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The Royal Hospital Donnybrook

Annual Report

Financial Year Ended 31 December 2017

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STATEMENT OF RESPONSIBILITIES OF THE BOARD OF MANAGEMENT

The Board of Management is required to prepare financial statements for each financial year and have them audited. In preparing these financial statements, the Board of Management is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the hospital will continue in operation.

The Board of Management is responsible for keeping proper books of account which enable it to ensure that the financial statements are prepared in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and promulgated by the Institute of Chartered Accountants in Ireland). The Board of Management is also responsible for safeguarding the assets of the hospital and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



Independent auditors' report to the Governors of The Royal Hospital Donnybrook

Report on the audit of the financial statements

Opinion

In our opinion, The Royal Hospital Donnybrook's financial statements:

- give a true and fair view of the state of the Hospital's affairs as at 31 December 2017 and of its deficit and cash flows for the year then ended; and
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and promulgated by the Institute of Chartered Accountants in Ireland).

We have audited the financial statements, included within the Annual Report, which comprise:

- the balance sheet as at 31 December 2017;
- the profit and loss account and statement of comprehensive income for the year then ended;
- the cash flow statement for the year then ended;
- the statement of changes in equity for the year then ended; and
- the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) ("ISAs (Ireland)"). Our responsibilities under ISAs (Ireland) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, which includes IAASA's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (Ireland) require us to report to you where:

- the Board of Management's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Board of Management have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Hospital's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Hospital's ability to continue as a going concern.



Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The Board of Management are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

Responsibilities for the financial statements and the audit

Responsibilities of the Board of Management for the financial statements

As explained more fully in the Statement of Board of Management's responsibilities set out on page 2, the Board of Management are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The Board of Management are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board of Management are responsible for assessing the Hospital's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Board of Management either intend to liquidate the Hospital or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the IAASA website at: http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf.

This description forms part of our auditors' report.

Use of this report

This report, including the opinion, has been prepared for and only for the Governors and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come, including without limitation under any contractual obligations of the Governors, save where expressly agreed by our prior consent in writing.

PricewaterhouseCoopers
Chartered Accountants
Place
29 May 2018

PROFIT AND LOSS ACCOUNT
For the Financial Year Ended 31 December 2017

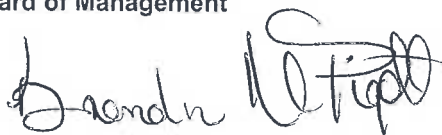
	Notes	2017 €	2016 €
Income			
Charitable activities	5	21,291,974	20,619,184
Voluntary Income	6	197,287	145,642
Total income and endowments		<u>21,489,261</u>	<u>20,764,826</u>
Expenditure			
Charitable activities	7	21,301,157	20,554,837
Other expenditure	8	429,712	158,459
Total expenditure		<u>21,730,869</u>	<u>20,713,296</u>
Net (expenditure)/income		(241,608)	51,530
Transfer of previously donated unrestricted funds to the Friends of the Royal Hospital	10	<u>(4,001,147)</u>	-
Excess of (expenditure)/income		<u>(4,242,755)</u>	<u>51,530</u>

STATEMENT OF COMPREHENSIVE INCOME
For the Financial Year Ended 31 December 2017

	2017 €	2016 €
Excess of (expenditure)income	<u>(4,242,755)</u>	<u>51,530</u>
Total recognised (losses)/gains relating to the year	<u>(4,242,755)</u>	<u>51,530</u>

On behalf of the Board of Management

Brendan Pigott



Robin Simpson



29 May 2018

STATEMENT OF CHANGES IN EQUITY
For the Financial Year Ended 31 December 2017

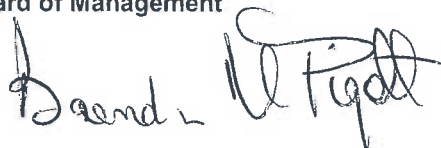
	Unrestricted funds €	Restricted funds €	Total €
At 1 January 2016	<u>4,427,951</u>	<u>20,925</u>	<u>4,448,876</u>
Movement during 2016:			
(Loss)/gain for the year	(12,817)	64,347	51,530
Other comprehensive loss for the year	-	-	-
Total comprehensive loss for the year	<u>(12,817)</u>	<u>64,347</u>	<u>51,630</u>
Transfer to capital reserve	-	-	-
Release of other reserve	-	-	-
At 31 December 2016	<u>4,415,134</u>	<u>85,272</u>	<u>4,500,406</u>
At 1 January 2017	4,415,134	85,272	4,500,406
Movement during 2017:			
Deficit for the year	(4,233,571)	(9,184)	(4,242,755)
Other comprehensive loss for the year	-	-	-
Total comprehensive loss for the year	<u>(4,233,571)</u>	<u>(9,184)</u>	<u>(4,242,755)</u>
Transfer to capital reserve	-	-	-
Release of other reserve	-	-	-
At 31 December 2017	<u>181,563</u>	<u>76,088</u>	<u>257,651</u>

BALANCE SHEET
As at 31 December 2017

	Notes	2017 €	2016 €
Fixed assets			
Financial assets - quoted investments	10	-	252,136
Current assets			
Allocations due - Revenue	13	1,727,914	1,736,831
Receivables and prepayments		264,960	220,213
Cash and cash equivalents	14	885,927	4,873,876
		<u>2,878,801</u>	<u>6,830,920</u>
Creditors falling due within one year			
Payables and accrued expenses		(2,142,245)	(2,152,104)
Patient funds	14	(478,905)	(430,546)
		<u>(2,621,150)</u>	<u>(2,582,650)</u>
Net current assets		257,651	4,248,270
Creditors falling due after one year		-	-
Total net assets		<u>257,651</u>	<u>4,500,406</u>
Capital and reserves			
Unrestricted funds		181,563	4,415,134
Restricted funds	9	76,088	85,272
		<u>257,651</u>	<u>4,500,406</u>

On behalf of the Board of Management

Brendan Pigott



Robin Simpson



29 May 2018

CASH FLOW STATEMENT
For the Financial Year Ended 31 December 2017

	Notes	€	2017	€	€	2016	€
Net cash (outflow)/inflow from operating activities	15		(4,240,085)			173,706	
Cash flows from investing activities							
Transfer of investments		252,136			-		
Net cash inflows from investing activities			252,136				
Net cash generated by financing activities							
Net (decrease)/increase in cash and cash equivalents			(3,987,949)			173,706	
Cash and cash equivalents at 1 January			4,873,876			4,700,170	
Cash and cash equivalents at 31 December			885,927			4,873,876	
Cash and cash equivalents consist of:							
Cash at bank	14		885,927			4,873,876	

NOTES TO THE FINANCIAL STATEMENTS

1 General information

The hospital is a public healthcare hospital and is funded by HSE funding under Section 38 of the Health Act 2004. The hospital is incorporated under Royal Charter and is controlled by the Governors and run by the Board of Management.

The address of the hospital is Morehampton Road, Donnybrook, Dublin 4.

2 Statement of compliance

The financial statements have been prepared on the going concern basis and in accordance with Irish GAAP (accounting standards issued by the Financial Reporting Council of the UK and promulgated by the Institute of Chartered Accountants in Ireland). The entity financial statements comply with Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

3 Summary of significant accounting policies

The significant accounting policies used in the preparation of the entity financial statements are set out below. These policies have been consistently applied to all financial years presented, unless otherwise stated. This is the first year that financial statements have been prepared in accordance with FRS 102 and the impact of the transition is set out in note 19.

Basis of preparation

The hospital financial statements have been prepared on the going concern basis and in accordance with Irish GAAP (accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland). The hospital financial statements comply with Financial Reporting Standard 102, 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (FRS 102).

The hospital financial statements have been prepared under the historical cost convention.

Turnover

Turnover is the amount of revenue derived from the provision of services falling within the hospital's ordinary activities after deduction of value-added tax, where applicable. For the hospital turnover primarily comprises income arising from the Health Service Executive (HSE) funding under Section 38 of the Health Act 2004, and invoiced value of patient and other services provided by the hospital.

Turnover is measured at the fair value of the consideration received or receivable and represents the amount receivable for services rendered, net of discounts, rebates allowed by the hospital and value added taxes.

The Hospital recognises turnover when the specific criteria relating to each of the Hospital's services have been met, as described below.

Patient services

The hospital provides services to patients. Turnover is recognised in the financial year in which the services are rendered.

Health Service Executive (HSE) funding

The HSE funding is the excess of expenditure over annual income in respect of the hospital and is receivable from the HSE (provided that the hospital operate within or exceeds the agreed Service Level Agreements) and is treated as income in the financial statements.

NOTES TO THE FINANCIAL STATEMENTS - continued

3 Summary of significant accounting policies - continued

Turnover - continued

Interest income

Interest income is recognised using the effective interest rate method.

Tangible fixed assets

Tangible fixed assets, excluding land, are carried at cost (or deemed cost) less accumulated depreciation and accumulated impairment losses. Cost includes the original purchase price, costs directly attributable to bringing the asset to the location and condition necessary for its intended use, applicable dismantling, removal and restoration costs and borrowing costs capitalised.

Repairs, maintenance and minor inspection costs and items funded by HSE Revenue grants are expensed as incurred.

Tangible fixed assets are derecognised on disposal or when no future economic benefits are expected. On disposal, the difference between the net disposal proceeds and the carrying amount is recognised in profit or loss.

Leased assets

(i) Finance leases

Finance leases transfer substantially all the risks and rewards incidental to ownership to the lessor.

At the commencement of the finance lease term the hospital recognises its right of use and obligation under a finance lease as an asset and a liability at the amount equal to the fair value of the leased asset, or if lower, at the present value of the minimum lease payments calculated using the interest rate implicit in the lease. Where the implicit rate cannot be determined the company's incremental borrowing rate is used. Incremental and directly attributable costs incurred in negotiating and arranging a finance lease are included in the cost of the asset.

Assets under finance leases are depreciated over the shorter of the lease term and the estimated useful life of the asset. Assets are assessed for impairment at the end of each financial year.

The minimum lease payments are apportioned between the outstanding liability and finance charges, using the effective interest method, to produce a constant periodic rate of interest on the remaining balance of the liability.

(ii) Operating leases

Operating leases do not transfer substantially all the risks and rewards of ownership to the lessor. Payments under operating leases are recognised in the profit and loss account on a straight-line basis over the term of the lease.

Investments

Managed investments/bequests

These investments held are stated at cost, being valued at date of receipt.

Provisions and contingencies

(i) Provisions

Provisions are liabilities of uncertain timing or amount.

Provisions are recognised when the hospital has a present legal or constructive obligation as a result of past events, it is probable that a transfer of economic benefits will be required to settle the obligation and the amount of the obligation can be estimated reliably.

NOTES TO THE FINANCIAL STATEMENTS - continued

3 Summary of significant accounting policies - continued

Provisions and contingencies - continued

(i) Provisions - continued

Provisions are measured at the present value of the best estimate of the amount required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. Provisions are reviewed at the end of each financial year and adjusted to reflect the current best estimate of the amount required to settle the obligation. The unwinding of the discount is recognised as a finance cost in profit or loss, presented as part of 'interest payable and similar charges' in the financial year in which it arises.

Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole.

(ii) Contingencies

Contingent liabilities, arising as a result of past events, are not recognised as a liability because it is not probable that the Hospital will be required to transfer economic benefits in settlement of the obligation or the amount cannot be reliably measured at the end of the financial year. Possible but uncertain obligations are not recognised as liabilities but are contingent liabilities. Contingent liabilities are disclosed in the financial statements unless the probability of an outflow of resources is remote.

Contingent assets are not recognised. Contingent assets are disclosed in the financial statements when an inflow of economic benefits is probable

Taxation

The Hospital has charitable status for taxation and therefore no provision is required for Corporation Tax or Deferred Tax.

Employee benefits

The company provides a range of benefits to employees, including short term employee benefits and post-employment benefits (in the form of defined benefit and defined contribution pension plans).

(i) Short term employee benefits

Short term employee benefits, including wages and salaries, paid holiday arrangements and other similar non-monetary benefits, are recognised as an expense in the financial year in which employees render the related service.

(ii) Superannuation benefits

The majority of the staff employed by the hospital, are members of either one of two State-funded Public Pension Schemes: Voluntary Hospitals Superannuation Scheme ('VHSS') or the Single Public Service Pension Scheme ('the Single Scheme'). The liabilities of both of these schemes are liabilities of the State.

The VHSS was established by the Minister for Health in 1969 and the Hospital has administered the scheme, on behalf of the state, in relation to VHSS members who are current or retired staff of the Hospitals since this date.

The Hospital has been directed by the Department of Health/HSE to retain the VHSS contributions paid by current Hospital staff and this has been treated as income in line with this direction. On receipt of written authorisation and direction from the HSE, pension entitlements are paid to retired Hospital staff who are members of the VHSS. These pension payments are funded by the deductions retained from current staff and additional HSE revenue grant funding which is periodically adjusted by the HSE to reflect changes in the pension liabilities to be paid and the terms of the scheme.

NOTES TO THE FINANCIAL STATEMENTS - continued

3 Summary of significant accounting policies - continued

Employee benefits - continued

(ii) *Superannuation benefits - continued*

On 1 January 2013, the VHSS was effectively closed to new members and was superseded by the Single Scheme in line with its introduction across the entire public service. Under the terms of this Scheme, the hospital is required to remit the pension deductions from current staff to the Exchequer and all future pension benefits paid under the scheme will be funded by the Exchequer.

These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS or the Single Scheme as the liabilities of the scheme are liabilities of the State and not liabilities of the hospital.

Contributions from employees who are members of the Single Public Service pension scheme are remitted to the Exchequer in accordance with the terms of the scheme.

Contributions from employees who are members of the Voluntary Hospital Superannuation Scheme are credited to the Income and Expenditure account when received. Pension payments under the scheme are charged to the Income and Expenditure account when paid.

Foreign currency

(i) *Functional and presentation currency*

The hospital functional and presentation currency is the euro, denominated by the symbol "€".

(ii) *Transactions and balances*

Foreign currency transactions are translated into the functional currency using the spot exchange rates at the dates of the transactions.

At the end of each financial year foreign currency monetary items are translated to Euro using the closing rate. Non-monetary items measured at historical cost are translated using the exchange rate at the date of the transaction and non-monetary items measured at fair value are measured using the exchange rate when fair value was determined.

Foreign exchange gains and losses resulting from the settlement of transactions and from the translation at exchange rates at the end of the financial year of monetary assets and liabilities denominated in foreign currencies are recognised in the profit and loss account.

Foreign exchange gains and losses that relate to borrowings and cash and cash equivalents are presented in the profit and loss account within 'interest receivable and similar income' or 'interest payable and similar charges' as appropriate. All other foreign exchange gains and losses are presented in the profit and loss account within 'other operating expenses'.

Financial instruments

The hospital has chosen to adopt Sections 11 and 12 of FRS 102 in respect of financial instruments.

Financial assets

Basic financial assets, including trade receivables, amounts owing from HSE, cash and bank balances and managed funds, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest.

Such assets are subsequently carried at amortised cost using the effective interest method.

At the end of each reporting period financial assets measured at amortised cost are assessed for objective evidence of impairment. If an asset is impaired the impairment loss is the difference between the carrying amount and the present value of the estimated cash flows discounted at the asset's original effective interest rate. The impairment loss is recognised in profit or loss.

NOTES TO THE FINANCIAL STATEMENTS - continued

3 Summary of significant accounting policies - continued

Financial instruments - continued

Financial assets - continued

If there is decrease in the impairment loss arising from an event occurring after the impairment was recognised, the impairment is reversed. The reversal is such that the current carrying amount does not exceed what the carrying amount would have been had the impairment not previously been recognised. The impairment reversal is recognised in profit or loss.

Financial assets are derecognised when (a) the contractual rights to the cash flows from the asset expire or are settled, or (b) substantially all the risks and rewards of the ownership of the asset are transferred to another party or (c) despite having retained some significant risks and rewards of ownership, control of the asset has been transferred to another party who has the practical ability to unilaterally sell the asset to an unrelated third party without imposing additional restrictions.

Financial liabilities

Basic financial liabilities, including trade and other payables, bank loans and financing liabilities are classified as debt, are initially recognised at transaction price, unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Fees paid on the establishment of loan facilities are recognised as transaction costs of the loan to the extent that it is probable that some or all of the facility will be drawn down. In this case, the fee is deferred until the draw-down occurs. To the extent there is no evidence that it is probable that some or all of the facility will be drawn down, the fee is capitalised as a pre-payment for liquidity services and amortised over the period of the facility to which it relates.

Trade payables are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade payables are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derivatives, including interest rate swaps, are not basic financial instruments.

Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in profit or loss in finance costs or finance income as appropriate, unless they are included in a hedging arrangement.

Financial liabilities are derecognised when the liability is extinguished, that is when the contractual obligation is discharged, cancelled or expires.

NOTES TO THE FINANCIAL STATEMENTS - continued

4 Critical accounting judgements and estimation uncertainty

Estimates and judgements made in the process of preparing the entity financial statements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

(a) *Critical judgement in applying the entity's accounting policies*

There were no judgements, apart from those involving estimates, made by the Board of Management which had significant effect on the amounts recognised in the entity financial statements;

(b) *Critical accounting estimates and assumptions*

The Board of Management make estimates and assumptions concerning the future in the process of preparing the entity financial statements. 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 addressed below.

Impairment of debtors

The Board of Management make an assessment at the end of each financial year of whether there is objective evidence that a trade or other debtor is impaired. When assessing impairment of trade and other debtors, the Board of Management consider factors including the current credit rating of the debtor, the age profile of outstanding invoices, recent correspondence and trading activity, and historical experience of cash collections from the debtor.

5 Income from charitable activities	2017	2016
	€	€
Allocation from HSE towards net expenditure for year	18,055,811	17,961,302
All other sources of income:		
Patient maintenance	1,464,654	1,238,867
Superannuation deductions	1,058,786	1,050,639
Staff restaurant income	68,572	68,103
Other grant income	644,151	300,273
	<u>21,291,974</u>	<u>20,619,184</u>

6 Voluntary income	2017	2016
	€	€
Investment income (note 10)	149,011	-
Rents receivable	18,145	14,402
Voluntary gifts and donations	23,555	47,035
Deposit interest	1,076	2,958
Bequests	5,500	81,247
	<u>197,287</u>	<u>145,642</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

7 Charitable activities	2017	2016
	€	€
Pay expenditure	16,784,555	16,175,201
Non pay expenditure	4,516,602	4,379,636
	<u>21,301,157</u>	<u>20,554,837</u>
8 Other expenditure	2017	2016
	€	€
Other non-pay expenditure	<u>429,712</u>	<u>158,459</u>
9 Accumulated surpluses/(deficits) of restricted funds carried forward	2017	2016
	€	€
1999	3,566	3,566
2000	112,009	112,009
2001	(103,415)	(103,415)
2002	90,580	90,580
2003	9,193	9,193
2004	17,391	17,391
2005	8,760	8,760
2006	(3,250)	(3,250)
2007	(13,909)	(13,909)
2008	543	543
2009	(14,668)	(14,668)
2010	232,158	232,158
2011	336,365	336,365
2012	(90,917)	(90,917)
2013	(290,387)	(290,387)
2014	(19,972)	(19,972)
2015	(253,122)	(253,122)
2016	64,347	64,347
2017	(9,184)	-
	<u>76,088</u>	<u>85,272</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

10 Financial assets - quoted investments	2017	2016
	€	€
At cost when purchased, or market value when acquired by way of bequest or gift, and as reduced to market value	-	252,136
Market value	-	375,316
Unrecognised gain	-	123,180
Recognised gain	149,011	-

In December 2017, the quoted investments were transferred as a donation to The Friends of The Royal Hospital Donnybrook.

The market value of the investments transferred was €401,147 and this amount is reflected in both voluntary income and expenditure.

In addition to the donation of the quoted investments, a cash donation of €3,600,000, from unrestricted funds, was also made to The Friends of The Royal Hospital Donnybrook.

The Friends of the Royal Hospital Donnybrook is a charity providing funding for research and capital projects which enhance the comfort and amenities for both patients and those resident at The Royal Hospital Donnybrook.

11 Employees and staff costs

The Royal Hospital Donnybrook employed an average of 267 people in 2017 (270 in 2016). 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.

(a) Number of employees	2017	2017	2016	2016
	Monthly	Whole	Monthly	Whole
	Average	Time	Average	Time
	Number	Equivalents	Number	Equivalents
Management administration	19	19	17	17
Medical	2	2	3	2
Nursing	169	169	173	168
Health & social care professional	42	41	42	40
Support services	31	31	32	31
Maintenance	4	4	3	3
Totals	<u>267</u>	<u>266</u>	<u>270</u>	<u>261</u>

(b) Total staff costs	2017	2016
	€	€
Wages and salaries	14,125,559	13,443,749
Social welfare costs	1,322,673	1,274,736
Retired personnel - pensioner costs	1,336,323	1,456,716
Other compensation payments	-	-
	<u>16,784,555</u>	<u>16,175,201</u>

The above wages and salaries cost includes €655,841 in respect of agency and locum staff in 2017 (€517,819 in 2016).

NOTES TO THE FINANCIAL STATEMENTS - continued

11 Employees and staff costs - continued

(c) Senior staff remuneration

The number of fulltime staff earning salaries over €60,000 is:

	2017 Number	2016 Number
Band €60,000 - €69,999	14	8
Band €70,000 - €79,999	-	3
Band €80,000 - €89,999	1	-
Band €90,000 - €99,999	-	-
Band €100,000 - €109,999	-	-
Band €140,000 - €149,999	1	1
	<u>16</u>	<u>12</u>

The following employees also work part-time (50%):

Band €60,000 - €69,999	1	2
Band €70,000 - €79,999	-	1
	<u>1</u>	<u>3</u>

The above bands are before deduction of the pension levy.

(d) Key management remuneration

	2017 €	2016 €
Wages and salaries	750,125	727,095
Social welfare costs	80,638	78,163
Pension costs	-	-
Other compensation payments	-	-
	<u>830,763</u>	<u>805,258</u>

The CEO received remuneration of €72,829 in 2017 (€74,551 in 2016).

The above salary is before deduction of the pension levy.

NOTES TO THE FINANCIAL STATEMENTS - continued

12 Non-pay expenditure	Charitable activities 2017 €	Voluntary activities 2017 €	Charitable activities 2016 €	Voluntary activities 2016 €
Drugs and medicines	401,430		474,788	
Blood and blood products	-		-	
Medical gases	40,098		32,964	
Medical and surgical supplies	381,897		404,895	
Medical equipment	329,645		214,428	
Food and catering fees	989,646		1,013,527	
Catering equipment	20,477		7,319	
Furniture crockery and hardware	20,914		19,072	
Heat, light and power	310,040		355,107	
Cleaning and washing	646,076		613,777	
Maintenance and renovations	231,954		163,983	
Bedding and clothing	6,513		8,502	
Education and training	45,127		43,490	
Grounds	36,830		34,319	
Transport and travelling	4,248		4,475	
Transport of patients	31,670		16,901	
Bank interest and charges	2,923		2,883	
Insurances, audit, legal	112,656		106,406	
Other professional services	195,554		168,627	
Office expenses	29,861		29,695	
Computer equipment	84,164		73,717	
Other services	137,712		262,212	
Office equipment	128,745		125,715	
Sundries	328,422		202,593	
Bad debts	-		241	
	<u>4,516,602</u>		<u>4,379,636</u>	
Primary care centre development		11,303		50,832
Renovation works		347,490		74,347
Estates planning		45,734		-
Donation to The Friends of The Royal Hospital Donnybrook		4,001,147		-
Sundries		25,185		33,280
		<u>4,430,859</u>		<u>158,459</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

12 Non-pay expenditure - continued

(b) Allocation of expenditure

	2017		2016			
	Charitable activities €	Voluntary activities €	Total expenditure €	Charitable activities €	Voluntary activities €	Total expenditure €
Pay expenditure	16,784,555	-	16,784,555	16,175,201	-	16,175,201
Non-pay expenditure	4,516,602	4,430,859	8,947,461	4,379,636	158,459	4,538,095
Total resources expended	21,301,157	4,430,859	25,732,016	20,554,837	158,459	20,713,296

(c) Governance costs

Non-pay expenditure also includes governance costs as follows:

	2017	2016
	€	€
Board governance review	-	17,712
External audit	19,680	19,680
Internal audit	15,206	15,477
	34,886	52,869

Members of the Board of Management do not receive remuneration for their services.

Governance costs relate to a review of Board governance procedures, the annual external audit and the external professional advisors engaged to carry out internal audit assignments in accordance with the Service Agreement with the HSE and adherence to the relevant code of governance.

NOTES TO THE FINANCIAL STATEMENTS - continued

13 HSE allocation due	2017	2016
	€	€
Block allocation		
Prior years	-	-
2014	-	-
2015	-	(670)
2016	(21,630)	1,737,501
2017	1,752,044	-
	<u>1,730,414</u>	<u>1,736,831</u>
Capital grant		
2016	-	-
2017	(2,500)	-
	<u>(2,500)</u>	<u>-</u>
Totals	<u>1,727,914</u>	<u>1,736,831</u>
14 Cash and cash equivalents	2017	2016
	€	€
Short term deposits - unrestricted funds	132,828	4,050,686
Short term deposits - restricted funds	400,047	678,302
Bank balances - unrestricted funds	106,265	93,127
Bank balances - restricted funds	243,287	48,261
Petty cash - unrestricted funds	-	-
Petty cash - restricted funds	3,500	3,500
	<u>885,927</u>	<u>4,873,876</u>
Unrestricted funds	239,093	4,143,813
Restricted funds	646,834	730,063
	<u>885,927</u>	<u>4,873,876</u>

Note:

In respect of Restricted Funds a total of €478,905 in 2017 (€430,546 in 2016) represents Patients Funds. These funds are held in the Hospital's bank accounts on behalf of patients. The corresponding liability for these funds is highlighted on the Balance Sheet as Patients Funds.

NOTES TO THE FINANCIAL STATEMENTS - continued

15 Net cash (outflow)/inflow from operating activities	2017	2016
	€	€
Excess of (expenditure)/income	(4,242,755)	51,530
Decrease in HSE allocation due	8,917	53,822
(Increase)/decrease in other receivables and payables	(44,747)	58,258
(Decrease)/increase in payables and accrued expenses	(9,859)	42,847
Increase/(decrease) in patient funds	48,359	(32,752)
Net cash (outflow)/inflow from operating activities	<u>(4,240,085)</u>	<u>173,705</u>

16 Premises

As stated in the accounting policies in note 3, fixed assets for which capital grants have been received or which have been funded from the special fund account, are not reflected in the hospital's balance sheet. These fixed assets include the hospital premises, which were acquired in 1792 and have been developed over subsequent years from the special fund account and capital grants.

17 RHD retirement benefits

The majority of the staff employed by Royal Hospital Donnybrook are members of either the Voluntary Hospitals Superannuation Scheme (VHSS) or the Single Public Service Pension Scheme ("the Single Scheme").

The VHSS was established by the Minister for Health in 1969 and the Hospital has administered the scheme, on behalf of the State, in relation to VHSS members who are current or retired staff of the Hospital since this date.

The Hospital has been directed by the Department of Health/HSE to retain the VHSS contributions paid by current Hospital staff and this has been treated as income in line with this direction. On receipt of written authorisation and direction from the HSE, pension entitlements are paid to retired Hospital staff who are members of the VHSS. These pension payments are funded by the deductions retained from current staff and additional HSE revenue grant funding which is periodically adjusted by the HSE to reflect changes in the pension liabilities to be paid and the terms of the scheme.

These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS as, in line with the accounting policies, the funds required to pay current pension liabilities under both schemes, as they arise in the future, will continue to be provided by the State/Department of Health. The Board has arrived at this position having taken into account a range of factors including the precedent set on the closure of certain other healthcare facilities. This issue is similar to that applying in the majority of other publicly funded hospitals.

From 1 January 2013, the VHSS was effectively closed to new members and was superseded by the Single Scheme in line with its introduction across the entire public service. The single scheme is a multiemployer scheme as defined by FRS 102.

18 Related parties

During the year the hospital had no material transactions with the Royal Hospital Donnybrook Voluntary Housing Association or the Friends of the Royal Hospital, except as set out in note 10.

NOTES TO THE FINANCIAL STATEMENTS - continued

19 Transition to FRS 102

The year ended 31 December 2017 is the first year in which the financial statements of the Hospital were prepared in accordance with FRS 102. There were no material measurement differences on transition. The Hospital is regarded as a Public Benefit Entity under FRS 102. The Hospital has adopted certain of the disclosure requirements of FRS 102 SORP on Charities, including those that the Board consider relevant to the operation of a publicly funded hospital.

20 Approval of financial statements

The Board of Management approved the financial statements on 29 May 2018.