



Consolidated Annual Financial Statements

For

Leopardstown Park Hospital Board

For The Year Ended 31/12/2017

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General Information

Board Members Mr. Eugene F. Magee - Chairperson
Ms. Diane Duggan
Mr. Dermot Magan
Ms. Elizabeth Cogan
Prof Helen O'Neill
Mr. Denis Duff
Ms. F Ni Fhlannchadha

Chief Executive Ms. Ann Marie O'Grady

Head Office: Foxrock, Dublin 18.

Main Bankers: Ulster Bank Ireland Ltd
27/35 Main Street,
Blackrock,
Co.Dublin.

Auditors: The Comptroller & Auditor General
3a Mayor Street Upper,
Dublin 1

Solicitors: Hayes Solicitors,
Lavery House,
Earlsfort Terrace,
Dublin 2.

Governance Statement and Board Members' Report

Governance

The Board of *Leopardstown Park Hospital* was established under the *Leopardstown Park Hospital Board (Establishment) Order 1979*. The functions of the Board are set out in section 4 of this Act. The Board is accountable to the Minister for *Health* and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of *Leopardstown Park Hospital* are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board, and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of *Leopardstown Park Hospital*.

Board Responsibilities

The work and responsibilities of the Board are set out in *Corporate Governance Manual* which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 22 of the *Leopardstown Park Hospital Board (Establishment) Order 1979* requires the Board of *Leopardstown Park Hospital Board* to keep, in such form as may be approved by the Minister for Health, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of *Leopardstown Park Hospital Board* is required to:

- select suitable accounting policies and 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 it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 22 of the *Leopardstown Park Hospital Board (Establishment) Order 1979*. The maintenance and integrity of the corporate and financial information on the *Leopardstown Park Hospital Board's* website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of *Leopardstown Park Hospital Board* by reference to the annual plan and budget was carried out on 25th January 2018

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of *Leopardstown Park Hospital Board* properly presents the state of affairs of *Leopardstown Park Hospital Board* at 31 December 2017.

The Board consists of a Chairperson, six ordinary members, all of whom are appointed by the Minister for *Health*. The members of the Board were appointed for a period of five years and meet approximately 9 times per annum. The table below details the appointment period for current members:

Board Structure		
Board Member	Role	Date Appointed
Eugene F. Magee	Chairperson	19 th November 2015
Dermot Magan	Ordinary Member	15th September 2015
Prof. Helen O'Neill	Ordinary Member	15th September 2015
Frances Ní Fhlannachdha	Ordinary Member	15th September 2015
Denis Duff	Ordinary Member	15th September 2015
Diane Duggan	Ordinary Member	15th September 2015
Elizabeth Cogan	Ordinary Member	15th September 2015

The Board commenced procurement of an external Board Effectiveness and Evaluation Review in December 2017 was completed in June 2018.

The Board has established three Committees, as follows:

1. Audit Committee: Comprises two Board members and two independent members, one of which is the independent Chairperson. The role of the Audit Committee is to support the Board in relation to its responsibilities for the financial reporting process, the system of internal control, the audit process, and the Hospital process for monitoring compliance with laws and regulations, the code of practice for the Governance of State Bodies and Risk Management. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Audit Committee provides the internal audit reports to the Board after having been reviewed by the Audit Committee and reports to the Board formally in writing annually.

The Audit Committee met 7 times in 2017 and the members of the Committee are as follows:

Members of Audit Committee 2017
Mr. Martin Cowley - Chairman
Mr. Dermot Magan
Prof. Helen O'Neill
Mr. Ray Henry – Commenced March 2017
Mr. Eugene Halley – retired March 2017
Mr. Peter O'Leary – resigned November 2017

2. Integrated Quality and Safety Committee: This comprises one Board member, two independent members, one of whom is the independent Chairperson other the Hospital's risk advisor and eight members of management. Its aim is to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of quality and safety and relevant areas of risk.

Members of Integrated Quality And Safety Committee	
Ms. Elaine Keane (Independent Chairperson)**	
Ms. Mary Connolly (Risk Advisor)	
Ms. Elizabeth Cogan – Board member**	
Ms. Ann Marie O'Grady	
Dr. Joseph Yazbeck	
Mr. Adrian Ahern	
Ms. Florence Hogan	
Mr. Pat Hynes	
Ms. Paula Carraher	
Ms. Nicola Keogh	
Ms. Mary O'Toole	

** Non-executive members

1. **Finance Committee** This comprises three Board members and independent member who is the independent Chairperson. The Finance Committee is established to assist and advise the Board in discharging its oversight responsibilities for good financial governance and stewardship of the organisation's assets.

There were 6 meetings of the Committee in 2017. The members of this committee are as follows:

Members of the Finance Committee	
Mr. Anthony Morris - Chairman	
Ms. Frances Ni Fhlannchadha	
Mr. Dermot Magan	
Mr. Denis Duff	

Schedule of Attendance, Fees and Expenses for Non-Executive Board/Committee Members

A schedule of attendance at the Board and Committee meetings for 2017 is set out below including the fees and expenses received by each non-executive member:	Board	Audit Committee	Integrated Quality & Safety Committee	Finance committee	Fees 2017*		Expenses 2017	
					*No fees are payable	These are noted in Note 22 of AFS		
No of Meetings 2017	10	7	4	6				
Mr. Eugene F. Magee	10							
Mr. Dermot Magan	9	7			5			
Ms. Diane Duggan	8							
Ms. Elizabeth Cogan	9		3					
Prof. Helen O'Neill	8	6						
Ms. Frances Ni Fhlannchadha	9				6			
Mr. Denis Duff	10				5			
Mr. Martin Cowley		7						
Mr. Ray Henry		7						
Mr. Peter O'Leary		3						
Mr. Anthony Morris					5			
Ms. Elaine Keane			3					

Key Personnel Changes

Ms. Anna Parzych was appointed as interim Chief Financial Officer with effect from 26th October 2017.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that *Leopardstown Park Hospital* has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Employee Short-Term Benefits Breakdown – This is provided in note 8b of the financial statements

Consultancy Costs*

	2017	2016
	€'000	€'000
Legal advice	47	20
Human Resources	57	40
Other	44	9
Total consultancy costs	148	69

*Consultancy costs include the cost of external advice to management and excludes outsourced 'business-as-usual'

Legal Costs and Settlements

The hospital did not incur any additional legal costs other than those incurred in relation to general legal advice as disclosed under consultancy costs above.

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows.

	2017	2016
	€	€
Domestic		
Board	1,781	1388
Employees	1271	2750
International		
Board	0	0
Employees	0	0
Total	0	0

Hospitality Expenditure

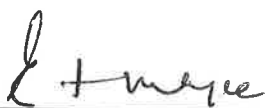
The hospital did not incur any hospitality expenditure in relation to staff or clients in 2017.

Statement of Compliance

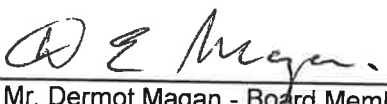
The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. *Leopardstown Park Hospital* has complied with the requirements of the Code of Practice for the Governance of State Bodies, as published by the Department of Public Expenditure and Reform in August 2016, with the following exceptions:

- In 2017 commencement of the process to develop a new Hospital Strategy commenced as previous strategy extended to 2016. This will be completed in 2018.
- The Board has, at all of its meetings, undertaken a significant review of performance against budget, including at its first meeting in 2018, to assess its overall annual performance. In addition the Finance Committee meets to review in greater detail and inform the Board accordingly. The Board meeting minutes are not sufficiently explicit regarding the carrying out of this review and this will be rectified in future years.

On behalf of the Board


Mr. Eugene F. Magee - Chairperson

Date 21/12/18


Mr. Dermot Magan - Board Member

Date 21/12/18



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

Leopardstown Park Hospital

Opinion on the financial statements

I have audited the financial statements of Leopardstown Park Hospital for the year ending 31 December 2017 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise

- the statement of accounting policies
- the consolidated non-capital income and expenditure account
- the consolidated capital income and expenditure account
- the consolidated balance sheet
- the consolidated cash flow statement and
- the related notes.

In my opinion, the financial statements

- properly present the state of affairs of Leopardstown Park Hospital at 31 December 2017 and the Hospital's income and expenditure for the year then ended
- have been prepared in the form prescribed under section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of Leopardstown Park Hospital and have fulfilled my other ethical responsibilities in accordance with the standards.

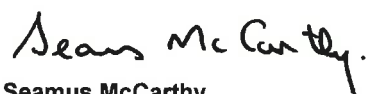
I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

Leopardstown Park Hospital has presented certain other information together with the financial statements. This comprises the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

Non-compliance with procurement rules

I draw attention to the statement on internal control which discloses that Leopardstown Park Hospital incurred significant expenditure in 2017 on goods and services the procurement of which was not compliant with the relevant procedures. The statement on internal control also sets out the steps being taken by the Hospital to address the procurement weaknesses.



Seamus McCarthy
Comptroller and Auditor General

24 December 2018

Appendix to the report

Responsibilities of Board members

The governance statement and Board members' report sets out the Board members' responsibilities. The Board members are responsible for

- the preparation of financial statements in the form prescribed under section 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- 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.

Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of Leopardstown Park Hospital and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs 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.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty

exists related to events or conditions that may cast significant doubt on Leopardstown Park Hospital's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause Leopardstown Park Hospital to cease to continue as a going concern.

- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if there are material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if there is any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

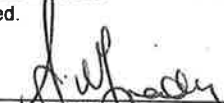
Certification of Chief Executive Officer and Chairperson

for the Year Ended 31st December 2017

We certify that the consolidated financial statements of the Leopardstown Park Hospital Board for the year ended 31st December 2017 as set out herein are in agreement with the accounting records and have been drawn up in accordance with the accounting standards as laid down by the Minister for Health.

These financial statements, which comprise pages 16 to 30 and the statement of accounting policies, pages 9 to 13, properly presents the state of affairs of the hospital at 31st December 2017 and of its income and expenditure and cash flow for the year then ended.

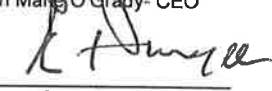
Signed


Ms. Ann Marie O'Grady- CEO

Date

21/12/18

Signed


Mr. Eugene F. Magee- Chairperson

Date

21/12/18

Statement on Internal Control

Responsibility for the System of Internal Control

On behalf of the Board of the Hospital we acknowledge our responsibility for ensuring that an effective system of internal control is maintained and operated. The responsibility for an effective system of internal control takes into account the requirements of the revised Code of Practice for the Governance of State Bodies 2016

Purpose of the System of Internal Control

The system of internal control can only provide reasonable and not absolute assurances that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely period. The system of internal control, which accords with the guidance issued by DPER has been in place in LPH for the year ended 31 December 2017 and up to the date of approval of the financial statements except for the procurement control issues outlined below.

Capacity to Handle Risk

Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. They consist of an ongoing process designed to identify and address significant risks involved in achieving a Hospital's outcomes.

Advising on key risk is a matter for the Board. The Audit and Integrated Quality and Safety Committees support the Board in this role. The role of internal audit is provided by an external firm and carries out audits in line with the internal audit plan as determined by the Audit Committee. Additional audits such as fire and dangerous goods safety are also carried out.

A Risk Management Policy is in place and kept under ongoing review. Approval of the risk management policy is a reserved function of the Board. Audits of the risk management process itself are carried out as part of the internal audit plan. The corporate risk register is reviewed by the Board at least twice annually or more frequently as required. Training in relation to risk management is carried out to ensure embedding of risk management policies and procedures.

Risk and Control Framework

LPH has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

The Board has taken steps to ensure an appropriate control environment by:

Ensuring there is an established organisation structure with clearly defined lines of responsibility. The Board are supported by the work of the Audit Committee, Finance Committee and the Integrated Quality and Safety Committee.

Establishing formal procedures for reporting significant control failures and ensuring appropriate corrective action.

Monitoring the work of the Audit committee, Finance committee and the Integrated Quality and Safety committee who have responsibility for identifying the nature, extent and financial implication of risks facing the Board.

Setting out a budgeting system with an annual budget which is reviewed and agreed by the Board.

Setting targets to measure financial and other performance information.

Leopardstown Park Hospital Board

Ensuring a risk management policy setting out procedures in relation to risk assessment and planning has been communicated to all management and staff.

Carrying out a regular review of the corporate risk register at least twice annually, ensuring that it is maintained by identified key personnel and ensuring that any risks identified are actively managed.

Ongoing monitoring is carried out to ensure the organisations risk register meets the requirements of a changing risk profile of the Hospital.

The Integrated Quality and Safety Committee focusses predominantly on clinical risk.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and Board, where relevant, in a timely basis.

The responsibilities of the Finance Committee and Audit Committee are:

To ensure that a comprehensive system of financial reporting is in place and communicated to the Board.

To carry out a regular review of performance against budget and provide recommendations regarding corrective actions to the Board.

To assist the Board in strategic and financial decision making.

To review the annual financial statements for accuracy, completeness and compliance with accounting principles and standards.

To report to the Board on any accounting and reporting issues.

The work of the audit committee is supported by an internal audit function. The work of internal audit is informed by analysis of the risk to which the Board is exposed and annual internal audit plans are based on this analysis. The analysis of risk and the internal audit plans are approved by the Audit Committee and tabled at the Board for their review and consideration. At least annually, the Audit Committee provides the Board with a report of internal audit activity.

Procurement

The Board is fully committed to implementing public procurement guidelines. The Hospital looks to adopt any HSE or OGP contracts that it is aware of and have incrementally increased the number of contracts from HSE or OGP procurement processes. During 2017, LPH incurred expenditure totalling €798,718 (incl. VAT) where the procedures did not fully comply with procurement guidelines.

- €256,626 (incl VAT) related to legal, financial and maintenance activities.
- €42,685 (incl. VAT) related to a contract procured in 2012 for LPH and other hospitals by a risk management forum of which LPH is a member. This expired in October 2016 but was extended due to the need to identify what hospitals continued to be eligible for inclusion in the tender.

€499,407 (incl. VAT) related to contracts where the HSE's Health Business Service was carrying out the related procurement processes and the Hospital was required to await the completion of these tenders. LPH's Service Arrangement with the HSE states that pursuant to the Government decision of April 2013, the HSE and all service providers funded by the HSE are mandated to use contracts put in place by HSE Health Business Service (HBS) Procurement and the Office of Government Procurement (OGP).

Over the course of 2017 and 2018, LPH has carried out a number of tendering processes in line with its corporate procurement plan in order to ensure that expenditure incurred in relation to contracts procured by LPH are compliant with procurement rules and guidelines.

The risk management forum completed a tender in 2018 in relation to risk management/brokerage services procured for all members of the forum.

In relation to contracts procured by HSE, most of this expenditure was tendered in 2018 with new contracts signed and LPH expects the balance to be completed in 2019.

No material loss or fraud occurred as a result of non-compliance.

Review of Effectiveness

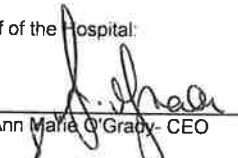
We wish to advise that for the year ended 31st December 2017 we did carry out a formal review of the internal financial controls of the Hospital along with other reviews of internal controls as part of the ongoing internal audit programme. The Audit Committee through the internal audit function carried out and finalised in 2017 (or early 2018) a number of audits which included the review of 2017 internal financial controls, ICT, income and data protection. Each of these were tabled by the Board subsequent to their detailed review by the Audit Committee. In addition clinical audits/reviews carried out are reviewed by the IQS Committee and tabled to the Board in the form of a composite report at the subsequent Board meeting. Therefore the internal controls were reviewed on a number of dates at both Audit and Board over the period. The final review took place by the Board on 12th April 2018.

Internal Control Issues

No weaknesses in internal control were identified in relation to 2017 that require disclosure in the financial statements (other than the procurement issues referred to above).

Signed on behalf of the Hospital:

Signed


Ms. Ann Marie O'Grady- CEO

Date

21/12/18

Signed


Mr Eugene F. Magee- Chairperson

Date

21/12/18

Statement of Accounting Policies

1 Basis of Accounting

The financial statements have been prepared on an accruals basis under the historical cost convention, in accordance with the accounting standards laid down by the Minister for Health. In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the Financial Statements of Leopardstown Park Hospital Board.

2 Income Recognition

Revenue Grants are received from the Health Service Executive towards the net annual running costs of the hospital. The amount brought to account represents the approved allocation in respect of the costs as at the reporting date.

Capital Grants are accounted for in the Capital Income and Expenditure Account on an accruals basis.

Income in relation to Fair Deal Funding is recognised when the service is delivered to the patient.

3 Fixed Assets

Expenditure on fixed assets qualifying for a capital grant from the Health Service Executive or the Trustees of the hospital or which have been funded through independent fund raising schemes are capitalised in the balance sheet since 1979.

Expenditure on fixed assets not qualifying for a capital grant from the Health Service Executive, is charged to the income and expenditure account in the year in which it is incurred. However any fixed asset items with a purchase cost of € 3,809 or more are charged to the income and expenditure account and are also stated as tangible fixed assets in the balance sheet. Computer equipment with a purchase cost of € 1,270 or more is charged to the income and expenditure account and is also stated as a tangible fixed asset in the balance sheet.

Land and buildings taken over by the hospital in 1979, which under the revised Department of Health accounting guidelines, are normally included in a hospital's financial statements at professional and insurance valuations respectively, are not accounted for in these financial statements, as the relevant assets are held under licence between the Trustees of Leopardstown Park Hospital and the Board of Leopardstown Park Hospital. Extensions to the buildings in the period since 1979, which were the subject of approved Health Service Executive capital grants are reflected in the financial statements and are stated at cost.

4 Depreciation

Depreciation is charged directly to the capitalisation account and is provided on tangible fixed assets recognised in the balance sheet at rates calculated to write off the cost or valuation of each asset on a straight line basis over its expected useful life as follows

Buildings	2% Straight Line
Equipment	20% Straight Line
Computers	33% Straight Line
Motor Vehicles	20% Straight Line

Statement of Accounting Policies (continued)

5 Stocks of Consumable Stores

Stocks have been valued on the basis of cost with appropriate write-offs for stock which is damaged or obsolete.

6 Patients' Property

Monies received by the Board from or on behalf of patients for safekeeping are kept in accounts separate and apart from Board accounts. Such accounts are collectively called the Patients' Private Funds. Such monies are not the property of the Board and are administered by the Board on behalf of the patients. Independent auditors audit the accounts of the funds.

7 Superannuation

By direction of the Minister of Health, no provision has been made in the financial statements to cover any future liabilities in respect of pensions payable under the Local Government Scheme. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pensions payments under the scheme are charged to the income and expenditure account when paid.

The Public Service Pensions (Single Scheme and Other Provisions) Act 2012 became law on 28th July 2012 and introduced the new Single Public Service Pension Scheme ("Single Scheme"). This commenced with effect from 1st January 2013. All new entrants to pensionable public service employment on or after 1st January 2013 are, in general, members of the Single Scheme.

8 Pay Awards

Retrospective pay awards are not provided for in these financial statements until sanctioned and funded by the HSE.

9 Capitalisation Account

The capitalisation account represents the unamortised value of funds applied for the purchase of fixed assets.

10 Fundraising

Leopardstown Park Hospital Foundation is a vehicle through which fundraising activities are undertaken. The Foundation is under the control of the Board of Leopardstown Park Hospital. Funds are remitted to the Hospital in the form of grants and are awarded for specific purposes relating to the improvement and development of the Hospital and its services and specifically excludes the cost of day to day operations. The sum of € 1 million of the Foundations funds has been designated by the Board as being restricted as a contribution towards the cost of the development of a new hospital building. This contribution has been agreed with the HSE.

11 Accounting for Bad and Doubtful Debts

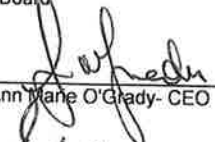
Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful.

**Consolidated Non-Capital Income & Expenditure Account
for the year ended 31st December 2017.
Form 1**

	Note	2017 €'000	2016 €'000
Cumulative Non-Capital Deficit/(Surplus) brought forward from the previous year		19	(167)
Pay			
Salaries	1	12,744	12,609
Superannuation and Gratuities	1	1,277	1,412
		14,021	14,021
Non-Pay			
Direct Patient Care	1	565	677
Support Services	1	1,254	1,270
Financial and Administrative	1	914	789
		2,733	2,736
Gross Expenditure for the year including deficit/(surplus) brought forward from previous year		16,773	16,590
Income			
	1	3,643	3,726
Net Expenditure for the year		13,130	12,864
Determination-Notified for the year (from HSE)		5,308	5,051
Fund-raising-Capital Only		0	0
HSE Fair Deal/Saver Grant	1	7,692	7,794
		13,000	12,845
Deficit/(Surplus) for the year carried forward to the following year		130	19

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2017 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The statement of accounting policies on pages 15 and 16 and notes on pages 20 to 30 form part of these financial statements. The financial statements, which were drawn up in compliance with the accounting standards laid down by the Minister for Health were approved by the Board on 21st December 2018

On behalf of the Board

Signed 
Ms. Ann Marie O'Grady- CEO

Date: 21/12/18

Signed 
Mr. Eugene F. Magee- Chairperson

Date: 21/12/18

**Consolidated Capital Income & Expenditure Account
for the year ended 31st December 2017
Form 2**

Capital Income Sources

HSE CHO6-Minor Capital Grant
HSE Estates- Minor Capital Infrastructural Works
HSE Estates- Capital grant
Other

Note	2017 €'000	2016 €'000
	95	0
	107	0
	101	0
	31	40
	335	40

Total Capital Income

Capital Expenditure

Land
Equipment

Capital Expenditure- Capitalised

Capital Expenditure- Not Capitalised

	22	0
	22	0
	293	0
	315	0

Total Capital Expenditure

Transferred to Restricted Funds

	(20)	(40)
--	------	------

Opening (Surplus)/Deficit from previous year

	0	0
--	---	---


Closing (Surplus)/Deficit C/F to following year

	0	0
--	---	---

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2017 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The statement of accounting policies on pages 15 and 16 and notes on pages 20 to 30 form of these accounts. The financial statements, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 21st December 2018

On behalf of the Board

Signed


Ms. Ann Marie O'Grady- CEO

Date:

21/12/18

Signed


Mr. Eugene F. Magee- Chairperson

Date:

21/12/18

Consolidated Balance Sheet as at 31st December 2017
Form 3

Fixed Assets
Tangible Assets

	2017	2016
Note	€'000	€'000
12	5,443	5,624
	5,443	5,624

Current Assets

Debtors
Stock
Cash in hand and bank balances

13	1,428	1,506
14	48	42
	1,614	1,617
	3,090	3,165

Creditors- Amounts falling due within one year

Creditors
Loans and overdraft

15	1,195	1,156
	226	249
	1,421	1,405

Net Current Assets

	1,669	1,760
--	-------	-------

Total Assets Less Current Liabilities

	7,112	7,384
--	-------	-------

Creditors- Amounts falling due after more than one year

Bank Loans

16	0	0
	7,112	7,384

Capital and Reserves

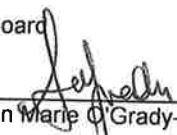
Non-Capital Income & Expenditure Account
Surplus/(Deficit)
Restricted Funds
Capitalisation Account

	(130)	(19)
	1,799	1,779
17	5,443	5,624
	7,112	7,384

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 21st December 2018

On behalf of the Board

Signed


Ms. Ann Marie O'Grady- CEO

Date:

21/12/18

Signed


Mr. Eugene F. Magee- Chairperson

Date:


21/12/18


**Consolidated Cash Flow Statement
for the year ended 31st December 2017
Form 4**

	2017 €'000	2016 €'000	
Net Cash Inflow / (Outflow) from Operating Activities	0	(135)	Note 18
Net Cash inflow From Servicing of Finance	0	0	
Capital Expenditure			
Net deficit/(surplus) from Foundation activities	(19)	40	
Expenditure from HSE Capital	22	0	
	3	40	
Capital Expenditure - Not Capitalised	280	0	
Net Cash (Outflow) From Capital Expenditure	283	40	
Net Cash (Outflow) Before Financing	(283)	(95)	
Financing			
HSE Capital grant received	303	0	
	303	0	
Net Cash Inflow / (Outflow) from Financing	0	0	
Net Cash Flow	20	(95)	
Increase/(Decrease) in Cash in hand and bank balances	20	(95)	20 Left as refers to Note 20
(Increase) / decrease in Loans Less Than One Year	0	0	20 Left as refers to Note 20
(Increase) / decrease in Bank Loans More Than One Year	0	0	20 Left as refers to Note 20
	20	(95)	

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 21st December 2018

On behalf of the Board

Signed 
Ms. Ann Marie O'Grady, CEO

Signed 
Mr. Eugene F. Magee- Chairperson

Date: 21/12/18

Date: 21/12/18-

**Non-Capital Income and Expenditure -Details
Note 1**

Pay

Management / Administration
Medical / Dental I (NCHD's)
Medical / Dental II (Consultants)
Nursing
Paramedical
Catering & Housekeeping / Support Services
Maintenance / Technical

	2017 €'000	2016 €'000
Management / Administration	1,086	1,036
Medical / Dental I (NCHD's)	193	174
Medical / Dental II (Consultants)	0	0
Nursing	8,430	8,416
Paramedical	758	727
Catering & Housekeeping / Support Services	2,277	2,256
Maintenance / Technical	0	0
	12,744	12,609
Pensions & Refunds	1,176	1,158
Gratuities / Lump Sums	101	254
Others		0
	1,277	1,412

Pensions & Refunds
Gratuities / Lump Sums
Others

	14,021	14,021
--	---------------	---------------

Non-Pay

Direct Patient Care

Drugs & Medicines
Medical Gases
Medical & Surgical Supplies
Other Medical Equipment
Other Medical Equipment Supplies / Contracts On

Drugs & Medicines	200	236
Medical Gases	13	20
Medical & Surgical Supplies	275	283
Other Medical Equipment	0	0
Other Medical Equipment Supplies / Contracts On	77	138
	565	677

Support Services

Catering Equipment
Catering Provisions / Contracts On
Heat, Power & Light
Laundry, Cleaning & Washing Equipment
Laundry, Cleaning & Washing Supplies / Contracts On
Furniture, Crockery & Hardware
Bedding & Clothing
Maintenance Equipment
Maintenance Materials Supplies / Contracts On
Farm & Garden Equipment
Farm & Garden Supplies / Contracts On
Travel & Subsistence
Transport of Patients
Vehicle Purchases
Vehicles Supplies / Contracts On

Catering Equipment	0	0
Catering Provisions / Contracts On	422	394
Heat, Power & Light	274	280
Laundry, Cleaning & Washing Equipment	0	0
Laundry, Cleaning & Washing Supplies / Contracts On	189	179
Furniture, Crockery & Hardware	34	23
Bedding & Clothing	23	17
Maintenance Equipment		0
Maintenance Materials Supplies / Contracts On	194	300
Farm & Garden Equipment	0	0
Farm & Garden Supplies / Contracts On	49	17
Travel & Subsistence	4	4
Transport of Patients	43	36
Vehicle Purchases	0	0
Vehicles Supplies / Contracts On	22	20
	1,254	1,270

Non-Capital Income and Expenditure -Details

Financial & Administrative		Note	2017 €'000	2016 €'000
Bank Interest				
Overdraft			0	0
Bank Charges			3	3
Other				
Insurance-Medical Defence		2	0	0
Insurance -Other		2	51	103
Audit			24	22
Legal			47	20
Office Expenses (Rent & Rates, Postage & Telephone)			102	96
Office Supplies / Contracts On			88	73
Computer Equipment			0	0
Computer Supplies / Contract On			69	61
Professional Services			169	83
Bad Debts Provision			0	0
Adjustment to Doubtful Debts provision			50	50
Misc Non-Capital Expenditure on Capital Projects		3	0	0
Miscellaneous Expenses		4	311	278
Bad Debt Provision			0	0
			914	789
Total Non-Pay			2,733	2,736
Total Gross Expenditure			16,754	16,757
Income				
Fair Deal Funding				
Money follows the patient			7,692	7,794
Patient Income				
In-Patients		5	2,296	2,280
Out-Patients		5	54	58
			2,350	2,338
Other Income				
Superannuation			279	299
Other Payroll Deductions			78	84
Income from External Agencies		6	835	953
Meals on Wheels			28	28
Canteen receipts			38	38
Other Income (Non-Capital)		7	35	(14)
Total Income			3,643	3,726
Net Expenditure (Including Fair Deal funding)			5,419	5,237
Net Expenditure (Excluding Fair Deal funding)			13,111	13,031

Insurance
Note 2

Medical Defence

Consultants
NCHD's

	2017 €'000	2016 €'000
Consultants	0	0
NCHD's	0	0
	0	0
Other		
Public Liability	8	27
Employers Liability	0	28
Property	19	19
Other	24	29
	51	103

Miscellaneous Non-Capital Expenditure on Capital Projects
Note 3

Land
Buildings
Work in Progress
Equipment
Vehicles
Other

	2017 €'000	2016 €'000
Land	0	0
Buildings	0	0
Work in Progress	0	0
Equipment	0	0
Vehicles	0	0
Other	0	0
	0	0

Miscellaneous Expenses
Note 4

Security
Publications
Memberships / Subscriptions
Interest on Late Payment
Education / Training
Shop / Restaurant Purchases
Other *

	2017 €'000	2016 €'000
Security	190	179
Publications	8	8
Memberships / Subscriptions	61	57
Interest on Late Payment	0	0
Education / Training	33	29
Shop / Restaurant Purchases	0	0
Other *	19	5
	311	278

* Other includes €15k for centenary celebrations funded by a grant of €7k received from the Department of Culture, Heritage and Gaeltacht. The balance of €8k was funded from the LPH Foundation.

Analysis of Patient Income

Note 5

In-Patients

Statutory In-Patient Charges
Private / Semi Private Charges
Long Stay Charges
Other In-Patient Charges

Out-Patients

Statutory Accident & Emergency Charges
Other Out-Patient Charges

Total Patient Income

	2017 €'000	2016 €'000
	0	0
	0	0
	2,296	2,280
	0	0
	2,296	2,280
	0	0
	54	58
	54	58
	2,350	2,338

Income From External Agencies

Note 6

St James's Hospital
HSE-Eastern Region- Carman Centre Grant
HSE-Eastern Region- Transport Grant
HSE-Additional Funding
HSE-Refund of Agency Costs
HSE-Grant towards Energy Efficiency Works (nett of refund)
Energy grant
Dept of Arts

	2017 €'000	2016 €'000
	72	100
	113	113
	22	22
	400	400
	217	246
	0	72
	4	
	7	
	835	953

External agency income comprises of income in respect of the provision of services not funded through the HSE revenue, fair deal or capital allocation mechanism. The Board provides a number of beds for the exclusive use of St James's Hospital. The HSE- Eastern Region provides funding for the operational costs of a day centre.

Other Income (Non-Capital)

Note 7

Shop / Restaurant Sales
Car Parking
Public Telephones
Pharmacy / Stores Sales- Staff & Patients
Recoverables
Insurance Claims
FAS Grants
Rent / Licences / Franchises, etc.
PP Admin. Charges
Fund-raising- Non-Capital only
Sundries
Equity Dividend Received
Interest Received

	2017 €'000	2016 €'000
	0	0
	1	0
	0	0
	10	9
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	24	(23)
	0	0
	0	0
	35	(14)

Summary Pay Analysis (Memorandum Only)
Note 8

Note	2017 €'000	2016 €'000
Basic Pay	8,763	8,209
Overtime	180	151
Premium Pay	1,221	954
Shift Allowance		
Holiday / Public Holiday premiums		0
Higher Degree		0
Special Nursing		0
On Call / Standby	10	10
PRSI Employer	1,001	939
Travel Allowance	149	249
Agency Costs	1,420	1,769
	12,744	12,281

Number of WTE equivalents (excluding agency)	228.12	219.92
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A HSE review group has indicated to the hospital that an on-call allowance to one officer was subject to an ongoing review. The HSE has agreed to the retention of the allowance on a red circle basis personal to the postholder.

Amount paid to DPER in 2017 single scheme contributions was €133,238.

Range of Total Employee Benefits
Note 8b

From	To	Number of Employees	
		2017	2016
€60,000	- €69,999	9	9
€70,000	- €79,999	5	2
€80,000	- €89,999	1	0
€90,000	- €99,999	2	2

Key management personnel compensation
Note 8c

The compensation paid to key management in 2017 was €338k (2016: €278k)

Key management personnel includes Chief Executive, HR Manager, Deputy CEO/Financial Accountant, Resident and Patient Services Manager, Director of Nursing

There were no termination benefit payments made in 2017

Reconciliation of Expenditure to Cost of Services
(Memorandum Only)
Note 9

	2017 €'000	2016 €'000
Net Expenditure- Current Year	13,111	13,031
Deduct		
Purchase of Equipment & Vehicles from Non-Capital	0	0
Funding of Capital Projects & Balances from Non-Capital	0	0
Loan Repayments- Principal Only	0	0
Total Deductions	0	0
Sub-Total	13,111	13,031
Add		
Depreciation Charge for the Year	203	202
Running Cost of Service	13,314	13,233

**Statement of Advances & Balances Due from HSE.
Non-Capital & Capital
Note 10**

Non-Capital

Total notified non-capital determination for the year
Less: Remittances from HSE Non-Capital in the year
Balance due from HSE in respect of the year
Balance due from HSE re Previous year(s) as at 1st Jan.
Less: Remittances from HSE in year re previous year(s)
Balance due from HSE re Previous year(s) as at 31st Dec.

Note	2017 €'000	2016 €'000
	4,989	4,704
	4,490	4,234
	499	470
	470	349
	(470)	(349)
	0	0

Total Balance of Approved Non-Capital Determination Due From HSE

499	470
-----	-----

Fair Deal

Money follows the patient invoiced to HSE
Less: Remittances from HSE Fair Deal in the year
Balance due from HSE in respect of the year
Balance due from HSE re Previous year(s) as at 1st Jan.
Less: Remittances from HSE in year re previous year(s)
Balance due from HSE re Previous year(s) as at 31st Dec.

	2017 €'000	2016 €'000
	7,692	7,794
	7,059	7,116
	633	678
	678	653
	(678)	(653)
	0	0

Total Balance of Fair Deal Due from HSE

633	678
-----	-----

Capital

Total Capital Grant notified by HSE for the year
Less: Remittances from HSE Capital in the year
Balance due from HSE in respect of the year

Balance due from HSE re Previous year(s) as at 1st Jan.
Balance due from HSE re Previous year(s) as at 31st Dec.

	2017 €'000	2016 €'000
	303	0
	-303	0
	0	0
	0	0
	0	0
	0	0

Total Balance of Capital Grants Due From HSE

0	0
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Gross Total Due from HSE Capital, Fair Deal & Non-Capital

1,132	1,148
-------	-------

**Purchase of Equipment and Vehicles from Non-Capital Account
(Capitalised)**

Note 11

Other Medical Equipment
X-Ray / Imaging Equipment
Laboratory Equipment
Catering Equipment
Laundry Equipment
Maintenance Equipment
Farm & Garden Equipment
Computer Equipment

Vehicles Purchases

	2017 €'000	2016 €'000
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0

**Schedule of Fixed Assets and Depreciation
Note 12**

	Buildings	Equipment	Vehicles	Total
	€'000	€'000	€'000	€'000
Cost or Valuation at 01/01/2017	7,911	2,994	303	11,208
Transfer from Work-in -Progress	0	0	0	0
Sub-Total	7,911	2,994	303	11,208
Additions from Capital	0	22	0	22
Additions from Non-Capital	0	0	0	0
Disposals during the year at Gross Book Value	0	0	0	0
Revaluations	0	0	0	0
Cost / Valuation at 31/12/2017	7,911	3,016	303	11,230

Accumulated Depreciation at 01/01/2017	2,367	2,914	303	5,584
Depreciation charge for year	158	45	0	203
Reclassification	0	0	0	0
Accumulated Depreciation at 31/12/2017	2,525	2,959	303	5,787

Net Book Amount at 31/12/2017	5,386	57	0	5,443
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Net Book Amount at 31/12/2016	5,544	80	0	5,624
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Leopardstown Park Hospital Board

Debtors

Note 13

	2017	2016
Note	€'000	€'000
HSE- Revenue Grant Due	499	470
HSE- Capital Grant Due	0	0
HSE- Fair Deal Grant Due	633	678
HSE Debtors	1,132	1,148
HSE Other Grant	0	0
Patients (Closing Ledger Balance)	353	349
Less: Provision for bad & doubtful debts	(155)	(105)
Other	53	49
Prepayments	45	65
Non-HSE Debtors	296	358
Total	1,428	1,506

Stocks

Note 14

	2017	2016
	€'000	€'000
Drugs & Medicines	15	15
Medical Gases	0	0
Medical & Surgical Supplies	10	7
Sterile Supplies	0	0
Provisions	7	6
Laundry / Cleaning	4	4
Bedding / Clothing	0	0
Furniture / Crockery	0	0
Heat / Power/ Light Supplies	0	0
Maintenance Supplies	5	3
Office Supplies	7	7
Computer Supplies	0	0
Shop	0	0
	48	42

Creditors

Note 15

	2017	2016
	€'000	€'000
Creditors- Capital	0	0
Creditors- Non-Capital	210	188
Creditors -Taxation	268	265
Creditors -Wages and Salaries	388	317
Creditors -Other	329	386
	1,195	1,156

Bank Loans- Greater than one year
Note 16

Bank Loans
Deficit Bank Loan Account
Deficit-Financing Account

	2017 €'000	2016 €'000
Bank Loans	0	0
Deficit Bank Loan Account	0	0
Deficit-Financing Account	0	0
	0	0

Capitalisation Account
Note 17

Balance at beginning of year
Additions
Capital Expenditure
Non-Capital Expenditure

Sub-Total Additions

Less:

Disposals (Cost less Depreciation)
Revaluations
Depreciation for the year

Sub-Total deductions

Balance at year-end

	2017 €'000	2016 €'000
Balance at beginning of year	5,624	5,826
Additions		
Capital Expenditure	22	0
Non-Capital Expenditure	0	0
Sub-Total Additions	5,646	5,826
Less:		
Disposals (Cost less Depreciation)	0	0
Revaluations	0	0
Depreciation for the year	203	202
Sub-Total deductions	203	202
Balance at year-end	5,443	5,624

Notes to the Cash Flow Statement
Note 18

(Deficit)/Surplus (Non-Capital)
Add back deficit / (surplus) brought forward
Deficit / (Surplus) for current year

Deduct repayment of loan (Capital Element) charges against non-capital
Deduct Interest and Dividend Income
Add back purchase of equipment from non-capital
Add back interest charged against non-capital
(Increase)/Decrease in Stocks
Decrease in HSE Debtors (Non-Capital)
(Increase) in Non-HSE and Non-Health Board Debtors
Increase/(Decrease) in Non-Capital Creditors

Net Cash Inflow/(Outflow) from Operating Activities

	2017 €'000	2016 €'000
(Deficit)/Surplus (Non-Capital)	(130)	(19)
Add back deficit / (surplus) brought forward	19	(167)
Deficit / (Surplus) for current year	(111)	(186)
Deduct repayment of loan (Capital Element) charges against non-capital	0	0
Deduct Interest and Dividend Income	0	0
Add back purchase of equipment from non-capital	0	0
Add back interest charged against non-capital	0	0
(Increase)/Decrease in Stocks	(6)	3
Decrease in HSE Debtors (Non-Capital)	16	(146)
(Increase) in Non-HSE and Non-Health Board Debtors	62	(16)
Increase/(Decrease) in Non-Capital Creditors	39	210
Net Cash Inflow/(Outflow) from Operating Activities	0	(135)

Analysis of Changes in Net Debt
Note 19

	At 1st Jan-17 €'000	Cash Flow €'000	Non Cash Changes €'000	At 31st Dec-17 €'000
Cash in Hand & Bank Balances	1,617	(3)	0	1,614
Bank Overdraft	(249)	23	0	(226)
	1,368	20	0	1,388
Loans	0	0	0	0
Debt due within one year	0	0	0	0
Debt due after one year	0	0	0	0
	0	0	0	0
Finance Lease: within one year	0	0	0	0
Finance Lease: From two to five years	0	0	0	0
	0	0	0	0
	1,368	20	0	1,388

Reconciliation of Net Cash Inflow to Movement in Net Debt
Note 20

	2017 €'000	2016 €'000
Increase/(Decrease) in cash in the year	20	(95)
Cash Inflow / (Outflow) from increase / (decrease) in debt and lease financing	0	0
Changes in net debt resulting from cash flow	20	(95)
New Finance Leases taken out in the year	0	0
Changes in Net Debt	0	0
Net debt at beginning of year	1,368	1,463
Net debt at end of year	1,388	1,368

Board Members- Disclosure of Interests
Note 21

The Board adopted procedures in accordance with guidelines issued by the Department of Public Expenditure and Reform in relation to the disclosure of interest by Board members and these procedures have been adhered to in the year.

Board & Committee Members- Expenses
Note 22

Name	2017	2016
Mr. E. Magee	374	762
Ms. D. Duggan	27	0
Mr. D. Magan	143	0
Ms. E. Cogan	0	0
Mr. D. Duff	763	626
Prof. H. O'Neill	185	0
Ms. F. Ni Fhianncadha	255	0
Mr. Martin Cowley	34	0
Total	1,781	1,388

Included in the above total for 2017 is a total amount of €189 relating to 2016 expenses that were not recognised in 2016 due to late submission.

All of the Board members expenses related to mileage and travel expenses and did not include any payment towards hospitality.

No Board members received any fees in respect of their Board related activities.

The Leopardstown Park Hospital Board (Establishment) Order, 1979, specifically forbids the payment of fees, salaries etc to board members. (Article 18, subsection 1).

Board Members - Attendance at board meetings
Note 23

	Scheduled	Attended
Mr. E. Magee	10	10
Ms. D. Duggan	10	8
Mr. D. Magan	10	9
Ms. E. Cogan	10	9
Mr. D. Duff	10	10
Prof. H. O'Neill	10	8
Ms. F. Ni Fhianncadha	10	9

CEO's Remuneration
Note 24

	2017 €'000	2016 €'000
Basic Pay	95	90
Employers PRSI	2	2
Total	97	92

The CEO is a member of the Local Government Pension Scheme, and her entitlements in that regard do not extend beyond the terms of the model public service pension scheme. The value of retirement benefits earned in the period is not included above.

Premises
Note 25

The Board operates from a premises at Leopardstown Park which it occupies in agreement with the Leopardstown Park Hospital Trust. No rent is charged for the use of the premises.

Pension Levy
Note 26

In 2017 an amount of €320k in pension levies (2016: €347k) was deducted and forms part of the determination for the year.

Consolidation
Note 27

In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the financial statements of Leopardstown Park Hospital.

Note 28

The Financial Statements were approved by the Board on 21st December 2018