar
- Portlaoise

-  **Dublin Schools**
- CRC School Clontarf
- CRC Scoil Mochua Clondalkin

-  **New Adult Services Hubs (under development)**
- Swords
- Killester

-  **Dublin Adult Services Hubs**
- Clontarf
- Coolock
- Firhouse
- Hartstown

## Children's and Clinical Services

We provide a comprehensive range of therapy and medical services designed to meet the needs of children and adults with complex and rare conditions. Our children's and clinical services focus on developing a child or adult's independence, enjoyment and participation in day to day life.

In 2016 in Children's and Clinical services we saw 3,700 clients with 73,195 attendances and 137,934 interventions. Clinical services were provided from our centres in Clontarf, Clondalkin and Waterford with outreach clinics in the North West and Midlands areas. Assessments and interventions took place in our many locations, the client's home, crèche, pre-school, school and community settings.

Children attend the CRC on a daily basis for assessment, and therapeutic intervention, on a one to one and group intervention level. Due to the complex nature of some of the children's conditions the child and family may attend a number of services at the same time. In this year's annual report we have focused on some of our group work interventions.

A key ongoing development for the CRC is the continuation of delivering on the government policy for changes in the provision of services for children with disabilities. Significant work continued in preparing CRC staff and families for the reconfiguration of disability services within the Progressing Disability Services (PDS) model of care.

Since 2015 a school aged disability team has been providing services to children with a range of disabilities including Autism and Intellectual disability in the CRC under the new model of PDS.

Our clinical and children's services are built around multidisciplinary teams made up of the following staff:

- Occupational Therapists.
- Physiotherapists.
- Paediatricians.
- Orthopaedic Surgeons.
- Speech & Language Therapists.
- Nursing.
- Dieticians.
- Social Workers.
- Psychologists.
- Therapy assistants.

In the pages that follow we have focused on some of the highlights from the broad range of children's services in 2016:

## Children's Therapy groups

We delivered a range of therapeutic interventions across all therapy departments in 2016. Children were invited according to their specific needs and goals.

Groups are an effective way of delivering services and have the added benefit of building a social and peer support element for the children and families who attend. Groups can be run by a single discipline or can be delivered by a multidisciplinary team. The groups covered a broad range of needs, and below is a list of a number of the groups run over the year:

● Groups

○ Number of Children

14

Get set for school summer

7

Young Hemiplegia

10

Independence

Handwriting and activity

3

Smart Moves

8

8

Autumn Activities

Summer Independence

8

14

Older Hemiplegia

6

Friends for Life

Augmentative and Alternative Communication User day

20

## School Aged Disability Team: 133 children

Groupwork is a key feature of interdisciplinary work on the school aged disability team and the following groups took place in 2016:

● Groups      ● Number of Children





## Lámh Signs Project

In 2016 our speech and language therapists worked on the Lámh Signs project in Scoil Mochua, CRC Clondalkin. Lámh is a manual sign language system originally developed for children and adults with learning disabilities and communication needs in Ireland. It can be used to support or extend understanding, speech and general communication, as part of a total communication approach. The project engaged the whole school community and incorporated learning and practicing Lámh signs into the daily school routine making it fun and engaging for all.

The results of this project indicate that by involving a whole school in an Alternative Augmentative Communication (AAC) approach it is effective in enhancing communication, learning and overall knowledge of the Lámh system. The project involved 65 children and all teaching and school support staff.



## Family Support Groups

Having a child with disabilities can be a time of high anxiety for some parents and a new reality to come to terms with, as parents are thrown into an emotional whirlwind. We are always aware of the emotional adjustments a family needs to make at different stages. This adjustment is an ongoing process and there can be certain times in the child's development which present extra difficulty. Thus the assessment process is ongoing as the needs of the family change at the different stages of the life-cycle. Support for parents and family members is an important feature.

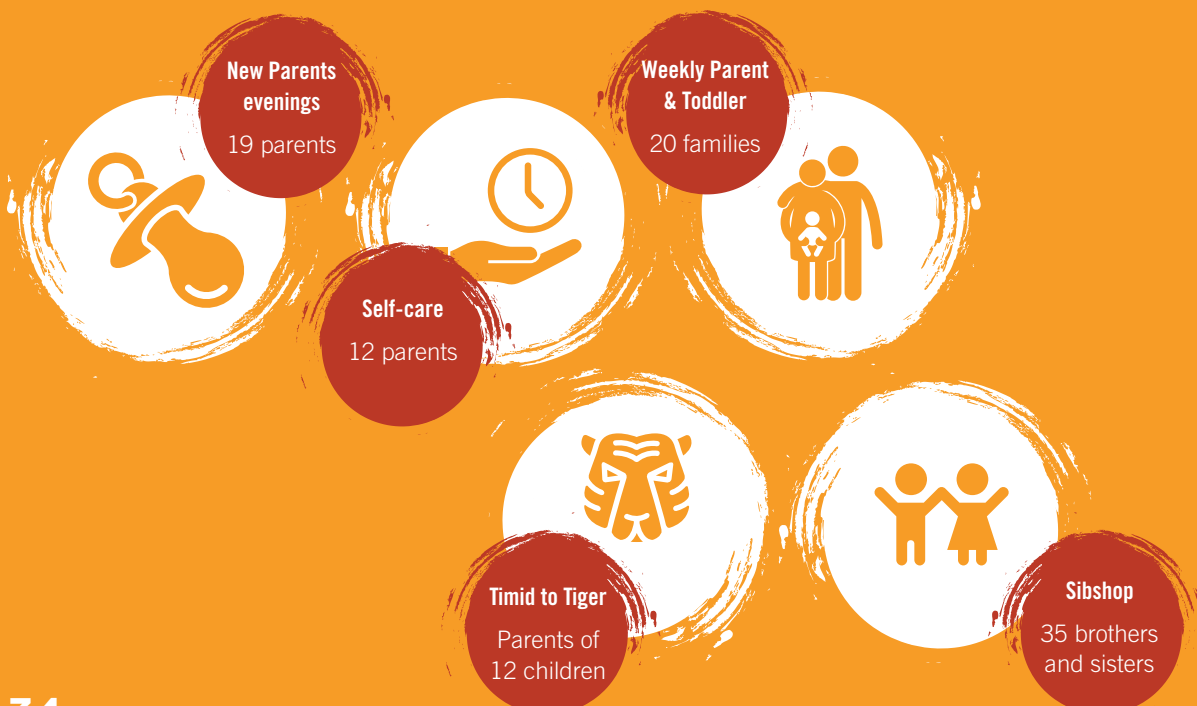
Our social workers and psychologists continually consider the impact of disability at different stages of the life cycle and on

different members of the family. Support is needed at different times and in different ways including one to one therapeutic and counselling support to practical daily respite provision to group work.

In 2016 our social workers

- Planned over 70 introduction meetings where new parents and children prior to a first visit were given a tour of the CRC and detailed information on the services, including what to expect on their first visit.
- Provided over 2,105 home respite hours of home care via our home respite team to 33 children and young people. Home respite allows the parents take a break knowing that their child is being safely cared for and enjoying activities.

## Family Support Groups and Participants



Our parents' support groups went from strength to strength in 2016 and included a number of other supports run by our social workers and psychologists.

We also supported Grandparents with the continuation of our Grandparents support groups and we ran a Sibshop attended by 35 brothers and sisters of a child with a disability. The brothers and sisters get an opportunity to meet and spend time with other children and share similar experiences.

### Summer Project 2016: 73 Children 7-18 Years

Due to the complex nature of the needs of the children we serve they are unable to access mainstream summer camps. We respond to that need by providing two summer camps during the month of July. The two camps are run for different age groups. Many families organise their summer around the dates of the CRC Summer Project, and for some families this is the only organised activity for their child during the long school summer holidays.

The Project provides a welcome break for parents and a fun, safe environment for their children.



Sisters Aoife and Emily having fun on the Summer Project

The aim is:

- To provide an action packed, fun-filled, two weeks' activities for each child.
- To cater for the safety and individual care needs of each child.
- To provide transport as much as is feasible for each child.
- To give the parents a respite break.

This year's project was jam packed with fun and creative activities such as the CRC Olympics, FAI soccer, tag rugby, arts and crafts, cake making, scavenger hunt, outings and the annual visit of the Garda Band and Mr. Whippy!

A new initiative for 2016 saw the app "See - Saw" used to share the day's fun events and to keep in touch with parents.

## Physiotherapy Training Services

Our Physiotherapists run a number of different training courses open to physiotherapists from around the country, many of whom are working in the newly formed early intervention and school age network teams countrywide under the new PDS model of care.

One such course is the annual CRC “Physiotherapy for Babies and Infants with Cerebral Palsy and Developmental Delay” course. In 2016 we ran the course in January with 22 physiotherapists from around the country participating. The visiting therapists spent a full week studying with our CRC physiotherapists.

The course provided a combination of lectures and practical workshops to teach participants how to handle and treat babies and children with a variety of developmental problems and enables therapists around the country to confidently work with children with cerebral palsy and developmental delay. The impact of sharing our expertise and teaching others to work confidently with complex situations is a role we take very seriously.



Physio attendees with Brenda McLoughlin, Physiotherapy manager (second from left) with Saorla Ruane, age 3

### CHILDREN'S CLINICAL SERVICES WATERFORD

Our Waterford services ensure that the children of the South East Region do not need to travel to Dublin to access the specialist services that they require. Our team of clinical staff provide specialist individual and group services to the local children and we also provide Assistive Technology and Specialist Seating through our CRC base in Waterford. Over the past number of years we have also been able to facilitate the specialist Gait Analysis service to travel to Waterford using mobile technology ensuring services are closer to where they are needed. This ensures children and families are treated closer to their homes and have less travel and inconvenience placed on them.

# “ Ben’s Story

*Our son and sun was born at the break of dawn at the end of June in 2010.*

*The moment of his birth changed everything. We had expected his arrival with open hearts and arms. Instead we experienced the constant high-pitch scream of a dying child which lasted 23 out of 24 hours of the day for the first nine months of our boy’s existence. The diagnosis which we received stripped us of all our dreams and hopes, as Ben was not expected to survive the first year of his life. We consider it a miracle that Benjamin in fact lived to eat a slice of his first birthday cake and developed the taste for more of such cakes!*

*Lesch-Nyhan Disorder (LND) is an ultra-rare metabolic disorder affecting mostly boys. Benjamin is the only child in Ireland living with LND.*

*After the initial blow of the diagnosis we decided to fight for Benjamin’s health to save his life, and ultimately, to save our family. As Ben had chosen to stay with us, we had to learn how to save him, how to fight and how to handle his fragile life in order to improve it.*

*We were referred to the CRC in Waterford. Learning to understand Benjamin’s unique condition was overwhelming but nothing is impossible and we came across a team of CRC professionals who genuinely wished to help and support us.*

*After endless months of doing everything in their power to alleviate all of Ben’s issues they taught us to accept the challenges of life with grace and understanding without giving in or losing hope and dignity.*



Benjamin Lorenc with his sister Lilla

*The team of the CRC specialists became our advocates and partners in various discussions, teachers of speech and movements and teachers of accepting the challenges of life with grace and understanding without giving in or losing hope. Thanks to the open minded multidisciplinary approach of the team at CRC in Waterford, Benjamin is now able to walk! They did all they could to arrange for the best possible walker, which turned our world upside down yet again!*

*The name Benjamin in Hebrew means the Son of Happiness and Love, the Son of the South. Our son is indeed all that his name carries. It would not be possible without the wonderful commitment of the great team of specialists from the CRC in Waterford. Go raibh mile maith agaibh!*

**Marianna and Pavel Lorenc**

# ”

## Adult Services and New Directions

The CRC is committed to implementing New Directions 2012, a National policy, which provides a vision for all adult day services, with an emphasis on community based, person centred supports.

As our service transitions and changes, the focus is on the uniqueness of each adult in the service. Through person centred planning and by adopting an individualised approach in the delivery of effective services, each adult is encouraged to achieve their potential. A person centred approach also ensures that the adults have an active involvement in the planning and the delivery of the service. We have many fora and mechanisms to ensure this is the case. The Adult Services Council, made up of adults from the service meet on a monthly basis to share their opinions and direct how services should be delivered. The Adult Council has received training in the UN Convention on the Rights of People with Disabilities. The advocacy groups across the services are getting stronger and also have an input into the delivery of services. This year we conducted an adult services survey, to ensure all the adults were heard and to assess the quality and responsiveness of the service provided. Their voices will direct the service provision for 2017.

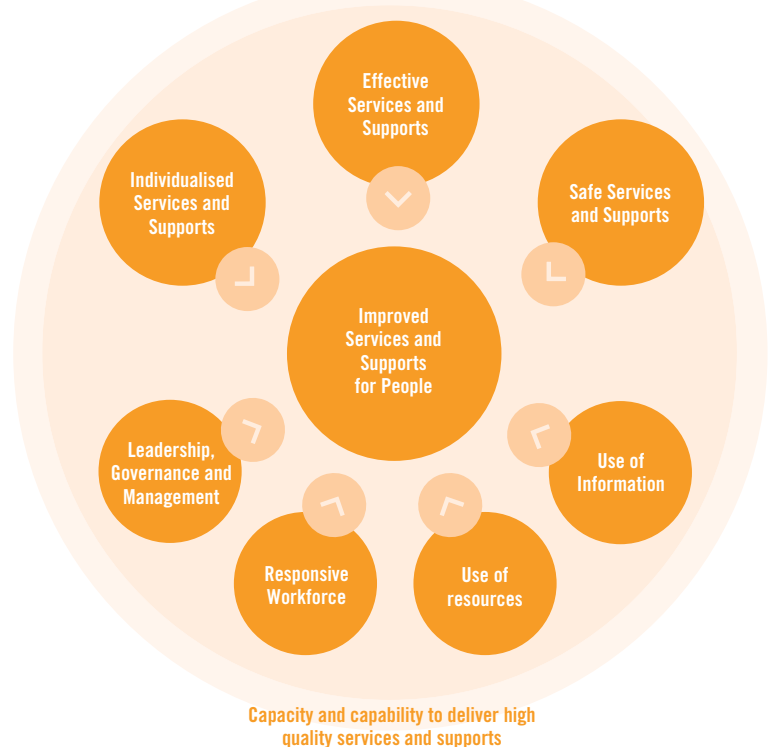
In line with New Directions and in consultation with the adults in the service, we are exploring additional community based settings in the heart of local communities. This is an exciting time for both the adults and the staff and it will also be an

opportunity to strengthen our current partnerships and work on developing new partnerships with local businesses, employers, community organisations and mainstream education services.

Ultimately, we aim to support the adults to have a 'Good Life,' a life of their choosing and in order to meet this need the CRC will be flexible and creative in providing a high quality service. This will give the adults the widest possible choices and options on how to live their lives.

The CRC are also focused on a process of continuous quality improvement, through the implementation of the seven themes of the Interim Standards for New Directions.

Principles are person-centredness, community inclusion, active citizenship, high quality services and supports



In 2016 Adult services focused on community participation, accessing mainstream education and getting out and about. In line with New Directions we supported the adults to participate in their communities, whether that was through volunteering, work experience placements or accessing mainstream services and education. We provided services to 332 adults including our four local centres and training and development programmes. Our adults were very active and engaged in a variety of exciting initiatives including;

Sport in the  
Community  
102 on a  
weekly basis

Art Exhibitions  
17 adults  
exhibited  
their work

Overnight trips  
80 went away  
on overnight  
holidays

202  
ADULTS

## LOCAL CENTRES

In 2016 CRC Adult Services supported 202 adults in our four local centres in Coolock, Hartstown, Firhouse and Clontarf. The adults who use our services have a broad range of varying abilities and complex conditions.

**Coolock** - 64 adults

**Hartstown** - 46 adults

**Firhouse** - 52 adults

**Clontarf** - 40 adults

Many adults got out and about this year visiting new places and experiencing new surroundings. Together we focused on doing ordinary things in ordinary places with an emphasis on getting active and healthy.

Adults in the local centres exhibited their art collections in Blanchardstown and Coolock Libraries. Many of our adults had a well-earned holiday and we supported a wide number of trips catering for varied ages and interests; we went on overnight trips to Cork, Kilkenny, Galway, Carlingford and the accessible holiday centre 'Cuisle'.

130  
ADULTS

### TRAINING AND DEVELOPMENT SERVICE

Through our individual training plans and keyworkers all adults are supported in active participation in the community, advocacy, volunteering and accessing mainstream education.

In 2016 we ran programmes on Rehabilitative Training, a transition programme for school leavers, Life skills and Lifestyle and an Employability skills programme. There was a big emphasis around sport in the community, with adults accessing local swimming pools, badminton centres, line dancing classes, the gym and Astro pitches.

39  
STUDENTS

### REHABILITATIVE TRAINING (RT)

On our RT programme students get the opportunity to experience and complete different modules at various levels of QQI accreditation, from Level 1 to Level 3. The programmes range from 1 to 3 years, with an assessment and review at the end of each year. They also complete work experience placements and get involved in Job Shadowing.

6  
STUDENTS

### TRANSITION PROGRAMME

The Transition Programme is for school leavers and it focuses on building an individualised service for the students. Students get to devise their timetable in conjunction with their Keyworker.

51  
ADULTS

### LIFE SKILLS AND LIFESTYLE PROGRAMMES

These programmes focus on a variety of subject areas and community involvement such as work experience and volunteering is also a large part of this programme. We encourage and support the adults to broaden their horizons and try new experiences.

34  
LEARNERS

### EMPLOYABILITY SKILLS

This programme is funded by the City of Dublin Education Training Board (CDETB). In line with New Directions the Employability Skills programme is based in the heart of Raheny. Each adult in our service has a keyworker and we support them both informally and formally through a person centred plan.





### **Job Shadow Initiative**

30 adults participated in this initiative

### **Work Experience Placements**

94 placements completed in this initiative



### **Volunteering**

10 participate regularly





## Adult Services Story

### Wayne Curley and Cormac O'Brien

In 2016 Wayne Curley and Cormac O'Brien from the CRC Coolock local centre embarked on an exciting new educational challenge supported and encouraged by the CRC with both successfully attaining a place on the DCU Level 8 professional development module: Improvement Services with Cooperative Learning. The course involves a collaborative learning approach with participation from a family member and a CRC staff member.

The course is about creating meaningful, educational opportunities for people with disabilities, carers and service providers. Wayne and Cormac each work on separate projects.



Wayne chose to investigate and discuss accessibility to transport and his experiences in accessing and utilising the services of Vantastic mobility transportation services. He is also investigating how access impacts on the lives of people with disabilities. Wayne has to be congratulated on his achievements to date and his work demonstrates and reinforces the ethos underpinning the New Directions Policy (2012) – Community access and participation.

Cormac undertook a survey and the general consensus was they would enjoy more activities in the evening without the presence of staff. These findings gave way for the development of the CRC Service User Social Club which resulted in 11 current and past learners of the CDET B programme meeting for food. A CRC staff member helped coordinate them travelling to the cinema but they travelled to and from the city centre independently.





## Meet our CDET B Team

Our Employability Skills Programme is offered by CRC Adult Services in partnership with City of Dublin Educational Training Board (CDET B) and delivers a creative, innovative and effective vocational training programme for adults with special educational needs.

This Programme offers a Level 3 Major Award in 'Employability Skills' consisting of nine component modules to equip our learners with the skills needed to source employment or further education. We are certified by Quality and Qualifications Ireland (QQI) and therefore all successful learners achieve full national certification.

We also offer an extensive selection of extracurricular activities. These include the Gaisce Award, FAI tournaments, Irish Sign Language, Karate and Mindful meditation.

Our programme is tailored to each learner's needs and aims to provide practical job-seeking skills in a range of areas from horticulture, catering, retail sales to hospitality skills. We aim to offer an exciting and stimulating place to learn with highly qualified, dedicated and caring staff. There are multiple supports in place to facilitate the achievement of personal goals in a friendly and inviting atmosphere.

In April 2016, CDET B became the first team to move from Training and Development Centre in Clontarf when we relocated onto the Ardscoil La Salle campus in Raheny. This move has been challenging and exciting as we have now made great inroads into the local community, participating in work experience placements and other local events over the past year.

Since relocating to Raheny we have increased our evening and overnight trips. This is a direct action taken as a result of feedback from our learners who are interested in maximizing their independence by traveling alone and socializing outside of normal training hours. This feedback, coupled with a collaboration from DCU, has given life to a pilot project: forming a Social Club operated and maintained by learners for fellow learners.

The CDET B team work in collaboration with learners to achieve the sustainable skills they need to progress to further education and training, find and retain employment and maximize independence, choice and inclusion in their communities.



## CDETB GRAD CLASS 2016

**75% ACHIEVED  
MAJOR AWARDS**

**90% PROGRESSION RATE:**

**70% FURTHER EDUCATION  
AT LEVEL 4 QQI** : **20% ENTERED  
EMPLOYMENT  
MARKET**

**95% POSITIVE TRAINEE  
FEEDBACK**

External Training Standards Auditors awarded highest grade of **“Very Effective”** status four years in a row

Former graduates are currently in paid employment in several sectors including: **retail, hospitality, horticulture, maintenance**



## New Directions – A Personal Story of Achievement

Nicola Regazzoli currently attends Adult Services in Clontarf local centre each Monday, Tuesday, and Thursday, whilst also attending the Coolock centre every Friday. Throughout her time availing of services in the Central Remedial Clinic, Nicola has taken a keen and active interest in activities provided by staff. In the past, these activities often placed an emphasis on providing meaningful group activities to clients within the walls of each centre. The implementation of national strategic plans such as New Directions has led to positive changes to adult services both within the CRC and also the wider disability sector in Ireland. In line with these plans, clients are now being encouraged to play a more active role within their communities and staff are currently facilitating this by planning more activities outside of each centre.

A community focused service has allowed Nicola to visit numerous amenities within her locality, such as visits to Saint Annes Park, Killester Village, Artane Castle and the Clontarf coastline. Nicola has embraced changes made within her services, stating that she “enjoys going out, meeting people and having the craic.” Nicola also stated that “support has given me more opportunities.”

Nicola has shown excellent problem solving skills when faced with possible barriers in accessing in her community. For example, when transport has not been available for Nicola, she has suggested spending time in the locality around CRC Clontarf. On these occasions, Nicola has travelled to local shops, cafes and parks in Clontarf and Killester.

Nicola recently accompanied staff on a research trip to a community centre in Ballybough where

she gained an insight into activities available to people living with a disability. After viewing an exercise class, Nicola became motivated to become a participant. Nicola’s new Thursday morning routine now consists of travelling to Ballybough independently where she participates in this class. When the exercise class finishes, Nicola now travels back to CRC Clontarf on public transport with CRC staff. Nicola informed staff that she hopes to keep going to Ballybough and that she is enjoying the company of new people. Nicola’s new endeavour on a Thursday highlights the many benefits of participating in activities in the community, and most notable for Nicola has been the increase in her self-confidence.

In the past, transport may have been seen as a barrier to Nicola. Through positive risk taking, Nicola has now gained the confidence to travel with staff on Dublin Bus. This step could open a wide range of opportunities to Nicola and others in the future.

Nicola has provided her peers with feedback of the benefits which she has gained in Ballybough. Hopefully Nicola’s motivation to try new activities can lead others to do the same. It is hoped that others may follow Nicola’s lead in the coming weeks, and even if others may not share her enthusiasm for exercise classes in particular, her positive experience can give others the confidence to explore and participate in activities in the community.

## Specialist Services

Our specialist services represent a number of specialist therapy and medical clinics delivering bespoke care for complex and rare conditions and provides training and consultation for teams across the country.

CRC specialist clinics include AAC (Alternative Augmentative Communication) Brachial Plexus Injury, Spasticity, Orthopaedic, FEDS (Feeding Eating Drinking and Swallowing), Orthotics, Neuromuscular, Upper and Lower Limb Physiotherapy and Occupational Therapy clinics, Gait analysis and Assistive Technology and Specialist Seating. Some examples of this specialist work is detailed below.



### FEEDING, EATING, DRINKING AND SWALLOWING (FEDS) CLINICS

Children and adults who are experiencing feeding eating and drinking and swallowing (dysphagia) difficulties can be referred to a specialist FEDS team. These children or adults with physical disabilities may have difficulty with chewing food, sensory problems, coordinating swallowing, weight loss and a failure to thrive. These difficulties require a multidisciplinary assessment and approach.

The CRC FEDS service is provided by a multidisciplinary team within the CRC services.



### NATIONAL NEUROMUSCULAR MULTIDISCIPLINARY PAEDIATRIC SERVICE

2016 saw the establishment of the National Multidisciplinary Paediatric Neuromuscular Service which is a collaborative interagency service based in the Central Remedial Clinic, Tallaght Hospital (AMNCH) and Temple Street Children's University Hospital. A total of 377 children are under the care of the multidisciplinary team most of who attend the national service up to twice a year for an appointment or review.

The service also provides a consultative service to ensure continuity of care to staff on Early Intervention Teams and Network Disability Teams throughout the country.



### THE ASSISTIVE TECHNOLOGY AND SPECIALISED SEATING DEPARTMENT (ATSS)

ATSS is a national service offering assessment, recommendation, and advice on assistive technology. Assistive technology is any device or system that increases independence and provides people with practical solutions to everyday life activities, including powered wheelchairs, seating systems, computer access, alternative communication systems and environmental controls.

ATSS looks for integrative solutions so multifunction devices will;

- Operate a powered wheelchair;
- Give access to computer technology or alternative communication systems, environmental controls such as door openers, automatic electrical systems and many more products.

Our focus is on client-centred solutions, aimed at improving participation in functional activities of daily life.

We assess adults and children to provide them with greater independence and safety by enabling them to do everyday tasks that they have difficulty with or were unable to accomplish on their own.



**462  
CLIENTS**

### GAIT LAB

The CRC's gait laboratory is the only internationally accredited clinical gait laboratory in the Republic of Ireland and is one of several National specialist services provided by the CRC.

Clinical gait analysis is the main service and this is supported by an ongoing education and clinical research programme. Our primary purpose is to conduct expert assessment of a person's walking and based on this assessment to offer advice to referring clinicians on the management of their patients/clients.

Services are provided mainly from our permanent gait laboratory in Clontarf.

Outreach services are provided locally in the South East and Mid-West through our award-winning and innovative mobile gait laboratory.

In 2016 we conducted clinical and research assessments on over 500 children and adults from all over Ireland. Seven outreach clinics were conducted using the mobile gait lab with 53 clients from the Mid-West and South East availing of this service.

In 2016 the lab published eight research papers in peer reviewed international journals with a further four being presented at medical conferences.

The lab team delivered two gait courses in 2016 with multiple lectures by gait lab staff to therapy, medical and engineering university programmes and various other professional groups.



## “ Sophia's Story

### *Sophia's Story*

*Our first child Sophia was born in May 2010. At just 24 weeks into the pregnancy we were told that she had Spina Bifida and at that time all we faced was uncertainty. After five months in and out of ICU and a lot of surgeries we finally got Sophia home.*

*When she was eight months old we got a call to attend our first appointment at the CRC. We were unsure of the services it was going to provide to Sophia and ourselves. I remember our first visit and my wife and I being very unsure and emotional as to what lay ahead.*

*Soon enough our fears were replaced with confidence and hope and we quickly knew we were in the best place for Sophia. The CRC provided us with services such as physiotherapy and occupational therapy, but also gave myself and my wife the emotional tools to deal with the challenges we would encounter.*



*The new friends we have made have become a very important part of our lives. From Maria at the front desk to Mary the swimming teacher who has taught Sophia to swim independently, something that nobody thought was possible as a full-time wheelchair user.*

*The CRC means support, therapies, friendship, community and reassurance that help is only a phone call away. Sophia says she has three families – her family at home, a family at Temple Street and her family at the CRC. The CRC has become a safe and secure part of our life and we will be forever grateful for this.*

**BERNARD AND KATHLEEN MULVANY**

”



# School Services



## CRC School Clontarf Report 2016

The CRC School provides differentiated and individualised education to pupils with physical/multiple disabilities from its North Dublin catchment area. Pupils also access CRC health and social services during the school day. During 2016, the school had an enrolment of 99 pupils. All pupils have a primary physical disability in line with our official school designation. Most pupils present with multiple disabilities. A number of pupils have complex medical needs and this year we catered for children with Tracheotomies and other significant medical conditions. Development of special needs assistants enabled the school to enrol pupils that could not be catered for in other schools.

Grant-aided hot lunches and free school transport continued to be provided for all pupils.

The school principal reports to a Board of Management who met on five occasions throughout the school year.

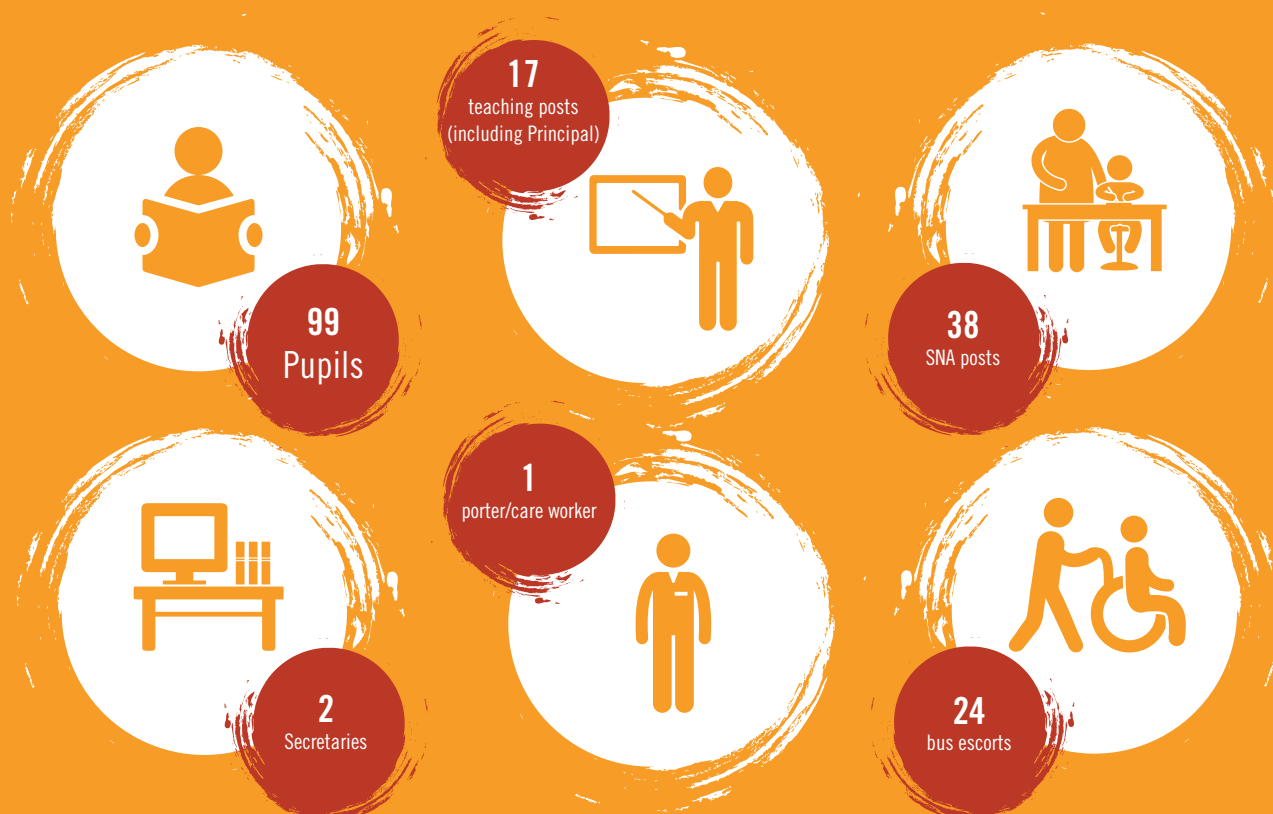
School Board 2016	
Stephanie Manahan	Chairperson
Dr Owen Hensey	Patron's Nominee
Mary Collins	Principal and Secretary
Gus O'Hara	Community Representative and Treasurer
Stacey Allen	Teachers' Nominee
Carol Kelly	Parents' Nominee
Alin Jaleru	Parents' Nominee

## 2016 Developments

- Our senior pupils completed their Junior Certificate Schools Programme and ECDL. The 2016 Junior Certificate results were excellent and a cause of much celebration.
- Three senior pupils transferred to their local second level schools to complete Transition Year with the hope of starting the Leaving Cert Applied the following year. As part of their TY programme, these pupils returned to the School for one of their placements.
- We received a number of visits throughout the year including members of the Dublin team with the Sam Maguire, the Lambert Puppet Theatre and Joe Duffy.



- We engaged with a local second level school for the Fast Friends project and paired reading and engaged with a local primary school for Seachtain na Gaeilge where both schools played a few tunes in a concert.
- The main highlight of the school year was our Christmas Play. This year's theme was The Night Before Christmas. The play gave an interesting insight into what happens in each room in the house and also what happens outside of the house i.e. on the roof and in the garden. We had a very exciting moment in the play when Santa's reindeer went on strike.
- The staff, teachers, SNAs and ancillary staff took part in TEAM Teach Training which is training for managing challenging behaviour. Three members of the school staff, two teachers and one SNA were trained as trainers and were involved in the facilitation of training for the whole staff.
- The school continues to be involved at a competitive level in wheelchair hurling.



## Scoil Mochua, Clondalkin

Scoil Mochua is located on the Old Nangor Road, Clondalkin, Dublin 22. Our student population of 68 pupils comes from West Dublin (Tallaght, Lucan, Ballyfermot, Clondalkin and surrounding areas) as well as West Wicklow, North Kildare and parts of Meath. We cater for children aged 3 to 18 years who have a primary diagnosis of a physical disability. Many of our students have multiple disabilities and we also cater for mild to moderate general learning disabilities along with complex medical conditions.

During 2016, our students also benefited from onsite CRC therapy services such as Occupational Therapy, Physiotherapy, Speech and Language Therapy, Psychology and Nursing.

The educational programmes offered in Scoil Mochua include the Aistear Programme for 3-5 year olds, a differentiated NCCA curriculum for students aged 5-12 and the Junior Cycle Level 2 and 3 programmes for senior students.

Our new Board of Management was established in late 2015 and currently has seven members. We met on five occasions throughout the school year.

School Board 2016	
Stephanie Manahan	Chairperson
Dr Owen Hensey	Patron's Nominee
Vivienne Wynne	Principal and Secretary
Grainne Hassett	Community Representative and Treasurer
Eamon Kilbane	Teachers' Nominee
Rory Byrne	Parents' Nominee
Louise O'Hanlon	Parents' Nominee

During 2016, we received the exciting news from the Department of Education that Scoil Mochua has been listed for a new school building. Currently, the proposed date for commencement of this project is 2019-2021.

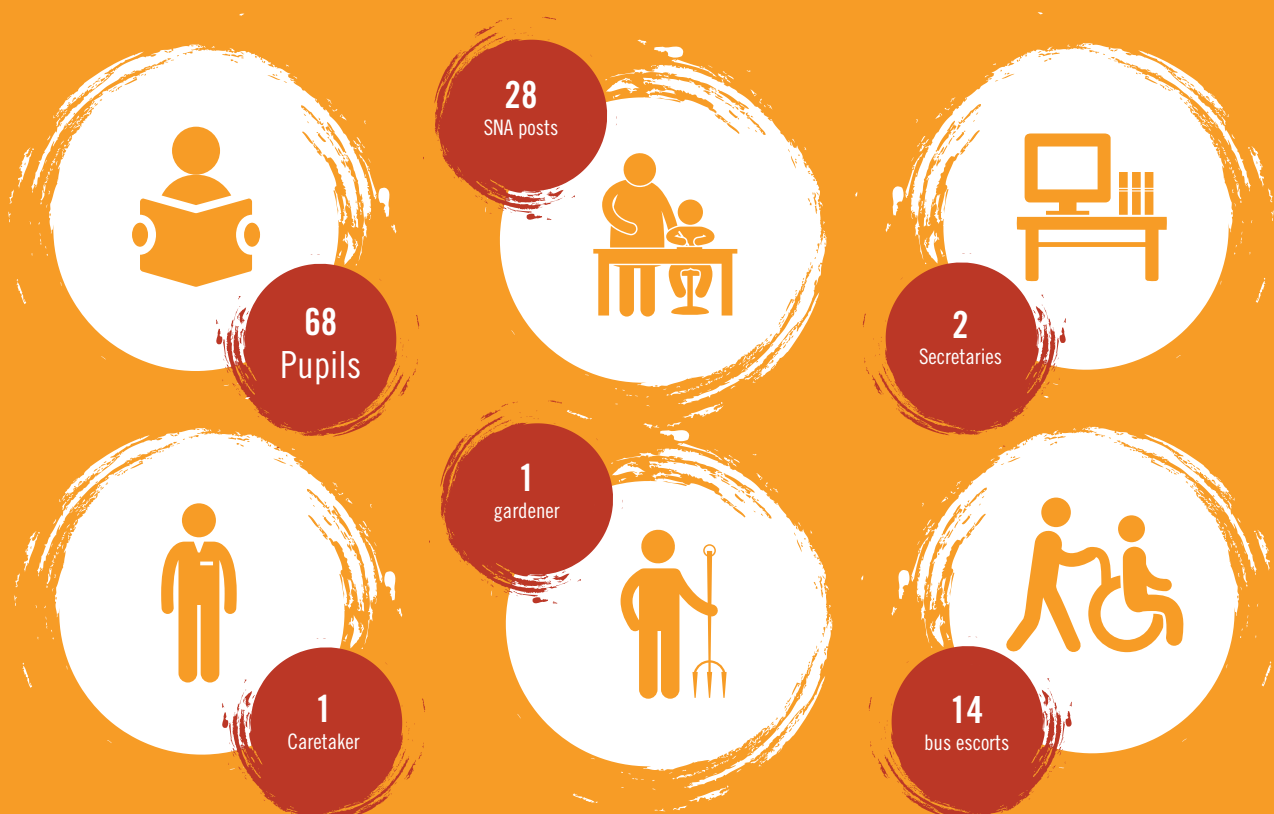
## 2016 Developments

- During 2016, we were successful in securing a new bus from the Lord's Taverners Association of Ireland. The bus makes it easier for groups of students to get out and about and involved in the community.
- The school's Erasmus + project has been an ongoing success with groups of staff travelling to Wales, Scotland and Northern Ireland. Much has been learned in the area of communication which is really informing the school's work with non-verbal students.
- Our school garden had a total revamp from fundraised income from The Care Trust. This was celebrated with a Family Fun Day in September 2016. There was a great turnout and attractions included a mobile pet farm, magicians, various bands, a BBQ, hip-hop dancers and a visit from Olympic Irish boxer Bernard Dunne. The garden now features a new



astro turf pitch, a wheelchair accessible gym, a fairy garden, the Children's Forest, a musical corridor and wheelchair accessible planting areas.

- Our Junior Cycle students took part in the South County Dublin Enterprise Awards with their bread making business.
- We began a programme with Irish Therapy Dogs which sees the dogs come and work with our students twice a week.
- As well as all of the above, our students also continued to develop local links with other schools, attended various sporting events and enjoyed visits from sporting teams, authors, the mobile library, Dublin Bus and many others.



## CRC Fundraising & The Care Trust

During 2016 we began the process of redeveloping the CRC fundraising function. We consulted widely with our staff, supporters, clients and their families. Our focus remains on ensuring we achieve the highest standards in transparency and governance for our fundraising. As the first stage in this redevelopment we focused on four areas in 2016:

- Continuing a very positive relationship with The Care Trust.
- Compliance with the Statement of Guiding Principles for Fundraising.
- Supporting the wind-up of Friends and Supporters of the CRC as recommended in the Interim Administrator's Report.
- Employing a Head of Philanthropy, Fundraising and Partnerships.



### The Care Trust

The Care Trust DAC (The Care Trust) is a not-for-profit organisation with registered charitable status. For over 50 years The Care Trust has been raising essential funds to support the work of the Central Remedial Clinic. The work of The Care Trust ensures that many thousands of children and adults with physical and multiple disabilities and those requiring medical care, have the opportunity to achieve their full potential and enjoy the same quality of life as everyone else. In 2016 the CRC received €1,109,638 from The Care Trust. This support is hugely important as it is a vital source of extra funding which is allocated to a broad range of projects and services supporting children and adults. It is the contributions and support of The Care Trust that allows the CRC to continue its work and have a lasting impact on thousands of people and their families across Ireland availing of services in the CRC.

The funds generated by the Care Trust are a critical source of funding for the CRC and we rely on this funding stream to assist us in funding a number of capital infrastructural improvements and developments as detailed in the following section of this report.



### Scoil Mochua Suntower Garden

The redevelopment of this garden in 2016 was funded by income received by the CRC from the Care Trust.

The unique Suntower Garden has different areas to play safely with equipment for wheelchair access; there is a fairy path that children can use on their own without a supervisor which gives independence and a sense of excitement. They also have an area with raised beds where staff and pupils plant fruits and vegetables. There is also a secret garden and a poly tunnel.



### Transportation: The Care Trust Bus & the Lord's Taverners Bus

Transportation vehicles are crucially important in our everyday lives in facilitating attendance at our centres and also supporting school activities. In 2016 with the very generous help from the supporters of The Care Trust and The Lord's Taverners, the CRC were provided with two new buses. The Lord Taverners Bus has given us a very much needed second bus that brings our children on outings and adventures. The Care Trust Bus is part of a very busy fleet used by drivers who transport our adult service users from home to the CRC and also on regular activities and outings.



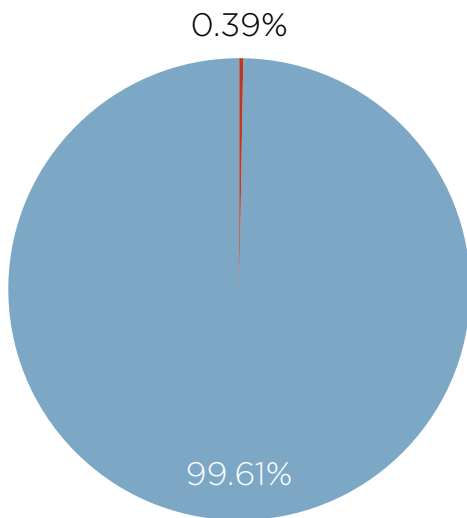
### Compliance with the Fundraising Principles

We resolved to adopt the Statement of Guiding Principles for Fundraising and are committed to complying with the Statement. In April 2017 the Charities Institute of Ireland confirmed that the CRC was compliant with the Fundraising Principles.

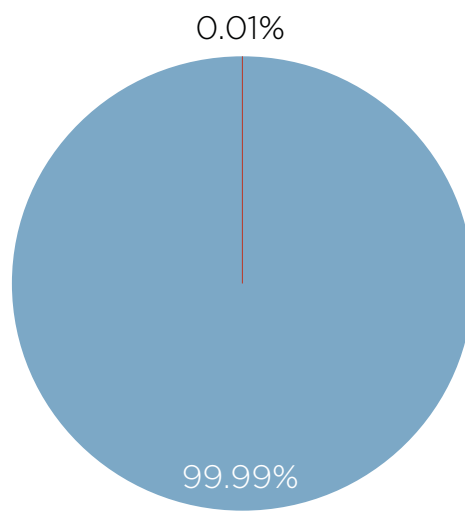
### Friends and Supporters

The Interim Administrator's report recommended the wind-up of Friends and Supporters of the CRC for better transparency in fundraising and financial management by the CRC. The surplus funds from the Friends and Supporters of the Central Remedial Clinic Ltd (€13,775,566) as

**2016 Charitable Expenditure vs Fundraising Expenditure**



**2015 Charitable Expenditure vs Fundraising Expenditure**



● Charitable Expenditure  
● Fundraising Expenditure





well as the surplus funds from the Research Trust (€10,778) were transferred to the CRC. There are restrictions in place as to how these funds are to be spent. These funds have been allocated primarily to the new capital and infrastructural projects that are underway and approved by the Board.

### Head of Philanthropy, Fundraising and Partnerships

CRC employed a Head of Philanthropy, Fundraising and Partnerships in December 2016 who is working on developing our internal fundraising strategy. The focus is to develop different strands of fundraising by cultivating and growing relationships to support the existing and new community and events fundraising work; to plan out legacy giving, trusts and foundations, individual giving; and to oversee the development of a fundraising strategy for the CRC for the next five years.



### CRC supporters

Since 2014 the CRC fundraising function has focused on working with our dedicated supporters in their endeavours to raise money. In 2016, clients, their families, businesses, the public and our staff raised €226,338 through a variety of activities including cycling, walking, baking, raffles and much appreciated legacies and donations. We manage all our fundraised income separately and all the funds are accounted for and are spent on supporting front line services and the delivery of same.

## General Services and Capital Development

The CRC is supported by many essential often unseen services. The CRC would not operate effectively without the dedication and commitment of our clerical, administrative and support staff, from the welcome at the door to the management of clinics and schedules. The support staff ensure that systems work effectively throughout the CRC.

General Services and Capital Development is concerned with:

- Support services including transport, catering, facilities, cleaning and swimming pools.
- Maintenance, development and expansion of CRC premises and accommodation.

We aim to keep our buildings accessible, safe, secure, and suitable for the people using our services.

2016 saw the roll-out of a range of capital and building projects to improve and enhance our existing premises.

Upgrade and refurbishment works at several sites of the CRC, as follows:

- Clontarf Swimming Pool: redecoration, structural improvements, pool lighting, refurbishment of toilets and storage facilities, all to improve access, circulation and lighting in the pool hall and changing areas funded by income received from The Care Trust.
- Firhouse Local Centre: kitchen and bathrooms upgrade and refurbishment funded by income received from The Care Trust.
- CRC Clontarf: emergency lighting and fire alarm upgrade funded by income received from The Care Trust.
- Capital works to create new areas or spaces, as follow:
- Suntower Gardens at Scoil Mochua, Clondalkin: these beautiful gardens and outdoor spaces were completely reworked in 2016, resulting in new play areas for the school children, a new outdoor gym area, a trike and wheelchair track, new planting in the fairy garden and along the yellow brick road, outdoor musical instruments and activity stations funded by income received from The Care Trust.
- Scoil Mochua, Clondalkin: new classroom developed, funded by Department of Education and Science.

- CRC Clondalkin: new reception area, improved toilets and administration accommodation: funded by income received from the Care Trust.
- CRC Clontarf: new fencing to improve security and privacy funded from by income received from The Care Trust.
- Site clearance works and demolition of CRC Swords, in preparation for service development in 2017 funded by income received from The Care Trust.

These works made a major difference to people using and working in the various sites, and created a bright and inviting environment for service users, staff and visitors.

2017 will see the continuation of improvements to our current infrastructure. In 2017 in Clontarf, we expect to start flood defence works and new roofing and we will progress some long overdue works in the reception, canteen and family areas. We also hope to complete designs for the development of our new sites in Swords and Killester.

Our rolling programme of painting and repair works will continue as we seek to refresh the appearance of some more departments in CRC Clontarf and other centres.



## Our Volunteers

All our volunteers are an integral part of the CRC and bring an enrichment and diversity to our services. During 2016 the CRC had 90 volunteers working in the following areas:

- Catering Department
- CRC School Swimming Programme
- Horse riding
- CRC Summer Project
- CDETB
- Local Centres

50% of the volunteers help on a daily basis throughout the CRC annually.

For the month of July 40 additional volunteers are recruited to support the CRC Summer Project. This is a big recruitment drive and all local schools, colleges, parish councils, libraries and local papers are contacted. A one day training course is organised which includes a full induction, manual handling training, and information talks on communication aids, Nursing needs and Child and Adult protection awareness. Ongoing support is offered during the month of July for all summer project volunteers.

Last year we had a volunteer nominated for a Volunteer of the Year Award in the Health and Disability category. Hazel Farrell worked in the Training & Development Department for 14 years and has returned to the CRC as a volunteer in the CDETB programme in Ard Scoil La Salle, Raheny. Hazel volunteers a couple of days a week and has worked tirelessly in the area of literacy and numeracy development. Many students have undertaken the literacy programme "Toe by Toe" and the Numeracy Programme "Power of One". This dedication has gone a long way in helping students to further develop both skills.

Hazel attended the 'Volunteer of the Year' Gala Awards in City Hall where she was presented with a certificate on the night for being shortlisted and for her dedication to the team.



A delighted Hazel Farrell with her certificate at the 2016 National Volunteer of the Year Awards

## 3.3 Plans and Challenges for 2017 and Future Years

In 2015 and 2016 the Board and CEO of the CRC worked with all stakeholders to develop a new strategic plan for the CRC. This strategic plan was launched in December 2016 and will direct and inform the work of the CRC from 2017 to 2021. The full strategic plan is available on our website and the detailed implementation of the Strategic Plan is due before the Board by quarter two in 2017.

This Plan will build on our existing strengths and continue to deliver quality services to children and adults with disabilities. It will assist in supporting the CRC to deliver on the CRC Mission, Vision and Values and ensure continued excellence in the CRC's service delivery and knowledge.

We see our main strategic objectives set within three overarching themes:

1. **Service delivery**
2. **Working together**
3. **Organisational capacity**

Theme	Objectives
<b>Service Delivery</b>	<ol style="list-style-type: none"> <li>1. To build on existing strengths and continue to deliver quality national specialist services to children and adults</li> <li>2. To transition to the Progressing Disability Services and New Directions models of service delivery</li> <li>3. To ensure continued excellence in the CRC's service delivery and knowledge</li> <li>4. To respond to and seek out opportunities to expand existing or deliver new services to those who require them</li> <li>5. To continue to develop, support and respond to the role of our two schools – Scoil Mochua and the CRC school</li> </ol>
<b>Working Together</b>	<ol style="list-style-type: none"> <li>1. To listen to, communicate with, and meet the needs of our clients and families</li> <li>2. To engage with, develop, and work with our staff team to ensure that the highest quality of service continues to be delivered by skilled professionals who are highly valued</li> <li>3. To work in partnership with key stakeholders to deliver services and develop new opportunities</li> <li>4. To advocate for disability service provision and equality</li> </ol>
<b>Organisational Capacity</b>	<ol style="list-style-type: none"> <li>1. To ensure the CRC's governance is appropriate and represents the highest standards of best practice</li> <li>2. To develop the right organisational structure to support the work of the CRC</li> <li>3. To ensure the CRC's financial sustainability in the coming years</li> <li>4. To ensure the infrastructure of the CRC – our buildings, our facilities, our equipment, our IT systems, and our support services are fit for purpose and enable the organisation to deliver on its reputation for excellence</li> </ol>



## 3.4 Financial Review

### Financial performance

Two separate once off events during 2016 have had a major impact on the finances of the Central Remedial Clinic (CRC). The first was the wind-up of the IPT Defined Benefit Pension scheme triggered by the decision in May 2016 by the Board of the CRC to cease contributions to the scheme. The second was the transfer of the bulk of the assets from the Friends & Supporters of the Central Remedial Clinic (F&S) to the CRC, prior to F&S entering into a members' voluntary liquidation in November 2016.

The IPT Defined Benefit Pension scheme had been identified as a key risk to the organisation in the financial statements every year since the financial statements for the year ended 31st December 2013. On 18th May 2016, after much consideration and in an attempt to manage CRC's financial exposure, the CRC gave notice to the Trustees of this pension scheme that the CRC was ceasing contributions with immediate effect. This decision led to the Trustees winding up the pension scheme during 2016. In the 2015 Annual Report this decision is set out as a post balance sheet event. The wind-up of this pension scheme eliminates the liability for this scheme from the balance sheet of the CRC in 2016. The risks related to this issue are detailed under Key Financial Risks and Uncertainties at page 67. The balance sheet movement as a result of this wind-up is detailed in Notes 15 and 20.

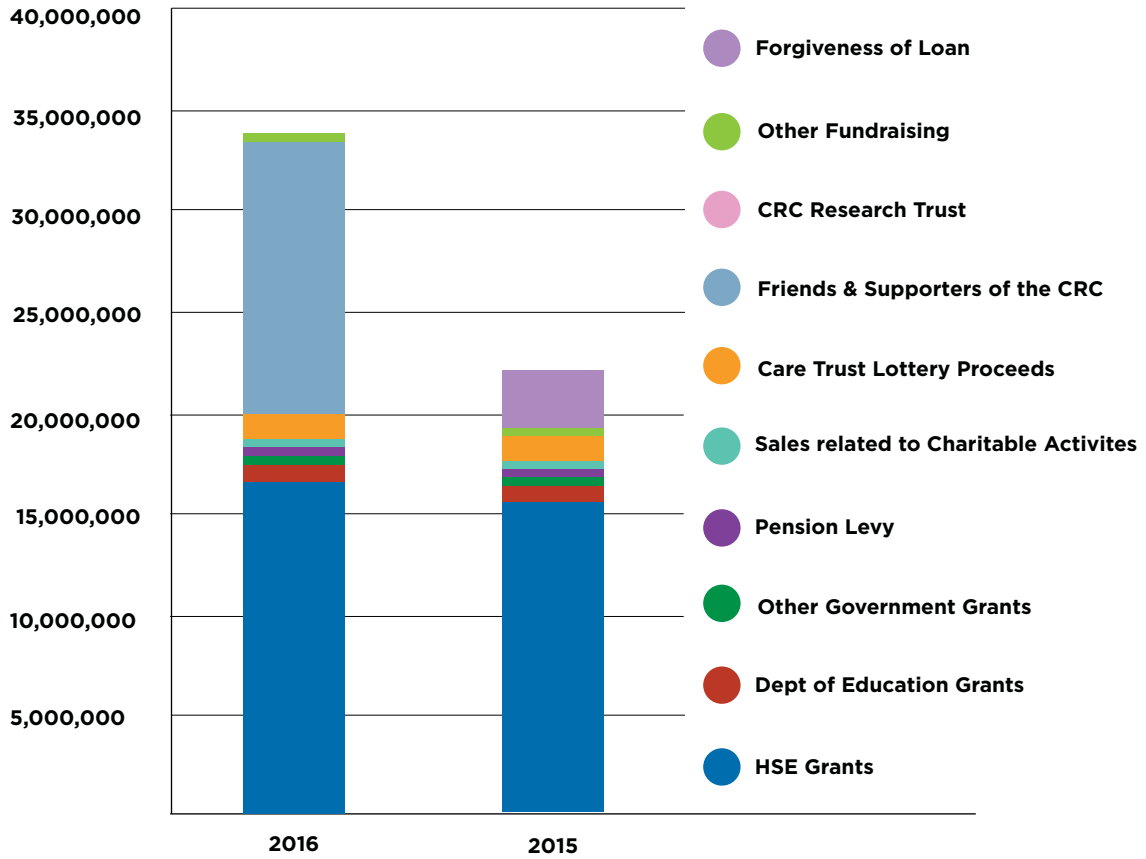
The report of the Interim Administrator of the CRC issued in 2014 recommended that F&S (a related company) transfer its assets to the CRC and that it be wound up.

The assets of F&S were built up through fundraising activity prior to 2014 including the receipt of income from The Care Trust DAC. A total of €13,775,566 in cash and financial assets were transferred from F&S to the CRC during 2016. The Directors of F&S placed restrictions on the use of these funds by the CRC. These restrictions are detailed at page 72. The transfer is referred to on page 56 of this report. Page 58 outlines capital developments in 2016 as well as planned developments in 2017 and included in the risks at page 71 is the requirement for funding for necessary capital developments.

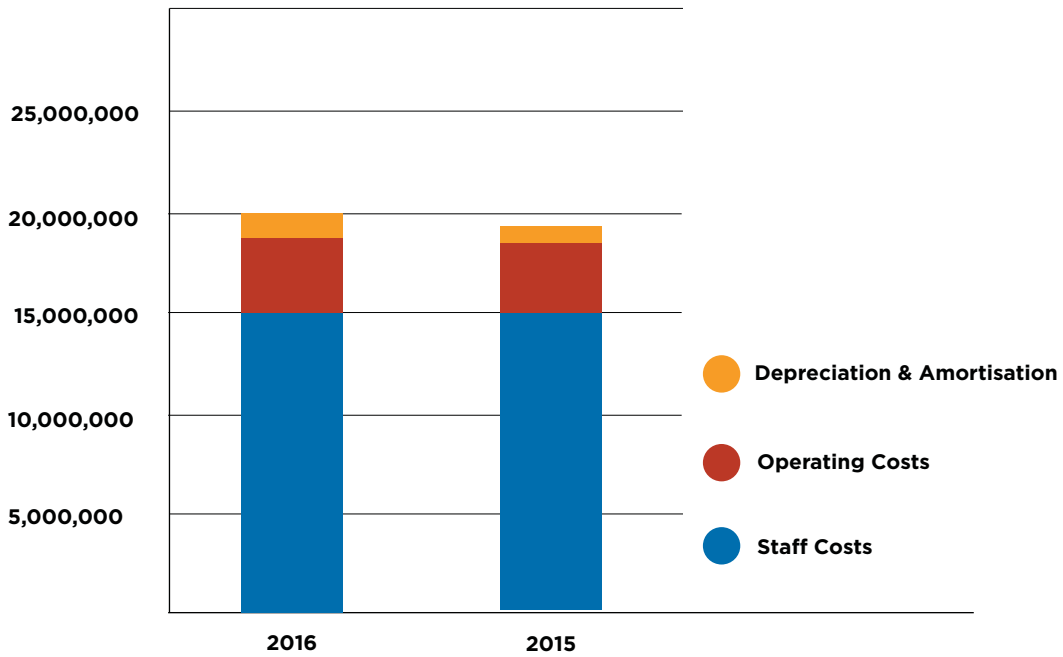
The primary income source for the CRC is State Grant income which grew by approximately 6% during 2016 compared to 2015. In 2015 a reduction in the grant allocation for that year on a once off basis was agreed with the HSE. The growth in state income was driven by the restoration of this grant allocation to normal levels in 2016. It was also driven by increases in grant funding for new posts, increased client placements and funding to meet the costs of public pay agreements.

The CRC achieved a break-even position on its HSE funding i.e. it spent the HSE grant allocation to deliver agreed core services. The difference between the break-even position on HSE funding and the surplus shown in the Statement of Financial Activities is due to the inclusion of items such as the transfer of assets from F&S, fundraising income & expenditure, depreciation and amortisation which are included in the Statement of Financial Activities, but not included in the grant reporting to the HSE. The purchase of some equipment in 2016 has been expensed in the

### Income



### Expenditure





grant reporting to the HSE, but capitalised for the Statement of Financial Activities.

Fundraised income rose by approximately 872% compared to 2015. However this is primarily due to transfers of assets from F&S as well as the Central Remedial Clinic Research Trust (the Research Trust). Excluding these transfers, fundraising income declined by 13% in the year. Income from the Care Trust declined by 12% compared to 2015. Fundraised income was also boosted during 2015 by a significant, once off, legacy donation.

Fundraised resources are spent in a manner to complement the resources deployed by the core state grant income. Expenditure of these funds in 2016 includes expenditure on capital buildings projects, equipment purchases, staff training and salaries for specific staff members. Expenditure of fundraised income on capital projects has accelerated in 2016 compared to 2015. A range of capital projects have been identified between 2016 and 2021 and it has been agreed by the Board that the majority of fundraised income including the funds transferred from F&S will be applied to these projects. Investment has also been made in fundraising in 2016, this will continue in 2017 with a view to growing fundraising income in 2018 and future years.

There were no material post balance sheet events.

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## Reserves Policy

The CRC did not have a reserves policy in place during 2016. In 2017 the Audit Committee agreed a reserves policy and this was approved by the Board of Directors. This reserves policy which was agreed post year end provided that the CRC should hold unrestricted reserves equal to at least one month of budgeted operating expenditure in addition to reserves equal to any committed capital expenditure not provided for out of restricted reserves. The unrestricted reserves provided for in this policy should be readily accessible funds.

Based on the 2016 financial statements and the 2017 approved budget, the minimum reserves under this policy at 31 December 2016 would have been €1.968m. The current assets of the CRC at year end are €17,344,400 as shown in the Balance Sheet. When this amount is reduced for Restricted Funds at year end (Note 15, €14,280,867) and for Capital Commitments (Note 21, €351,174) a balance of €2,712,424 remains. This unrestricted amount of current assets exceeds the target minimum reserves level. Fixed Assets do not need to be realised in order to provide this amount. The Head of Finance and the Audit Committee will review reserves levels twice annually from 2017 onwards to ensure compliance with this new reserves policy.

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## Internal Auditors

During 2015 the Board of Directors appointed external consultants Deloitte to carry out internal audits in the CRC as there is no internal audit function within the company. During 2016 the Audit Committee has been presented with reports on the first three internal audit modules. These modules were on Procurement, Internal Controls and Cash Management. Since these reports have been issued the executive team have been implementing agreed actions in response to issues identified in the internal audit. These actions are monitored by the Audit Committee.

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## Internal Controls

The Board of Directors are responsible for the Internal Controls of the CRC. The Audit Committee reviews the adequacy and effectiveness of the CRC's internal financial controls and financial risk management systems and if the Committee considers it necessary, make recommendations to the Board on the management of internal financial controls and governance processes across the CRC. A system of Internal Controls can only provide reasonable assurance against material error, it cannot provide absolute assurance.

The operation of Internal Controls is delegated to management with particular responsibility assigned to the Head of Finance and the CEO. The HSE Interim Administrator's report of May 2014 found that "the CRC has sound systems of financial control in place and no issues of concern have been identified..." Although the Directors have no reason to believe that internal controls within CRC are ineffective, it is always prudent to

independently test that such controls are (1) in existence and (2) operating as intended.

As noted above a programme of internal audit commenced at the end of 2015 and this continued in 2016. Actions taken following the procurement module of internal audit are detailed on page 69.

The Internal Controls internal audit module resulted in no significant findings, four important findings and two minor findings. Since this report issued in April 2016 a number of management actions have been taken to address these findings. A consolidated financial procedures manual has been documented and made available to the Accounts Department. Employee expense claims forms and procedures have been amended. Bank mandates have been reviewed and updated.

The Cash Management internal audit module resulted in no significant findings, four important findings and no minor findings. Since this report issued in July 2016 a number of management actions have been taken to address these findings. New safes have been purchased and are in use in a number of sites. Senior staff in a number of sites have been identified and charged with assisting department managers with cash management. Changes to cash management procedures have been put in place and recorded in the new finance manual.

Further work is required on Internal Controls and Cash Management to continue to address the risks identified in the internal audit reports. Further controls are detailed in the section on Key Financial Risks and Uncertainties.

## KEY FINANCIAL RISKS AND UNCERTAINTIES

### Closure Of The Defined Benefit Pension Scheme

As detailed in Note 20 to the financial statements, the CRC operated a separate defined benefit pension plan for a number of eligible employees. During 2016 the pension plan was operating under a funding proposal prepared in 2011 by the previous Board to restore the CRC plan to compliance with the Minimum Funding Standard by 2017. This pension plan was identified as a key risk to the organisation by the new Board on their appointment in 2014. It was reported as a key risk in the financial statements for the years ended 31 December 2013, 31 December 2014 and 31 December 2015.

The pension plan actuary indicated that the position at the end of December 2015 showed that the funding proposal was not expected to meet the Minimum Funding Standard by 31 December 2017, albeit the expected deficit was relatively small. This was based on reasonably optimistic assumptions at that time. Subsequently the pension plan actuary noted that the position had deteriorated significantly between 31st December 2015 and 31st March 2016 and that, as a result, at the end of March 2016 the funding proposal was significantly off track. The actuary noted that the funding proposal did not allow for risk reserves and that even if the proposal were to run its course until 31 December 2017, the plan would then be required to fund for risk reserves.

The previous CRC Board had approved a number of additional lump sum payments into the pension prior to 2014, however since the appointment of the new Board in March 2014, the current Board has communicated that it would not be in a position to pay additional monies into the pension plan and that the contribution rate of 25% of pensionable salaries was at the outer limit of what the CRC could afford. Based on this the pension plan actuary indicated that he was not satisfied that the funding proposal could be certified as on track.

As CRC was not in a position to provide additional funds and cognisant of the CRC's break even mandate, the Board took the decision on 17th May 2016 to cease contributions to the pension plan with immediate effect and this was communicated to the pension plan trustee on 18th May 2016. This action triggered a wind-up of the scheme.

At the date of signing the financial statements the wind-up process is still ongoing. On 1 June 2016 the Trustees of the IPT Defined Benefit Pension scheme requested that the CRC make a contribution sufficient to ensure that the scheme was fully funded on a wind up basis and that the CRC pay the expenses of winding up the scheme. The combined cost of this contribution and the wind up expenses were estimated at €1.9m. The CRC committed to meet the wind up expenses up to a limit of €338,000 based on an estimate given by the trustees. This amount has been accrued as an expense in 2016. After failing to secure additional funds from the HSE, the CRC communicated to the trustees that it could not make any further contributions to the

scheme reserves to ensure that the scheme was fully funded on a wind-up basis.

On 4 August 2016, the CRC received correspondence from the HSE indicating agreement between the HSE, the Department of Health and the Department of Public Expenditure and Reform, that the existing CRC staff who were previously members of this Defined Benefit Pension scheme will be granted access to a state pension scheme for future service from 18 May 2016 onwards. Since this time the CRC has been working with the HSE to agree the details of this access. In 2017 the CRC received a letter from the HSE confirming that this group of staff can be admitted into the Voluntary Hospital Superannuation Scheme (VHSS). The CRC has accrued employer contributions at a rate of 25%, in line with the IPT Defined Benefit Pension scheme employer contributions rate, and will continue to do so until the affected staff have been admitted to a state pension scheme and the costs of this scheme have been confirmed. €271,638 was accrued for this purpose at 31st December 2016. The staff who were members of the IPT Defined Benefit Pension scheme previously had coverage under death in service and income continuance plans linked to the pension scheme. State pension schemes also offer death in service and limited income continuance coverage. The CRC has agreed to keep the pre-existing levels of death in service and income continuance coverage in place for the affected staff until they are admitted into a state pension scheme. €60,000 was accrued for this purpose at 31st December 2016.

Affected staff who were members of the trade union IMPACT voted for industrial action in June 2016. Since this time industrial action has not taken place. CRC management have engaged with IMPACT and SIPTU in the Workplace Relations Commission on issues concerning the IPT Defined Benefit Pension scheme. This engagement is ongoing at the time of the signing of the financial statements.

While the financial risks posed by the IPT Defined Benefit pension scheme have reduced dramatically during 2016 as a result of the actions taken by the CRC, there persists risks concerning industrial relations and cost implications arising from the cessation of contributions and subsequent wind-up of the Defined Benefit Pension scheme.

## Compliance with HSE Service Arrangements

Since 2013 there has been a higher level of regulation by the HSE of its Service Arrangements with agencies funded under Section 38 of the Health Act 2004, including the CRC. This compliance is subject to a high degree of scrutiny by the HSE.

The compliance includes governance arrangements, compliance with public sector pay policy and procurement. The CRC reports on compliance annually to the HSE as part of a formal compliance statement as well as responding to queries from the HSE as they arise. It is expected that the CRC will be subject to an audit commissioned by the HSE on compliance with its Service Arrangements.

While the CRC are confident that strong progress on compliance has been made since March 2014, and that exceptions have been communicated clearly to the HSE in the annual Compliance Statements, non-compliance constitutes a risk to the funding from the HSE and a reputational risk to the CRC. Three areas of risk within the scope of the Compliance Statement; the Break-Even Mandate, Procurement, and compliance with Public Pay Policy are addressed separately below.

## Compliance with Public Pay Policy

Pre-2014 the previous Board had approved a number of pay rates and allowances that were non-compliant with public pay policy. These areas of non-compliance were detailed in the report of the Interim Administrator in 2014. Since their appointment in 2014 the current CEO and Board have worked on these areas of non-compliance in collaboration with the HSE. Some employees on non-compliant pay have ended their employment with the CRC. In the case of unapproved allowances in some cases these were terminated with compensation paid in line with public pay agreements. These compensation payments are included in "Other Compensation Payments" in Note 6 to the financial statements. In the case of all other instances where pay rates and allowances were non-compliant with Public Pay Policy, business cases were submitted to the HSE during 2016. These business cases were accepted by the HSE and these pay rates and allowances were red circled to the current post-holders. On foot of this the CRC has provided an unconditional statement of

compliance with public pay policy. The CRC has regular Pay Control Meetings chaired by the CEO which approve all recruitment including awarding new contract and amending existing contracts. The purpose of Pay Control Meetings is to ensure all recruitment and amendments to contracts are done in line with Public Pay Policy and the pay control circulars as laid out by the HSE.

The CEO is on an approved HSE pay scale commensurate with the responsibility of the post which ranges from €83,252 to €100,796. The CEO is currently on the third point of the scale earning €90,269. Other management staff salaries are detailed at Note 6.

## Procurement

In compliance with the terms of the HSE Service Arrangement, procurement funded by HSE grant income must be in compliance with public sector procurement regulation. The Board of the CRC have also determined that procurement funded by fundraised income should also be carried out in compliance with public sector procurement regulation. An internal audit of procurement carried out at the end of 2015 resulted in two significant findings and two important findings. Since the report of this internal audit was issued in February 2016 a number of additional measures have been put in place by management. Since June 2014 all new contracts have been awarded in line with public sector procurement regulations. Key staff have taken part in external procurement training. A new procurement policy was drafted and approved during

2016. A third party consultant has been retained for assistance with major procurement processes. The CRC engage with the Office of Government Procurement and the Health Business Service (a division of the HSE) to access existing procurement frameworks where appropriate.

With non-staff operating costs exceeding €4.1m in 2016, compliance with public procurement regulation remains a key risk. Further work in this area will reduce the risk and should lead to savings on operating costs. There is a related risk that adherence to public procurement regulation delays business processes.

## Break-Even Mandate

As the CRC is funded under Section 38 of the Health Act 2004 and a 'not for profit' company, it is essential that the CRC manages its operational costs in respect of HSE funded activities on an annual basis so as to ensure those costs do not exceed the related HSE funded income. This is articulated in the Service Arrangement governing the relationship between the CRC and the HSE. The grant income from the state accounts for approximately 88% of the funding (52% when the once off F&S transfers are included) and the CRC relies on ongoing generation of income to fund the shortfall in grant allocation.

In addition to the risk of spending more than the grant allocation provides for, there is a risk that the CRC may spend less than the grant allocation provides. This may arise due to once off factors such as a series of temporary staff vacancies. If the CRC does not spend all of its grant allocation in the

year, excess funding must be returned to the HSE, and there is a risk that this would result in a permanent reduction of the annual allocation. In 2015 the CRC was on course to spend significantly lower than the break-even position. As a result the HSE agreed to a once off reduction in the 2015 grant allocation of €500,000. Some of the factors that led to this 2015 underspend persisted to a lesser extent in 2016. However an increase in other costs including costs related to the wind-up of the IPT Defined Benefit Pension scheme resulted in the CRC achieving a break-even position in its HSE grant funding in 2016.

Costs have risen in 2016 and are projected to continue to do so in 2017. As a result the risk concerning the break-even mandate is expected to shift from a risk of underspending to a risk of overspending. On a monthly basis the CEO and Head of Finance monitor income and expenditure, and submit detailed financial reports to the HSE. Activities are adjusted in line with income and expenditure rates in order to ensure that the CRC achieves its break-even mandate with the HSE.

## Guarantee to The Care Trust DAC

On an annual basis the shareholders of The Care Trust DAC (The Care Trust) are asked to enter into a joint agreement to provide for all the losses of The Care Trust. On 28th February 2017 the CRC provided a letter of support in which it agreed equally with the Rehab Group to provide adequate funds to The Care Trust to meet the liabilities of that company as they fall due. The CRC has the

power to appoint half of the Directors of The Care Trust, and has access to the monthly management accounts of the company.

### Funding Requirements for Capital Developments

During 2016 a high level review of expenditure needs was carried out for the period of the new strategic plan; 2016-2021. This review estimated cumulative additional funding needs of approximately €25m during this period. The additional funding requirements are primarily due to the cost of capital developments envisaged under the strategic plan. The transfer of in excess of €13m of funds from F&S during 2016 meets just over half of this anticipated funding need. A fundraising strategy has been developed in 2016 and money is being invested in fundraising in order to raise the additional funding required during this period.

### Absence of Formal Lease Agreements/Memorandums of Understanding

There are certain commercial arrangements between the CRC and third parties for which there are no formal lease agreements or memorandums of understanding. One instance is the CRC premises built on the grounds of Waterford Hospital. The CRC are seeking to finalise a formal lease agreement with Waterford Hospital for this premises. Another instance is the arrangements between the CRC and the Mater Hospital concerning the administration of the Voluntary Hospital Superannuation Scheme (VHSS) for CRC staff and pensioners.

The CRC is seeking a formal memorandum of understanding between the CRC and the Mater Hospital to govern the administration of these pensions.

### Administration of Single Public Sector Pension Scheme

The CRC is a relevant authority for the purposes of the Single Public Sector Pension Scheme (SPSPS). This is relatively new pension scheme and is in place for public sector workers hired since 1 January 2013. It is administered, funded and underwritten by the Department of Public Expenditure and Reform. In common with many agencies funded under Section 38 of the Health Act 2004, the CRC is still in the process of developing systems and procedures to meet its responsibilities as a relevant authority for the purposes of SPSPS.

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## DIRECTORS' COMPLIANCE STATEMENT

The Board of Directors acknowledge their responsibility under Section 225 of the Companies Act 2014. The Directors have drawn up a statement setting out the CRC's policies in respect of compliance with company law and tax law. The Directors have put in place appropriate arrangements or structures designed to secure material compliance with company law and tax law and they are required to review these arrangements and structures during the financial year.

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## RELATED PARTIES

### The Care Trust DAC

Since March 2016 the CRC has owned 50% of the issued share capital of The Care Trust DAC, a company set up to operate pools and lotteries for charitable purposes for the benefit of the CRC, Rehab and the Mater Hospital. With effect from 1 September 2014 the share of these lottery proceeds attributable to the CRC have been paid directly to the CRC by The Care Trust DAC. The CRC has the power to appoint 50% of the Directors of The Care Trust DAC, and there are common Directors between the CRC and The Care Trust DAC. In 2016 these common Directors were Tom Quinn, Tom Fleming and Fiona Mahon.

### Friends and Supporters of the Central Remedial Clinic

Related parties include Friends and Supporters of the Central Remedial Clinic Limited ('F&S'), a company with which the Company had, in 2016, a common member and Director. In 2016 this common member and Director was Tom Quinn. F&S is not a subsidiary of the Company. The two companies do not therefore comprise a group of companies and consolidated financial statements are therefore not prepared. The principal function of F&S is to provide financial support to CRC. This involves the funding of capital projects, revenue expenses and other costs associated with the running of the CRC and provision of services.

In line with the recommendation of the Interim Administrator's Report the Directors of F&S and the Directors of the CRC worked

together during 2016 to transfer the assets of F&S to the CRC and to wind up F&S. During 2016, F&S transferred assets totalling €13,775,566 to the CRC.

In line with the objects of F&S, the CRC and F&S agreed that the assets transferred be restricted to the following uses;

- a. the erection, building, support, maintenance and management of hospitals, day care centres, clinics and training centres for disabled and handicapped persons provided that these hospitals, day care centres, clinics and training centres are recognised by the Revenue Commissioners as being established for charitable purposes only;
- b. training, nursing, educating and generally assisting in the care, support and education of persons with physical and mental disabilities;
- c. the provision of home help for disabled persons and to trained nurses and other professionals in the care and support of disabled persons;
- d. the provision of courses for the training of persons with physical and mental disabilities.

As previously described on page 71 of this report a considerable portion of these funds are intended for the capital developments and infrastructural improvements to support the delivery of CRC services. Page 58 of this report provides details of capital developments during 2016 as well as planned developments for 2017.



A liquidator of F&S was appointed on 30 November 2016 at a Members Voluntary Liquidation meeting.

### Central Remedial Clinic Medical Devices Limited

In 2007, the shares in Central Remedial Clinic Medical Devices Limited held by the Company were transferred to F&S and it was therefore a 100% owned subsidiary of F&S.

A liquidator of Central Remedial Clinic Medical Devices Limited was appointed on 5 June 2015. The liquidation was completed on 16 February 2016.

### Central Remedial Clinic Research Trust

The Central Remedial Clinic has the power to remove and appoint trustees of the Central Remedial Clinic Research Trust. During 2016 the Central Remedial Clinic provided nil funding to the Central Remedial Clinic Research Trust (2015: €25,000). The Central Remedial Clinic also provides administrative support for the Central Remedial Clinic Research Trust. As disclosed in Note 14 the Central Remedial Clinic owed the Central Remedial Clinic Research Trust €24,031 at 31 December 2015.

On 16 December 2016 the Company resolved to cease funding the Central Remedial Clinic Research Trust. On 21 December 2016 the Trustees of the Central Remedial Clinic Research Trust resolved to wind-up the Trust and to transfer the funds and activities of the Trust to the Company. The residual funds of €10,778 were transferred on this date, and this amount is restricted funding for the Company as it must be used for research purposes.

## Transactions with related parties

Details of transactions between the CRC and its related parties during 2016 are set out in Note 22.

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## GOING CONCERN

The financial statements have been prepared on the going concern basis. In assessing the appropriateness of the going concern basis, we have taken into account all relevant information covering a period of at least twelve months from the date of approval of the signing of the financial statements.

As an agency funded under Section 38 of the Health Act 2004, the CRC relies heavily on funding from the HSE and all indications are that this funding will continue in line with signed service arrangements 2015 to 2018. In addition the CRC relies on the funds generated through The Care Trust DAC and other fundraising activities and donations and grants from other government agencies as shown in Note 3 to the financial statements.

The Directors take comfort from the ongoing financial support from the HSE and note that no issues have been identified by the HSE during the course of 2016 and to date in 2017 which would imply that the Company is not meeting its ongoing obligations within the Service Level Agreements. The CRC delivered on all service level agreements in 2016.

The Company will continue to operate its business within budgets agreed with the HSE and other agencies.

The Directors note that there has been ongoing support to the CRC from the proceeds of The Care Trust activities, during 2016. This will continue in 2017 and subsequent years, thereby providing an additional direct source of funding to the CRC.

The transfer, during 2016 of €13,775,566 of assets from F&S to the CRC has made a significant positive contribution to the CRC's reserve position in 2016. Further residual funds may be transferred during 2017 on the completion of the wind up of F&S.

The 17 May 2016 decision by the Directors of the CRC to cease contributions to the IPT private defined benefit pension scheme triggered a wind-up of the scheme. While there have been significant costs related to the wind-up, the closure of the defined benefit scheme eliminates a major risk to the going concern of the CRC. The ending of this defined benefit pension liability has made a further positive contribution to the CRC's reserve position in 2016.

On this basis, the Board of Directors has concluded that it is appropriate to continue to adopt the going concern basis in preparing the financial statements.

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## ACCOUNTING RECORDS

The measures that the Directors have taken to secure compliance with the requirements of sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting records. The books of account for the Company are maintained at the Penny Ansley Memorial Building, Vernon Avenue, Clontarf, Dublin 3.



Kieran J Timmins

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## DISCLOSURE OF INFORMATION TO THE AUDITORS

In the case of each of the persons who are Directors at the time this report is approved in accordance with section 332 of Companies Act 2014:

(a) so far as that Director is aware, there is no relevant audit information of which the Company's statutory auditors are unaware, and

(b) that Director has taken all the steps that he or she ought to have taken as a director in order to make himself or herself aware of any relevant audit information and to establish that the Company's statutory auditors are aware of that information.

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## APPOINTMENT OF EXTERNAL AUDITORS

The Audit Committee, on behalf of the Board, commenced a process in October 2015 to appoint external auditors to the company as the term of office of E&Y, expired in December 2015. E&Y (Ernst & Young) and its ancestor firms; Ernst & Whinney and Reynolds Cooper McCarron audited the CRC from 1979 to 2015.

The competitive process was managed in conjunction with assistance from the HSE resulting in the appointment, in December 2015, of BDO as external auditors for a period of three years. The year ended 31 December 2016, represents the second year of BDO's three year term as external auditors. The Audit Committee reviews the performance of the auditors on an annual basis. In accordance with Companies Act 2014, section 383(2), BDO continue in office as auditors of the CRC.

On behalf of the Board:



Diarmuid Connaughton

## 4. Directors' Responsibility Statement

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

Irish Company law requires the Directors to prepare financial statements for each financial year. Under that law the Directors have elected to prepare the financial statements in accordance with Companies Act 2014 and FRS 102, the financial reporting standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in 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 as at the end of the financial year, and the profit or loss of the Company for the financial year, and otherwise comply with the Companies Act 2014.

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

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

The Directors are responsible for ensuring that the Company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the Company, enable at any time the assets, liabilities, financial position and profit or loss of the Company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors report comply with the Companies Act 2014, and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board:



Kieran J Timmins



Diarmuid Connaughton

## 5. Independent Auditors' Report to the Directors of the Central Remedial Clinic

We have audited the financial statements of the Central Remedial Clinic for the financial year ended 31 December 2016 which comprise the statement of financial activities, statement of financial position, cash flow statement and related notes. The relevant financial reporting framework that has been applied in their preparation is Companies Act 2014 and FRS102, the Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland.

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

### Respective responsibilities of Directors and auditors

As explained more fully in the Directors' responsibilities statement, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014. Our responsibility is to audit and express our opinion on the financial statements in accordance with Irish law

and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### Scope of the audit of the financial statements

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

## Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the Company as at 31 December 2016 and of its results for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework and in particular with the requirements of the Companies Act 2014.

## Matters on which we are required to report by the Companies Act 2014

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

- In our opinion the information given in the Directors' report is consistent with the financial statements.

## Matters on which we are required to report by exception

We have nothing to report in respect of our obligations under the Companies Act 2014 to report to you if, in our opinion, the disclosures of Directors' remuneration and transactions specified by section 305 to 312 of the Act are not made.




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John O'Callaghan  
For and on behalf of BDO  
Dublin  
Statutory Audit Firm  
AI223876  
28th April 2017

## 6. Statement of Financial Activities

Incorporating the Income and Expenditure Account. For the financial year ended 31 December 2016.		Restricted Funds 2016 €	Unrestricted Funds 2016 €	Total 2016 €	Total 2015
	Notes				
<b>INCOME AND ENDOWMENTS FROM</b>					
Charitable activities	3(a&b)	18,556,590	112,442	18,669,032	17,578,987
Voluntary Income	3(c)	13,831,868	1,290,452	15,122,320	1,555,589
Forgiveness of Related Party loan		–	–	–	3,000,000
<b>Total Voluntary Income</b>		<b>13,831,868</b>	<b>1,290,452</b>	<b>15,122,320</b>	<b>4,555,589</b>
<b>TOTAL INCOME AND ENDOWMENTS</b>		<b>32,388,458</b>	<b>1,402,894</b>	<b>33,791,352</b>	<b>22,134,576</b>
<b>EXPENDITURE ON</b>					
Charitable activities	4	(18,373,931)	(1,344,896)	(19,718,827)	(19,309,678)
Raising funds	5	–	(78,511)	(78,511)	(2,294)
<b>TOTAL EXPENDITURE</b>		<b>(18,373,931)</b>	<b>(1,423,407)</b>	<b>(19,797,338)</b>	<b>(19,311,972)</b>
<b>NET INCOME / (EXPENDITURE)</b>		<b>14,014,527</b>	<b>(20,513)</b>	<b>13,994,014</b>	<b>2,822,604</b>
Transfer between funds		–	–	–	–
<b>EXCESS OF (EXPENDITURE)/INCOME BEFORE OTHER RECOGNISED GAINS/(LOSSES)</b>		<b>14,014,527</b>	<b>(20,513)</b>	<b>13,994,014</b>	<b>2,822,604</b>
<b>OTHER RECOGNISED GAINS/(LOSSES)</b>			–		
Actuarial gain/(loss) recognised on pension scheme	20	–	5,448,000	5,448,000	4,156,000
<b>NET MOVEMENT IN FUNDS</b>	15	<b>14,014,527</b>	<b>5,427,487</b>	<b>19,442,014</b>	<b>6,978,604</b>
<b>FUND BALANCES BROUGHT FORWARD</b>	15	<b>266,340</b>	<b>1,250,635</b>	<b>1,516,975</b>	<b>(5,461,629)</b>
<b>FUND BALANCES CARRIED FORWARD</b>	15	<b>14,280,867</b>	<b>6,678,122</b>	<b>20,958,989</b>	<b>1,516,975</b>

All the activities relate to continuing activities. There are no recognised gains and losses other than as stated above.

The financial statements were approved for signature by the Board of Directors on 28th April 2017 and signed on its behalf by:



Kieran J Timmins




Diarmuid Connaughton

# 7. Balance Sheet

As at 31 December 2016

	Notes	2016 €	2015 €
<b>FIXED ASSETS</b>			
Tangible fixed assets	8	11,970,227	12,421,318
Intangible assets	9	1,600,000	1,657,143
Shares	10	65	—
		<u>13,570,292</u>	<u>14,078,461</u>
<b>CURRENT ASSETS</b>			
Stocks	11	44,466	42,856
Receivables	12(a)	80,417	138,857
Grants receivable	12(b)	1,574,138	1,316,629
Cash & Cash Equivalents	13	15,645,379	1,599,011
		<u>17,344,400</u>	<u>3,097,353</u>
<b>CREDITORS FALLING DUE WITHIN ONE YEAR</b>			
Payables	14(a)	(2,274,811)	(1,838,656)
		<u>(2,274,811)</u>	<u>(1,838,656)</u>
<b>NET CURRENT ASSETS</b>		15,069,589	1,258,697
<b>CREDITORS FALLING DUE AFTER ONE YEAR</b>			
Defined benefit pension scheme liability	14(b)	—	(5,606,000)
<b>TOTAL NET ASSETS</b>		<u><b>28,639,881</b></u>	<u>9,731,158</u>
<b>FUNDS</b>			
Unrestricted funds	15	6,678,122	1,250,635
Restricted funds	15	14,280,867	266,340
Capital grants	17	7,680,892	8,214,183
<b>TOTAL CHARITY FUNDS</b>		<u><b>28,639,881</b></u>	<u>9,731,158</u>

The financial statements were approved for signature by the Board of Directors on 28th April 2017 and signed on its behalf by:

  
Kieran J Timmins

  
Diarmuid Connaughton

# 8. Statement of Cash Flow

For the financial year ended 31 December 2016

	2016	2015
	€	€
<b>Net cash inflow from operating activities</b>	<b>14,804,481</b>	1,531,834
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Capital expenditure and related grants:		
Payment to acquire fixed assets	(758,113)	(191,521)
<b>INCREASE IN CASH</b>	<b>14,046,368</b>	1,340,313
<b>RECONCILIATION OF NET CASH FLOW</b>		
Increase in cash and cash equivalents	14,046,368	1,340,313
Cash and cash equivalents at beginning of financial year	1,599,011	258,698
<b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b>	<b>15,645,379</b>	1,599,011

	2016	2015
	€	€
<b>RECONCILIATION OF NET INCOMING (OUTGOING) RESOURCES TO CASH INFLOW FROM OPERATING ACTIVITIES</b>		
Net incoming resources	13,994,014	2,822,604
Loss on disposal of Fixed Assets	12,098	1,551
Amortisation of intangible assets	57,143	57,143
Depreciation	1,197,106	1,153,224
Amortisation of Capital Grants	(533,291)	(541,288)
Actuarial Gain/ (Loss)	5,448,000	4,156,000
(Increase) / Decrease in stocks	(1,610)	6,511
(Increase) / Decrease in debtors	(199,069)	149,762
(Increase) / Decrease in financial assets	(65)	-
Increase / (Decrease) in creditors	(5,169,845)	(6,273,673)
<b>Net cash from operating activities</b>	<b>14,804,481</b>	1,531,834



# 9. Notes to the Financial Statements

## 1. Accounting Policies

The following accounting policies are applied consistently in dealing with items which are considered material in relation to the company's financial statements:

### a. Basis of Preparation and Going Concern

The financial statements have been prepared in accordance with accounting standards generally accepted in Ireland in compliance with the Companies Act 2014 including Financial Reporting Standard 102 (FRS 102) and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities SORP) issued by the Charity Commissioners in the UK. Accounting Standards, generally accepted in Ireland in preparing financial statements giving a true and fair view, are those published by the Institute of Chartered Accountants in Ireland and issued by the Financial Reporting Council.

The preparation of financial statements in compliance with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise judgment in applying the company's accounting policies.

As noted on page 73 of the Directors' Report, the financial statements have been prepared on a going concern basis.

The following principal accounting policies have been applied:

### b. Restricted Funds

Restricted funds are funds received which can only be used for particular purposes specified by the donors and are binding on the company. Such purposes are within the overall aims of the company.

### c. Unrestricted Funds

Unrestricted funds are those which are expendable at the discretion of the company in furtherance of the objectives of the charity. The company has long term obligations in respect of the provision of day activities, respite care, independent living and transport facilities. If part of an unrestricted fund is earmarked for a particular project, it may be designated as a separate fund, but the designation has an administrative purpose only, and does not legally restrict the company's discretion to apply the fund.

### d. Incoming Resources

All incoming resources are included in the Statement of Financial Activities when the company is entitled to the income and the amount can be measured with reasonable accuracy and is probable. The following specific policies are applied to particular categories of income:

- Grant and Service Income: Grant income from the Health Service Executive, other Government Agencies and other sources is credited when receivable to the Statement of Financial Activities. Expenditure and service-related grants are credited to the Statement of Financial Activities upon the recognition of the associated expense for which the grant was originally received.
- Fundraising Income: Fundraising income is credited to the Statement of Financial Activities in the year in which it is receivable by the company.
- Investment Income: Income earned on funds held on deposit is treated as unrestricted income and is credited when earned.

**e. Resources Expended**

Expenditure is recognised on an accruals basis as a liability is incurred and is recorded as part of the expenditure to which it relates. Cost of generating funds comprise the costs associated with attracting voluntary income. Expenditure on charitable activities is those costs incurred by the charity in the delivery of its services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them. Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity. Where costs cannot be directly attributed, they have been allocated in proportion to attributable costs. The allocation of these support costs are shown in Note 7.

**f. Capital Grants**

Grants received specifically as a contribution towards the cost of land, buildings and bus fleet are credited directly to the capital fund in the year of receipt. Such grants are amortised to the Statement of Financial Activities on the same basis as the assets are depreciated.

**g. Tangible Fixed Assets**

Tangible fixed assets currently in use in furtherance of the charity’s objectives are stated in the balance sheet at cost less accumulated depreciation. A small number of assets not currently in use in furtherance of the charity’s objectives are stated at the lower of cost less accumulated depreciation and net market value. Depreciation is provided on tangible assets with the exception of land, so as to write off the cost less estimated residual value of each asset over its expected useful economic life on a straight line basis at the following annual rates:

Land	Nil
Buildings	4% per annum
Medical equipment	10% per annum
Office equipment	10% per annum
Other equipment	10% per annum
Fixtures and fittings	10% per annum
Computer equipment	25% per annum
Motor vehicles	25% per annum

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in the Statement of Financial Activities.

#### **h. Intangible fixed assets**

Payments to third parties to secure the right to use facilities owned by those third parties for a defined period are capitalised as intangible fixed assets and are amortised over the defined period. The intangible fixed asset is reported in Note 9. The amortisation is spread evenly over the lifetime of the asset.

#### **i. Shares in Joint Venture**

Shares held in a Joint Venture (the Care Trust DAC) are measured at cost less impairment. The cost is taken as the nominal value of the shares.

#### **j. Other Financial Assets**

Short-term investments include Prize Bonds which are measured at face value. During 2016 the Company opened an investment account with Davy, an investment broker. A portion of the funds received from the Friends & Supporters of the Central Remedial Clinic are managed by this broker.

#### **k. Receivables**

Short term receivables are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

#### **l. Stocks**

Stocks comprise workshop parts, wheelchairs and consumables. Stocks are stated at the lower of cost and net realisable value, being the estimated selling price less costs to complete and sell. The cost of stock is valued using a weighted average costing model.

At each balance sheet date, stocks are assessed for impairment. If stock is impaired, the carrying amount is reduced to its selling price less costs to complete and sell. The impairment loss is recognised immediately in the profit and loss account.

#### **m. Payables**

Short term payables are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

#### **n. Deferred Grant Income**

Deferred Grant Income arises where grant income has been received during the financial period, but the grant income or a portion of the grant income is for use in a future financial period. Deferred Grant Income typically arises in relation to grants for the CRC schools including grants from the Department of Education & Science. Grants for the school are typically paid based on the school year from September to August, rather than on the calendar year.

**o. Cash and Cash Equivalents**

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

**p. Financial Instruments**

The company only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable, fees and grants receivable, overdrafts from banks.

There are currently no Debt instruments other than those wholly repayable or receivable within one year. Debt instruments that are payable or receivable within one year, typically trade payables or receivables including grants receivable, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration, expected to be paid or received. However, if the arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or financed at a rate of interest that is not a market rate or in case of an out-right short-term loan not at market rate, the financial asset or liability is measured, initially, at the present value of the future cash flow

discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost. There are no such short-term instruments included in the financial statements.

**q. Holiday Pay Accrual**

A liability is recognised to the extent that any unused holiday pay entitlement is accrued at the Balance Sheet date and carried forward to future periods. This is measured at the undiscounted salary cost of the future holiday entitlement so accrued at the Balance Sheet date.

**r. Termination Payments, Redundancy Payments & Similar Ex Gratia Payments**

Any termination payments, redundancy payments, compensation in respect of the end of allowances or similar ex gratia payments are recognised in the period when they are agreed. These costs are included in staff salary costs and the total amount of such payments is disclosed as Other Compensation Payments in Note 6 to the financial statements.

**s. Pensions**

The company provided for three pension schemes for the benefit of its employees during 2016.

A Voluntary Hospital Superannuation Scheme is in operation for the majority of the Company's employees and is administered by the Mater Hospital and funded and underwritten by the Department of Health. The Directors consider that the Company has no

liability arising from the potential under funding of the scheme. There is a draft MOU in place and due for sign off between both parties in 2017.

A Single Public Service Pension Scheme is in operation for all new staff since 1 January 2013. This scheme is administered, funded and underwritten by the Department of Public Expenditure and Reform. The Directors consider that the Company has no liability arising from the potential under funding of the scheme.

The Company operated a separate defined benefit pension plan for eligible employees. The Defined Benefit Pension Scheme has been closed to new members since 1 January 2007. The Company ceased paying contributions to the scheme in May 2016 and as a result the scheme went into a wind-up status in 2016. The scheme is externally funded and assets are held separately from those of the Company in an independently administered fund.

#### **t. Currency**

The functional and presentational currency for the CRC is Euro. The Company has one non-Euro denominated bank account. The value of this sterling bank account is reported based on the exchange rate at year end.

## 2. Judgements in Applying Accounting Policies and Key Sources of Estimation Uncertainty

The preparation of these financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses.

Judgements and estimates are continually evaluated and are based on historical experiences and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The company makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

### Accruals

Accruals are recognised on an assumption basis for costs incurred for which the invoice is not yet received. However the estimate is subject to inherent uncertainty.

### Establishing lives for depreciation purposes of tangible fixed assets.

Long-lived assets, consisting primarily of property, fixtures and fittings and motor vehicles, comprise a significant portion of the total assets. The annual depreciation charge depends primarily on the estimated lives of each type of asset and estimates of residual values. The Directors regularly review these asset lives and change them as necessary to reflect current thinking on remaining lives in light of prospective economic utilisation and physical condition of the assets concerned. Changes in asset lives can have a significant impact on depreciation and amortisation charges for the period. Details of the useful lives are included in the accounting policies.

### 3. Income From Charitable Activities

		Restricted Funds 2016	Unrestricted Funds 2016	Total 2016	Total 2015
	Notes	€	€	€	€
Government Grants	3(a)	17,697,567	–	17,697,567	16,734,441
All other sources of income	3(b)	859,023	112,442	971,465	844,546
		<u>18,556,590</u>	<u>112,442</u>	<u>18,669,032</u>	<u>17,578,987</u>

#### 3(a). Government Grants

	Grant Term	Grant Source	2016 €	2015 €
HSE CHO 9 (Dublin Northeast)	Annual recurring	S38	14,230,237	13,347,013
HSE CHO 7 (Dublin Southwest)	Annual recurring	S38	184,995	184,995
HSE CHO 9 (Dublin Northwest)	Annual recurring	S38	183,012	183,012
HSE CHO 3 (Mid-West)	Annual recurring	S38	354,267	354,261
HSE CHO 5 (South)	Annual recurring	S38	925,944	925,944
HSE CHO 8 (Dublin Mid-Leinster)	Annual recurring	S38	11,157	11,155
HSE CHO 9 (Dublin Area 8 - Nursing Homes Seating Programme)	Annual recurring	S38	56,164	54,000
HSE CHO 9 (Swords - Transition Programme)	Annual recurring	S38	190,281	149,000
Department of Education School Grants	Annual recurring	Dept of Education & Science	813,994	841,525
Leargas Grant	Once off	Dept of Education & Science	–	18,930
Dublin City Council School Meals Grant	Annual recurring	Dublin City Council	21,224	24,026
School Meals	Annual recurring	Dept of Social Protection	19,164	–
National Lottery	Once off	National Lottery	16,700	24,500
HSE CHO 9 (Dublin North West - School leavers day service)	Annual recurring	S38	372,331	334,295
SOLAS- Vocational Training Programme	Annual recurring	Dept of Social Protection	289,921	278,704
Miscellaneous minor grants	Once off	–	28,176	3,081
<b>Grant Income</b>			<u><b>17,697,567</b></u>	<u><b>16,734,441</b></u>

### 3(b). Other Sources of Income

	Restricted Funds 2016	Unrestricted Funds 2016	Total 2016	Total 2015
	€	€	€	€
Pension Levy	310,943	–	310,943	384,964
Seating Sales	101,239	–	101,239	137,268
Swimming pool, catering and other activities	316,841	–	316,841	319,487
Profit on Sale of Fixed Assets	–	1,200	1,200	–
Insurance Compensation	130,000	–	130,000	–
ESS Conference	–	111,242	111,242	2,827
	859,023	112,442	971,465	844,546

### 3(c). Income From Other Trading Activities

	Restricted Funds 2016	Unrestricted Funds 2016	Total 2016	Total 2015
	€	€	€	€
<b>Fundraising campaigns and events</b>				
The Care Trust Limited- Lottery Proceeds (Note 22)	–	1,109,638	1,109,638	1,259,368
Friends and Supporters of the Central Remedial Clinic Limited (Note 22)	13,775,566	–	13,775,566	–
Central Remedial Clinic Research Trust	10,778	–	10,778	–
Donations and Fundraising	45,524	180,814	226,338	296,221
	13,831,868	1,290,452	15,122,320	1,555,589

Other fundraising income comes from events organised by supporters of the CRC and donations from supporters of the CRC. The 2016 figure includes a large anonymous donation (€141,319). The 2015 figure includes a significant legacy donation (€205,676).

All income of the organisation arose in Ireland.



## 4. Expenditure on Charitable Activities

	Restricted Funds 2016	Unrestricted Funds 2016	Total 2016	Total 2015
	€	€	€	€
Staff costs	14,820,121	66,012	14,886,133	14,815,129
Operating costs	3,553,810	557,926	4,111,736	3,825,471
Depreciation and amortisation	–	1,254,249	1,254,249	1,210,366
Capital Grants Amortisation	–	(533,291)	(533,291)	(541,288)
	<u>18,373,931</u>	<u>1,344,896</u>	<u>19,718,827</u>	<u>19,309,678</u>

## 5. Expenditure on Raising Funds

	Total 2016	Total 2015
	€	€
Staff costs	10,091	–
Operating costs	68,420	2,294
	<u>78,511</u>	<u>2,294</u>

## 6. Employees and Staff Costs

Central Remedial Clinic employed an average of 348 people in 2016 (2015: 321). Most staff work directly in frontline services. As an organisation funded under Section 38 of the Health Act 2004, salaries are paid in line with public sector pay scales and are subject to public sector pay agreements. Additional information has been included in the below table compared to previous years. The table below includes the number of doctors who are not direct employees of the CRC but who are fully or partially seconded from other parts of the health service. It also includes staff such as bus escorts and swimming pool lifeguards who are employed on contracts with no fixed working hours.

a. NUMBER OF EMPLOYEES	2016		2015	
	Monthly Average Number	Whole Time Equivalents	Monthly Average Number	Whole Time Equivalents
Medical & nursing	130	110	119	112
Clerical & administration	58	48	62	51
Other	105	89	92	76
Invoiced doctors	6	2	6	2
Support staff on flexible contracts	49	17	42	16
	<b>348</b>	<b>266</b>	<b>321</b>	<b>257</b>

b. TOTAL STAFF COSTS	2016		2015	
	€		€	
Wages & salaries	12,334,165		12,061,523	
Social welfare costs	1,185,339		1,104,127	
Pension costs	1,354,137		1,549,129	
Other compensation payments	22,583		100,350	
	<b>14,896,224</b>		<b>14,815,129</b>	

**c. SENIOR STAFF REMUNERATION**

	2016	2015
<b>The number of staff earning salaries over €60,000 is:</b>		
Band: €60,000 - €69,999	13	13
Band: €70,000 - €79,999	1	5
Band: €80,000 - €89,999	3	3
Band: €90,000 - €99,999	2	2
Band: €100,000 - €109,999	1	1
Band: €140,000 - €149,999	–	1
Band: €160,000 - €169,999	1	1
	<u>21</u>	<u>26</u>

Total benefits are calculated after deducting pension related deduction (PRD). Total benefits do not include employer pension contributions.

A number of CRC personnel (7 individuals in 2016; 8 individuals in 2015) including the CEO and some consultant doctors work for the CRC on secondment or joint working arrangements from either the HSE or HSE funded bodies. The benefits of these individuals are included in the above calculations. Other compensation payments comprise of payments to 3 individuals arising in 2016 (6 in 2015). Other compensation payments are made up of payments made for the ending of allowances in line with public pay agreements, the loss of benefits under agreements arbitrated by the Workplace Relations Commission as well as termination payments made based on legally binding contracts.

**d. KEY MANAGEMENT REMUNERATION**

<b>Key management personnel comprise of senior management and they received the following remuneration;</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Wages & salaries	730,500	763,326
Social welfare costs	68,920	74,414
Pension costs	66,324	85,790
Other compensation payments	–	80,000
	<u>865,744</u>	<u>1,003,530</u>

The CEO received remuneration €89,960 in 2016 (€88,279 in 2015).

## 7. Support Costs and Allocation of Expenditure

<b>a. SUPPORT COSTS</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Depreciation & amortisation	1,254,249	1,210,366
Unrestricted expenditure on buildings, equipment, training & research	927,548	645,710
Management & administration	1,761,762	1,448,454
IT	433,784	410,705
HR	400,001	358,528
Cleaning	218,806	229,120
Maintenance	347,325	168,987
Quality standards, health & safety	57,623	65,188
	<b><u>5,401,098</u></b>	<b><u>4,537,058</u></b>

<b>b. ALLOCATION OF EXPENDITURE</b>	<b>Charitable activities</b>	<b>Cost of generating funds</b>	<b>Total Expenditure</b>
	<b>€</b>	<b>€</b>	<b>€</b>
Direct expenditure	14,317,729	78,511	14,396,240
Allocation of support costs	5,371,643	29,455	5,401,098
<b>Total resources expended</b>	<b><u>19,689,372</u></b>	<b><u>107,966</u></b>	<b><u>19,797,338</u></b>

<b>c. GOVERNANCE COSTS</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>Support costs also include governance costs as follows:</b>		
Company Secretarial Costs	9,132	–
External audit	20,295	30,135
Internal audit	12,749	5,763
	<b><u>42,176</u></b>	<b><u>35,898</u></b>

Members of the Board of Directors do not receive remuneration for their services as Directors. Expenses directly incurred by the Directors in carrying out their role are reimbursed, if claimed. None of the current Directors of the CRC have claimed any expenses since their appointment.

Other governance costs relate to company secretarial costs, the annual external audit and the external professional advisors engaged to carry out an annual internal audit.

## 8. Tangible Fixed Assets

	Land	Buildings	Medical Equipment	Office Equipment	Other Equipment	Fixtures and Fittings	Computer Equipment	Motor Vehicles	Total
	€	€	€	€	€	€	€	€	€
<b>Cost</b>									
At 1 January 2016	805,181	27,039,770	2,058,349	406,070	1,236,408	3,983,363	2,083,549	638,432	38,251,122
Additions	–	303,610	56,741	–	52,161	29,863	221,298	94,440	758,113
Disposals and write-offs	–	–	(86,582)	(58,175)	(127,166)	(14,046)	(429,092)	(53,316)	(768,377)
<b>At 31 December 2016</b>	<b>805,181</b>	<b>27,343,380</b>	<b>2,028,508</b>	<b>347,895</b>	<b>1,161,403</b>	<b>3,999,180</b>	<b>1,875,755</b>	<b>679,556</b>	<b>38,240,858</b>
<b>Depreciation</b>									
At 1 January 2016	–	(16,356,573)	(1,681,967)	(389,539)	(934,181)	(3,850,189)	(2,011,468)	(605,887)	(25,829,804)
Charge for the financial year	–	(857,341)	(85,196)	(4,553)	(80,794)	(43,903)	(88,698)	(36,621)	(1,197,106)
On disposals	–	–	85,031	58,127	117,161	13,592	429,052	53,316	756,279
<b>At 31 December 2016</b>	<b>–</b>	<b>(17,213,914)</b>	<b>(1,682,132)</b>	<b>(335,965)</b>	<b>(897,814)</b>	<b>(3,880,500)</b>	<b>(1,671,114)</b>	<b>(589,192)</b>	<b>(26,270,631)</b>
<b>Net Book Value</b>									
<b>At 31 December 2016</b>	<b>805,181</b>	<b>10,129,466</b>	<b>346,376</b>	<b>11,930</b>	<b>263,589</b>	<b>118,680</b>	<b>204,641</b>	<b>90,364</b>	<b>11,970,227</b>
At 31 December 2015	805,181	10,683,197	376,382	16,531	302,227	133,174	72,081	32,545	12,421,318

## 8. Tangible Fixed Assets (cont.)

In respect of the prior financial year:

	Land	Buildings	Medical Equipment	Office Equipment	Other Equipment	Fixtures and Fittings	Computer Equipment	Motor Vehicles	Total
	€	€	€	€	€	€	€	€	€
<b>Cost</b>									
At 1 January 2015	805,181	27,034,604	1,961,876	417,480	1,231,855	3,975,779	2,078,417	633,216	38,138,408
Additions	–	5,166	100,772	–	18,500	14,975	46,892	5,216	191,521
Disposals and write-offs	–	–	(4,299)	(11,410)	(13,947)	(7,391)	(41,760)	–	(78,807)
<b>At 31 December 2015</b>	<b>805,181</b>	<b>27,039,770</b>	<b>2,058,349</b>	<b>406,070</b>	<b>1,236,408</b>	<b>3,983,363</b>	<b>2,083,549</b>	<b>638,432</b>	<b>38,251,122</b>
<b>Depreciation</b>									
At 1 January 2015	–	(15,511,376)	(1,588,221)	(396,075)	(856,131)	(3,799,320)	(2,009,837)	(592,876)	(24,753,836)
Charge for the financial year	–	(845,197)	(97,791)	(4,845)	(91,997)	(56,992)	(43,391)	(13,011)	(1,153,224)
On disposals	–	–	4,045	11,381	13,947	6,123	41,760	–	77,256
<b>At 31 December 2015</b>	<b>–</b>	<b>(16,356,573)</b>	<b>(1,681,967)</b>	<b>(389,539)</b>	<b>(934,181)</b>	<b>(3,850,189)</b>	<b>(2,011,468)</b>	<b>(605,887)</b>	<b>(25,829,804)</b>
<b>Net Book Value</b>									
<b>At 31 December 2015</b>	<b>805,181</b>	<b>10,683,197</b>	<b>376,382</b>	<b>16,531</b>	<b>302,227</b>	<b>133,174</b>	<b>72,081</b>	<b>32,545</b>	<b>12,421,318</b>
At 31 December 2014	805,181	11,523,228	373,655	21,405	375,724	176,459	68,580	40,340	13,384,572

## 9. Intangible Fixed Assets

	Operating Licences €	<b>In respect of the prior financial year:</b>	Operating Licences €
<b>Cost:</b>		<b>Cost:</b>	
At 1 January 2016 & 31 December 2016	2,000,000	At 1 January 2015 & 31 December 2015	2,000,000
	<hr/>		<hr/>
<b>Amortisation:</b>		<b>Amortisation:</b>	
At 1 January 2016	342,857	At 1 January 2015	285,714
Charge for the financial year	57,143	Charge for the financial year	57,143
At 31 December 2016	400,000	At 31 December 2015	342,857
	<hr/>		<hr/>
<b>Net book amounts:</b>		<b>Net book amounts:</b>	
At 31 December 2016	1,600,000	At 31 December 2015	1,657,143
At 31 December 2015	1,657,143	At 31 December 2014	1,714,286
	<hr/> <hr/>		<hr/> <hr/>

In 2009 and 2010 the CRC paid the above amount to the Health Service Executive ('HSE') under a 'Heads of Terms' agreement in respect of an anticipated future license whereby the CRC would be permitted to operate a regional assessment and treatment centre in Waterford Regional Hospital. As a result of this agreement in 2013 the amount paid was capitalised as an Intangible Fixed Asset. It is being amortised to the Statement of Financial Activities over the period of the agreement of 35 years, from the commencement of services in January 2010.

## 10. Shares

	2016 €	2015 €
The Care Trust Shares	65	—
	<hr/>	<hr/>

## 11. Stocks

	2016 €	2015 €
Wheel chair materials and sundry stock	44,466	42,856
	<hr/>	<hr/>

There are no material differences between the replacement cost of stock and the balance sheet amount.

## 12. a) Receivables

	2016	2015
	€	€
Patients' fees and appliances	9,791	67,395
Prepayments	70,626	71,462
	<u>80,417</u>	<u>138,857</u>

## 12. b) Grants Receivable

	2016	2015
	€	€
HSE CHO 9 (Dublin Northeast)	1,425,682	841,311
HSE CHO 5 (South)	–	231,486
HSE CHO 9 (Transition Programme)	33,555	–
Dublin City Council School Meals Grant	2,050	1,527
HSE CHO 9 (Dublin North West - School leavers day service)	–	30,858
Department of Education School Grants	14,471	–
Bequests	–	205,676
Friends & Supporters of the Central Remedial Clinic	98,380	–
Other Debtors	–	5,771
	<u>1,574,138</u>	<u>1,316,629</u>

## 13. Cash & Cash Equivalents

	2016	2015
	€	€
Short term investments : Prize bonds	800	800
Short term investments : Davy Investment Account	6,119,986	–
Bank balances	9,523,367	1,596,801
Petty cash	1,226	1,410
	<u>15,645,379</u>	<u>1,599,011</u>



## 14. Payables

<b>a) AMOUNTS FALLING DUE WITHIN ONE YEAR</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Accruals	889,004	817,957
Accruals (related to IPT pension scheme in wind-up)	398,000	–
Other creditors	275,155	360,696
Deferred Grant Income	360,822	290,486
Tax Creditors	346,326	339,982
Pension levy deductions	5,504	5,504
Central Remedial Clinic Research Trust (note 22)	–	24,031
	<b><u>2,274,811</u></b>	<b><u>1,838,656</u></b>

Included within Accruals is an amount for Annual Leave of €43,652 (2015: €65,617)

<b>Deferred Grant Income</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Department of Education School Grants	360,822	270,926
HSE CHO 9 (Transition Programme)	–	18,307
HSE CHO 9 (Dublin Area 8 Nursing Homes Seating Programme)	–	1,253
	<b><u>360,822</u></b>	<b><u>290,486</u></b>

<b>Tax Creditors</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Payroll Taxes (PAYE, PRSI, etc)	328,891	339,982
VAT	9,104	–
Professional Services Withholding Tax	8,331	–
	<b><u>346,326</u></b>	<b><u>339,982</u></b>

<b>b) AMOUNTS FALLING DUE AFTER ONE YEAR</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Defined benefit pension scheme liability	–	5,606,000
	<b><u>–</u></b>	<b><u>5,606,000</u></b>

## 15. Movement in Funds

	At start of financial year 2016 €	Incoming Resource 2016 €	Outgoing Resource 2016 €	Transfers between funds 2016 €	Pension Surplus/ Deficit 2016 €	At end of financial year 2016 €
Restricted Funds	266,340	32,388,458	(18,373,931)	–	–	14,280,867
Unrestricted Funds	1,250,635	1,402,894	(1,423,407)	–	5,448,000	6,678,122
Designated Funds	–	–	–	–	–	–
<b>Total</b>	<b>1,516,975</b>	<b>33,791,352</b>	<b>(19,797,338)</b>	<b>–</b>	<b>5,448,000</b>	<b>20,958,989</b>

In respect of the prior financial year	2015	2015	2015	2015	2015	2015
Restricted Funds	197,782	17,578,987	(17,510,429)	–	–	266,340
Unrestricted Funds	(5,659,411)	4,555,589	(1,801,543)	–	4,156,000	1,250,635
Designated Funds	–	–	–	–	–	–
<b>Total</b>	<b>(5,461,629)</b>	<b>22,134,576</b>	<b>(19,311,972)</b>	<b>–</b>	<b>4,156,000</b>	<b>1,516,975</b>

## 16. Restricted Funds

An analysis of Restricted Funds at the end of the financial period is outlined below:

	2016 €	2015 €
HSE Grant Funding	466,347	266,340
Restricted Donation from Friends & Supporters of the Central Remedial Clinic	13,775,566	–
Restricted Funds for Research Purposes	38,954	–
<b>Total Restricted Funds</b>	<b>14,280,867</b>	<b>266,340</b>

## 17. Capital Grants

	2016	2015
	€	€
Capital grant balances at start of the year	8,214,183	8,755,471
Capital grants received	–	–
Amortisation of capital grants	(533,291)	(541,288)
Net movement on capital grants	(533,291)	(541,288)
<b>Capital grant balances at end of the year</b>	<b><u>7,680,892</u></b>	<b><u>8,214,183</u></b>

There are no conditions attached to the above capital grants.

## 18. Net Movement in Funds

	2016	2015
	€	€
<b>Net movement in funds is stated after charging / (crediting):</b>		
Depreciation of tangible fixed assets & amortisation	1,254,249	1,210,366
Amortisation of capital grants	(533,291)	(541,288)
Loss on disposal of tangible fixed assets	12,098	1,511
Auditors' remuneration – external audit services (inc VAT)	20,295	30,135
	<b><u>20,295</u></b>	<b><u>30,135</u></b>

As explained in Note 7, members of the Board of Directors do not receive remuneration for their services as Directors.

## 19. Taxation

No charge to taxation arises as the company has been granted charitable exemption (CHY 4998) by the Revenue Commissioners under Section 207 Tax Consolidation Act 1997. While the charity does not incur corporation tax it does remit significant payroll taxes and incurs significant costs in irrecoverable VAT.

## 20. Pensions

The Charity operated a defined benefit scheme and as detailed in note 1 (s) the CRC has access to the VHSS and the SPSPS public plans.

### Defined Benefit Pension Scheme

The Central Remedial Clinic operated a funded defined benefit pension scheme. The Central Remedial Clinic communicated to the Trustees of the scheme that the company was ceasing contributions to the scheme on 18th May 2016 and this triggered a wind-up of the scheme on that date. The assets of the scheme are vested in independent trustees for the benefit of the employees. The Central Remedial Clinic undertakes an actuarial valuation of the scheme every 3 years. These valuations are undertaken by qualified, independent

actuaries. The effective date of the last actuarial valuation was 31 December 2015. The actuarial report is available for inspection by the scheme members but not available for public inspection.

Employer contributions to the scheme are charged to the Statement of financial activities as they are incurred. The cost of employer pension contributions in 2016 was €812k (2015: €646k).

At the date of wind-up 44 CRC staff members were active members of the scheme. Included in accruals at Note 14 Payables is an accrual of €271,638 for employer pension contributions for these staff members accrued between 18th May 2016 and 31st December 2016. In addition to this amount, as shown in Note 14 Payables a further €398,000 has been accrued for pension wind-up costs and related costs.

	2016	2015
	€	€
Fair value of scheme assets	Nil	29,426,000
Present value of funded obligations	Nil	(35,032,000)
Deficit in scheme	Nil	(5,606,000)
Net liability	Nil	<u>(5,606,000)</u>

The amounts recognised in the profit and loss account are as follows;

	2016	2015
Interest on pension scheme liabilities	117,000	208,000
Current service cost	265,000	815,000
Admin expense and/or other taxes	45,000	109,000
	<u>427,000</u>	<u>1,132,000</u>

	2016	2015
<b>The amounts recognised in the Statement of Comprehensive Income:</b>	<b>€</b>	<b>€</b>
Gain on settlements	(11,756,000)	-
Effect of changes in assumptions	5,886,000	(3,510,000)
Effect of experience adjustment	30,000	(1,027,000)
(Return) on reimbursement rights (excluding interest)	392,000	381,000
Actuarial (gain) recognised in Other Comprehensive Income	(5,448,000)	(4,156,000)
Actual (return) on scheme assets	(5,448,000)	(4,156,000)

The cumulative actuarial gain recognised in the statement of total recognised gains and losses in the financial year ended 31 December 2016 is €5,448k (2015: €4,156k).

	2016	2015
<b>Movements in the present value of the defined benefit obligation were as follows:</b>	<b>€</b>	<b>€</b>
Opening defined benefit obligation	(35,032,000)	(38,703,000)
Gain on settlements	11,756,000	-
Settlement payments from plans assets	29,399,000	-
Change arising from employee service	(265,000)	(815,000)
Benefit payments from plan assets	563,000	922,000
Participant contributions	(72,000)	(194,000)
Insurance premiums for risk benefits	-	44,000
Effect of changes in assumptions	(5,886,000)	3,510,000
Effect of experience adjustment	(30,000)	1,027,000
Interest expense	(433,000)	(823,000)
Closing defined benefit obligation	-	(35,032,000)

	2016	2015
<b>Changes in the fair value of scheme assets were as follows:</b>	<b>€</b>	<b>€</b>
Opening fair value of scheme assets	29,426,000	29,427,000
Settlement payments from plan assets	(29,399,000)	-
Interest income	316,000	615,000
Employer contribution	585,000	646,000
Participant contribution	72,000	194,000
Benefit payments from plan assets	(563,000)	(922,000)
Administrative expenses	(45,000)	(109,000)
Insurance premiums for risk benefits	-	(44,000)
Return on plan assets	(392,000)	(381,000)
<b>Closing fair value of scheme assets</b>	<b>-</b>	<b>29,426,000</b>
	<b>2016</b>	<b>2015</b>
	<b>at wind up date</b>	
Equities	48.8%	50.1%
Bonds	40.8%	39.9%
Property	0.1%	0.1%
Mature Deferred Annuities	2.1%	1.9%
Other	8.2%	8.0%
	100.0%	100.0%

Scheme assets do not include any amounts invested in the Charity's own financial instruments or any amounts invested in property occupied by the Charity.

### Basis of expected rate of return on assets

To develop the expected long term rate of return on assets assumption, the company considered the current level of expected returns on risk free investments, the historical level of the risk premium associated with the other asset classes in which the portfolio is invested and the expectation for the future returns of each asset class. The expected return for each asset class was then weighted based on the current asset allocation to develop the expected long term rate of return on assets assumption for the portfolio.

The valuations of the defined benefit plans used for the purposes of FRS 102 disclosures have been based on the actuarial valuations, using the projected unit credit method, of the plans as at 31 December 2016.

The major assumptions used by the actuary were as follows:

	<b>2016</b>	<b>2015</b>
	<b>at wind up date</b>	
Discount rate	1.80%	2.60%
Inflation	1.75%	1.75%
Future salary increases		
Frozen till 2017 and thereafter:	2.00%	2.00%
Pension Increases	1.75%	1.75%

## 21. Commitments

### a. Capital Commitments

At 31 December 2016, the company had entered in to commitments of €351,174 in relation to capital work to be carried out during 2017.

### b. Operating Lease Commitments

At 31 December 2016, the company had no annual commitments under operating leases.

## 22. Related Parties

### THE CARE TRUST DAC

Since March 2016 the Company has owned 50% of the issued share capital of The Care Trust DAC, a company set up to operate pools and lotteries for charitable purposes for the benefit of the Company, Rehab and the Mater Hospital. With effect from 1 September 2014 the share of these lottery proceeds attributable to the Company have been paid directly to the Company by The Care Trust DAC. These amounted to €1,109,638 during 2016 (2015: €1,259,368). Receivables (note 12) include an amount of €Nil (2015: €Nil) payable to the Company by The Care Trust DAC.

The Company has the power to appoint 50% of the Directors of The Care Trust DAC, and there are common Directors between the Company and The Care Trust DAC.

### FRIENDS AND SUPPORTERS OF THE CENTRAL REMEDIAL CLINIC

Related parties include Friends and Supporters of the Central Remedial Clinic Limited ('F&S'), a company with which the Company had, in 2016, a common member and Director.

During the year, F&S transferred assets totalling €13,677,186 to the Company. These assets were made up of the following;

50% issued share capital of The Care Trust Limited	€65
Cash at bank	€7,557,135
Financial Investments (account with Davy)	€6,119,986
<b>Total</b>	<b>€13,677,186</b>

No transfers or donations were made by F&S to the Company in 2015.

A liquidator of F&S was appointed on 30 November 2016 at a Members Voluntary Liquidation meeting. At the year end F&S held residual assets which were to be transferred to the CRC on the completion of the liquidation process. The final amount paid to the CRC by F&S in 2017 was €98,380, which represented the balance of the assets of F&S after discharging all costs including liquidators' fees.



### **CENTRAL REMEDIAL CLINIC MEDICAL DEVICES LIMITED**

In 2007, the shares in Central Remedial Clinic Medical Devices Limited held by the Company were transferred to F&S and it is therefore a 100% owned subsidiary of F&S.

A liquidator of Central Remedial Clinic Medical Devices Limited was appointed on 5 June 2015. The liquidation was completed on 16 February 2016.

### **CENTRAL REMEDIAL CLINIC RESEARCH TRUST**

The Central Remedial Clinic has the power to remove and appoint trustees of the Central Remedial Clinic Research Trust. During 2016 the Central Remedial Clinic provided nil funding to the Central Remedial Clinic Research Trust (2015: €25,000). The Central Remedial Clinic also provides administrative support for the Central Remedial Clinic Research Trust. As disclosed in note 14 the Central Remedial Clinic owed the Central Remedial Clinic Research Trust €24,031 at 31 December 2015.

On 16 December 2016 the Company resolved to cease funding the Central Remedial Clinic Research Trust. On 21 December 2016 the Trustees of the Central Remedial Clinic Research Trust resolved to wind-up the Trust and to transfer the funds and activities of the Trust to the Company. The residual funds of €10,778 were transferred on this date, and this amount is restricted funding for the Company as it must be used for research purposes.

### **KEY MANAGEMENT**

Key management disclosure is contained in Note 6(d).

## **23. Contingent Liabilities**

As disclosed on page 70 of the Directors' Report on 28th February 2017 the CRC provided a letter of support in which it agreed equally with the Rehab Group to provide adequate funds to The Care Trust DAC to meet the liabilities of that company as they fall due.

The CRC is a joint guarantor together with The Rehab Group on a lease relating to the offices of The Care Trust DAC. The lease expires in May 2017.

## 24. Financial Instruments

	2016	2015
	€	€
<b>Financial Assets</b>		
Financial Assets measured at fair value through the income statement	15,645,379	1,599,011
	1,583,929	1,384,024
Financial assets that are measured at amortised cost	<u>17,229,308</u>	<u>2,983,035</u>
<b>Financial Liabilities</b>		
Financial Liabilities measured at amortised cost	<u>275,155</u>	<u>360,696</u>

Financial assets at fair value through profit or loss comprise cash at bank and in hand. Financial assets measured at amortised cost comprise fees and grants receivable. Financial liabilities measured at amortised cost comprise of other creditors

## 25. Post Balance Sheet Events

There were no material Post Balance Sheet Events.

## 26. Approval of Signing of the Financial Statements

The financial statements were approved for signing and authorised for issue by the Board of Directors on 28th April 2017.

# 10. Administration Information

<b>REGISTERED OFFICE</b>	Penny Ansley Memorial Building, Vernon Avenue, Clontarf, Dublin 3.
<b>COMPANY REGISTERED NUMBER</b>	14880
<b>CHARITY NUMBER</b>	CHY4998
<b>PRINCIPAL BANKERS</b>	AIB Bank, 53/54 Main Street, Finglas, Dublin 11.
<b>PRINCIPAL SOLICITORS</b>	Mason Hayes & Curran, South Bank House, Barrow Street, Dublin 4.
<b>AUDITORS</b>	BDO, Statutory Audit Firm, Beaux Lane House, Mercer Street lower, Dublin 2.

We would like to acknowledge the work and efforts of the following people who assisted in the production of this year's annual report: Michael Wickham Moriarty, Head of Finance, Michelle Merrigan, Communications Manager and as always the children, families and adults who shared their unique stories with us and help make this report a more meaningful and enriched publication.

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